



7. Have you ever legally changed your name? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details below:

Previous name	Date Changed	Court	Reason
---------------	--------------	-------	--------

8. Physical Characteristics: Sex:\_\_\_\_\_ Height:\_\_\_\_\_ Weight:\_\_\_\_\_

Color of Hair:\_\_\_\_\_ Color of Eyes:\_\_\_\_\_

Scars, marks, tattoos: \_\_\_\_\_

\_\_\_\_\_

9. Minority Status:  
Do you claim minority status? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Indicate status claimed:

10. Current Address: \_\_\_\_\_  
Number & Street

\_\_\_\_\_

City/Town County

\_\_\_\_\_

State Zip Code

\_\_\_\_\_

Telephone Number (s) (Home, Day, Cell and Pager)

II. MARITAL STATUS

1. Marital status (Check One) Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_

Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

2. If married:  
Spouse's Name

\_\_\_\_\_

First Last Maiden

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\_\_\_\_\_  
Applicant's Signature

Spouse's Date of Birth: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

Number & Street

City/Town

County

State

Zip Code

Telephone Number

Spouse's Occupation: \_\_\_\_\_

Spouse's Employer : \_\_\_\_\_

Name

Address

Telephone Number

3. Marriage Information:

Date Married: \_\_\_\_\_ Where performed: \_\_\_\_\_

4. List all children born to you, including dependents, stepchildren, and adopted children:

A. \_\_\_\_\_

Full Name

Date of Birth

Relationship

Address

B. \_\_\_\_\_

Full Name

Date of Birth

Relationship

Address

C. \_\_\_\_\_

Full Name

Date of Birth

Relationship

Address

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\_\_\_\_\_  
Applicant's Signature



II. Family Record

1. Provide the required information for your father, mother (include maiden name), sisters, brothers, father and mother-in-law, wherever they may reside, and for any person residing in your home, whether related to you or not. Include stepbrothers and sisters, half brothers and sisters. If you have stepparents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished for them, as well as for your natural parents. If a relative is deceased, furnish all the information requested and also indicate year of death.

Name	Date of Birth	Relationship
Address		Telephone Number
Name	Date of Birth	Relationship
Address		Telephone Number
Name	Date of Birth	Relationship
Address		Telephone Number
Name	Date of Birth	Relationship
Address		Telephone Number
Name	Date of Birth	Relationship
Address		Telephone Number

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\_\_\_\_\_  
Applicant's Signature

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Name	Date of Birth	Relationship
------	---------------	--------------

---

Address	Telephone Number
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Name	Date of Birth	Relationship
------	---------------	--------------

---

Address	Telephone Number
---------	------------------

---

Name	Date of Birth	Relationship
------	---------------	--------------

---

Address	Telephone Number
---------	------------------

III. Residence Information

1. List in chronological order, beginning with your present address, all places you have resided and provide the additional landlord information requested:

A. 

---

From	To	Number & Street	Town/City, State, Zip Code
------	----	-----------------	----------------------------

---

Name of Landlord	Telephone Number
------------------	------------------

---

Address of Landlord	Number & Street	Town/City, State, Zip Code
---------------------	-----------------	----------------------------

B. 

---

From	To	Number & Street	Town/City, State, Zip Code
------	----	-----------------	----------------------------

---

Name of Landlord	Telephone Number
------------------	------------------

---

Address of Landlord	Number & Street	Town/City, State, Zip Code
---------------------	-----------------	----------------------------

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Applicant's Signature



2. Have you ever been the subject of eviction proceedings or ever been asked to leave a place where you resided? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Present Residence: Own \_\_\_\_\_ Rent \_\_\_\_\_

Monthly Payment \_\_\_\_\_

IV. Education

1. List all schools, colleges, universities, and occupational, trade, or business institutes, which you have attended in chronological order beginning with the most recent attended. (Include all primary and high schools):

A. \_\_\_\_\_

From	To	Name of Institution
_____		_____
Address		Town/City, State, Zip Code
_____		_____
Grades Attended		Graduated: Yes _____ No _____
_____		_____
Type of Degree/ Diploma	Major	Date

B. \_\_\_\_\_

From	To	Name of Institution
_____		_____
Address		Town/City, State, Zip Code
_____		_____
Grades Attended		Graduated: Yes _____ No _____
_____		_____
Type of Degree/ Diploma	Major	Date

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\_\_\_\_\_  
Applicant's Signature



C. \_\_\_\_\_

From	To	Name of Institution
_____		_____
Address		Town/City, State, Zip Code
_____		_____
Grades Attended		Graduated: Yes _____ No _____
_____		_____
Type of Degree/ Diploma	Major	Date

D. \_\_\_\_\_

From	To	Name of Institution
_____		_____
Address		Town/City, State, Zip Code
_____		_____
Grades Attended		Graduated : Yes _____ No _____
_____		_____
Type of Degree/ Diploma	Major	Date

E. \_\_\_\_\_

From	To	Name of Institution
_____		_____
Address		Town/City, State, Zip Code
_____		_____
Grades Attended		Graduated: Yes _____ No _____
_____		_____
Type of Degree/ Diploma	Major	Date

F. \_\_\_\_\_

From	To	Name of Institution
_____		_____
Address		Town/City, State, Zip Code
_____		_____
Grades Attended		Graduated: Yes _____ No _____
_____		_____
Type of Degree/ Diploma	Major	Date

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\_\_\_\_\_  
Applicant's Signature

G. \_\_\_\_\_

From	To	Name of Institution
Address		Town/City, State, Zip Code
Grades Attended		Graduated: Yes _____ No _____
Type of Degree/ Diploma	Major	Date

H. \_\_\_\_\_

From	To	Name of Institution
Address		Town/City, State, Zip Code
Grades Attended		Graduated: Yes _____ No _____
Type of Degree/ Diploma	Major	Date

2. Do you possess a High School Equivalency or G.E.D. diploma or certificate?:  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

Date	Number	Issuing Agency
Date	Number	Issuing Agency

3. List the following information concerning former teachers, counselors, deans, or instructors who have personal knowledge of your educational qualifications:

Name	School/College	Title	Phone
Name	School/College	Title	Phone
Name	School/College	Title	Phone

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\_\_\_\_\_  
Applicant's Signature

4. Were you ever the subject of any disciplinary action including suspension, expulsion, or any other form of discipline at any educational institution which you attended?:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you fluent in any foreign languages?: Yes \_\_\_\_\_ No \_\_\_\_\_

Language

Check appropriate skill (s):

\_\_\_\_\_

Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

\_\_\_\_\_

Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

\_\_\_\_\_

Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

6. List any skills you have acquired, or training you have received, which was not listed or covered in the section concerning education. Include hobbies or other interests.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List all extra-curricular activities you were involved in while attending school (i.e. sports, intra-mural activities, band, choir, clubs, fraternities, sororities, student government, etc.):

\_\_\_\_\_  
\_\_\_\_\_

8. List all professional or trades licenses you possess:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Applicant's Signature

V. Employment and Experience History

1. Beginning with your present or most recent employer, list all of the places that you have ever worked. KEEP IN PROPER SEQUENCE. List all places of work including part-time, temporary, or seasonal work. Include a brief description of your duties and responsibilities for each job, and the reason for leaving.

A. \_\_\_\_\_

From	To	Employer
Address		Town/City, State, Zip Code
Supervisor	Business phone	Reason for Leaving
Job Title	Salary	Full-time/ Part-time
Description of Duties		
Contact Person		Telephone Number

B. \_\_\_\_\_

From	To	Employer
Address		Town/City, State, Zip Code
Supervisor	Business phone	Reason for Leaving
Job Title	Salary	Full-time/ Part-time
Description of Duties		

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\_\_\_\_\_  
Applicant's Signature

C. \_\_\_\_\_

From	To	Employer
Address		Town/City, State, Zip Code
Supervisor	Business phone	Reason for Leaving
Job Title	Salary	Full-time/ Part-time
Description of Duties		

D. \_\_\_\_\_

From	To	Employer
Address		Town/City, State, Zip Code
Supervisor	Business phone	Reason for Leaving
Job Title	Salary	Full-time/ Part-time
Description of Duties		

E. \_\_\_\_\_

From	To	Employer
Address		Town/City, State, Zip Code
Supervisor	Business phone	Reason for Leaving
Job Title	Salary	Full-time/ Part-time
Description of Duties		

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\_\_\_\_\_  
Applicant's Signature

F. \_\_\_\_\_

From	To	Employer
Address		Town/City, State, Zip Code
Supervisor	Business phone	Reason for Leaving
Job Title	Salary	Full-time/ Part-time
Description of Duties		

G. \_\_\_\_\_

From	To	Employer
Address		Town/City, State, Zip Code
Supervisor	Business phone	Reason for Leaving
Job Title	Salary	Full-time/ Part-time
Description of Duties		

H. \_\_\_\_\_

From	To	Employer
Address		Town/City, State, Zip Code
Supervisor	Business phone	Reason for Leaving
Job Title	Salary	Full-time/ Part-time
Description of Duties		

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\_\_\_\_\_  
Applicant's Signature

- 2. Were you ever fired, terminated, dismissed, discharged, or asked to resign from any jobs you have ever held?: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details:

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- 3. Has any disciplinary action including written or verbal reprimand, counseling, memorandum, suspension, or any other form of discipline, other than referred to above, ever been taken against you regarding any employment position you have ever held?: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details:

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- 4. Have you ever been asked or required to submit to a lie detector test, polygraph, or any other mechanical or electronic test designed to test your truthfulness, as pre-employment requirement, or as a condition to maintain employment?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details:

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\_\_\_\_\_  
Applicant's Signature

- 5. Have you ever applied for a position with any other law enforcement agency?:  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details:

Date	Agency	Position	Disposition

- 6. Have you ever been refused, or turned down, for employment by any potential employer?  
(Including law enforcement agencies): Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details:

---



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- 7. If employed by a police department or other law agency, have you ever received charges in connection with alleged misconduct of rules and regulations?:

If Yes, give specific details, including dates:

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\_\_\_\_\_  
Applicant's Signature



8. Were you ever, or are you now, on any civil service list?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details:

Year	Position	Agency

9. Have you ever applied for, claimed, received, or are now receiving any benefits under any law concerning unemployment, disability, worker’s compensation, social security, veteran administration, public assistance, welfare, or other social services assistance? :  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details:

Date	Type of Assistance	Agency/Employer	Reason

10. Has any claim for any such benefit been rejected or disallowed?: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details:

Date	Type of Assistance	Agency/Employer	Reason

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\_\_\_\_\_  
Applicant’s Signature

11. Do you have, or have you ever had, any interest as an officer, partner, shareholder, or stockholder in any business, partnership, or venture?: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details:

Date	Name of Business	Type of Business	Partner (s)

VII. Military Record

1. Are you now or have you ever been registered with the Selective Service?:  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details:

Date	Selective Service Number	Classification

2. Are you now or have you ever been a conscientious objector or otherwise opposed to the use of firearms for any reason?: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details:

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3. Have you ever asked for or received a deferment from the military service?:  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details:

---

4. Have you ever served in the Armed Forces of the United States including: Army, Navy Marine Corps, Air Force, Coast Guard, R.O.T.C.?:

Date Entered	Date Discharged	Branch	Type of Discharge

  

Service Number	Highest Rank	Rank at Discharge

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\_\_\_\_\_  
Applicant's Signature

- 5. Are you now serving or have you ever served in any military reserve unit or National Guard Unit?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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Date Entered/Separated	Unit/Branch	Location	Rank
------------------------	-------------	----------	------

- 6. Did you receive any commendations, awards, or medals in connection with your military service?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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- 7. Were you ever subjected to any disciplinary proceedings while in military service, including court martial, summary proceedings, Article 15 Action, Captain’s Mast, Company Punishment, or any other disciplinary action?: Yes \_\_\_\_\_ No \_\_\_\_\_

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- 8. Are you now receiving or have you ever received any benefits related to your military service, including Veteran’s Administration benefits?: Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, give details:

---

Dates	Type of Benefit	Agency Granting
-------	-----------------	-----------------

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Dates	Type of Benefit	Agency Granting
-------	-----------------	-----------------

**False statements made herein are punishable as a class “A” Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York**

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Applicant’s Signature

VIII. Motor Vehicle/ Driver’s Information

- 1. Do you now possess a valid driver’s license?: Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, give details:

---

State	Class/Type	License Number	Date Expires
-------	------------	----------------	--------------

- 2. Have you ever possessed a driver’s license from a state other than the State of New York?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

---

State	Class/Type	License Number	Date Expires
-------	------------	----------------	--------------

- 3. Have any driver’s licenses you ever held, or registrations for motor vehicles registered to you, ever been suspended or revoked?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

---

Date	Court	Reason	Date Cleared
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Date	Court	Reason	Date Cleared
------	-------	--------	--------------

- 4. List all vehicles registered to yourself, or your spouse, in New York State or any other state (include motorcycles, mopeds, etc.):

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Expiration	Make	Year	Plate Number	State
------------	------	------	--------------	-------

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Expiration	Make	Year	Plate Number	State
------------	------	------	--------------	-------

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Expiration	Make	Year	Plate Number	State
------------	------	------	--------------	-------

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Expiration	Make	Year	Plate Number	State
------------	------	------	--------------	-------

- 5. List all traffic tickets, parking tickets, citations, summonses, which you have ever received as an adult or juvenile. Begin with the most recent.

---

Month/Year	Original Charge	Location	Police Agency	Disposition
------------	-----------------	----------	---------------	-------------

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Month/Year	Original Charge	Location	Police Agency	Disposition
------------	-----------------	----------	---------------	-------------

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\_\_\_\_\_  
Applicant’s Signature

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Month/Year	Original Charge	Location	Police Agency	Disposition
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Month/Year	Original Charge	Location	Police Agency	Disposition
------------	-----------------	----------	---------------	-------------

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Month/Year	Original Charge	Location	Police Agency	Disposition
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Month/Year	Original Charge	Location	Police Agency	Disposition
------------	-----------------	----------	---------------	-------------

6. Are there currently any outstanding unpaid summonses or traffic tickets against you, or on any vehicle owned by you?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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7. Have you ever been involved in any motor vehicle accident, either as a driver, passenger, or pedestrian?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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Date	Location	Police Agency
------	----------	---------------

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Date	Location	Police Agency
------	----------	---------------

8. Have you ever been injured as a result of any motor vehicle accident, either as driver, passenger, or pedestrian?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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Date	Location	Nature of Injury	Police Agency
------	----------	------------------	---------------

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Date	Location	Nature of Injury	Police Agency
------	----------	------------------	---------------

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Applicant's Signature

IX. Criminal and Non-Criminal History

1. OTHER THAN TRAFFIC INFRACTIONS, have you ever been arrested, charged, or convicted of any violation of law in any jurisdiction?: (Including Juvenile Delinquency, Youthful Offender, or Adjudication) Yes \_\_\_\_ No \_\_\_\_ If Yes, give details:

A. \_\_\_\_\_  
 Date Original Charge Police Agency  
 \_\_\_\_\_  
 Location (Town/ City/ County/ State) Disposition

B. \_\_\_\_\_  
 Date Original Charge Police Agency  
 \_\_\_\_\_  
 Location (Town/ City/ County/ State) Disposition

C. \_\_\_\_\_  
 Date Original Charge Police Agency  
 \_\_\_\_\_  
 Location (Town/ City/ County/ State) Disposition

D. \_\_\_\_\_  
 Date Original Charge Police Agency  
 \_\_\_\_\_  
 Location (Town/ City/ County/ State) Disposition

2. Are there any proceedings or charges, fines or penalties involving any violation of law which are now pending or have not been paid?: Yes \_\_\_\_ No \_\_\_\_ If Yes, give details:

\_\_\_\_\_  
 \_\_\_\_\_

3. Have you ever been called, summoned or subpoenaed to appear as a witness or in any other capacity, before any grand jury, civil court, legislative committee, hearing board, referee, mediator, or administrative agency in any jurisdiction?: Yes \_\_\_\_ No \_\_\_\_ If Yes, give details:

\_\_\_\_\_  
 \_\_\_\_\_

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\_\_\_\_\_  
 Applicant's Signature

- 4. Have you ever been involved in any capacity (Plaintiff, Defendant, Respondent, Witness, etc.) in any civil proceedings in any court (Small Claims, Family Court, State Court, etc.) of this state or any other jurisdiction?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

A. \_\_\_\_\_  
 Date                      Court    Disposition

---

Matter Involved

B. \_\_\_\_\_  
 Date                      Court    Disposition

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Matter Involved

- 5. Have you ever been contacted, interviewed, questioned, or detained for investigation by any police agency or other related law enforcement agency, either as a juvenile or an adult?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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- 6. Have you ever been involved as a defendant in a paternity proceeding?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

---



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X. Firearms Information

- 1. Do you hold, or have you ever held, a pistol permit/license or any similar authorization to carry, possess, or sell firearms in this state or any other state?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

---

Date Issued                      Issuing Authority    Certificate Number

---

Date Issued                      Issuing Authority    Certificate Number

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\_\_\_\_\_  
 Applicant's Signature

- 2. Has any application by you for such a permit /license ever been rejected, denied, or suspended?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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- 3. List all firearms you currently own or possess.

Make	Model	Serial No.	Caliber	Authority (Permit, Etc.)
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Make	Model	Serial No.	Caliber	Authority (Permit, Etc.)
------	-------	------------	---------	--------------------------

Make	Model	Serial No.	Caliber	Authority (Permit, Etc.)
------	-------	------------	---------	--------------------------

Make	Model	Serial No.	Caliber	Authority (Permit, Etc.)
------	-------	------------	---------	--------------------------

Make	Model	Serial No.	Caliber	Authority (Permit, Etc.)
------	-------	------------	---------	--------------------------

Make	Model	Serial No.	Caliber	Authority (Permit, Etc.)
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XI. Financial and Credit History

- 1. List all savings, checking, and other accounts maintained by you or your spouse:

A. \_\_\_\_\_  
 Name/Address of Institution      Name on Account      Type

Account Number	Present Balance
----------------	-----------------

B. \_\_\_\_\_  
 Name/Address of Institution      Name on Account      Type

Account Number	Present Balance
----------------	-----------------

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\_\_\_\_\_  
 Applicant's Signature



C. \_\_\_\_\_  
 Name/Address of Institution      Name on Account      Type

---

Account Number      Present Balance

D. \_\_\_\_\_  
 Name/Address of Institution      Name on Account      Type

---

Account Number      Present Balance

2. List all loans currently outstanding for which you or your spouse are principal debtor, mortgagor, co-signer, etc. (i.e. Mortgage, Car Loan, Personal Loan, etc.):

A. \_\_\_\_\_  
 Name/Address of Creditor      Unpaid Balance      Monthly Payment

---

Account Number      Type of Loan

B. \_\_\_\_\_  
 Name/Address of Creditor      Unpaid Balance      Monthly Payment

---

Account Number      Type of Loan

C. \_\_\_\_\_  
 Name/Address of Creditor      Unpaid Balance      Monthly Payment

---

Account Number      Type of Loan

D. \_\_\_\_\_  
 Name/Address of Creditor      Unpaid Balance      Monthly Payment

---

Account Number      Type of Loan

E. \_\_\_\_\_  
 Name/Address of Creditor      Unpaid Balance      Monthly Payment

---

Account Number      Type of Loan

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\_\_\_\_\_  
 Applicant's Signature

3. List all credit cards/accounts held by you or your spouse:

A. \_\_\_\_\_  
 Creditor                      Account Number                      Unpaid Balance                      Monthly Payment

B. \_\_\_\_\_  
 Creditor                      Account Number                      Unpaid Balance                      Monthly Payment

C. \_\_\_\_\_  
 Creditor                      Account Number                      Unpaid Balance                      Monthly Payment

D. \_\_\_\_\_  
 Creditor                      Account Number                      Unpaid Balance                      Monthly Payment

E. \_\_\_\_\_  
 Creditor                      Account Number                      Unpaid Balance                      Monthly Payment

4. List all judgments, bad debts, wage assignment, garnishee, fines, or penalties outstanding against you, your spouse, or any partnership or corporation which you have a principal interest:

A. \_\_\_\_\_  
 Creditor                                      Account Number                                      Amount

B. \_\_\_\_\_  
 Creditor                                      Account Number                                      Amount

5. Have you, your spouse, or any partnership or corporation in which you have a principal interest ever declared, filed for, or been adjudicated bankrupt, either voluntarily, or involuntarily?: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, give details:

\_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever been refused credit?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

\_\_\_\_\_  
 \_\_\_\_\_

7. Have you ever had property repossessed?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

\_\_\_\_\_  
 \_\_\_\_\_

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\_\_\_\_\_  
 Applicant's Signature

8. Have you ever been refused life, automobile, health, or other insurance policy?:  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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9. Have you ever had a life, automobile, health, or other insurance policy canceled?:  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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10. Have you ever been bonded?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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11. Have you ever been refused a bond?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give details:

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**False statements made herein are punishable as a class "A" Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York**

\_\_\_\_\_  
Applicant's Signature









A FELONY CONVICTION IS AN AUTOMATIC DISQUALIFIER

**I FULLY UNDERSTAND THAT SHOULD I MAKE A FALSE STATEMENT OF ANY MATERIAL FACT OR PRACTICE OR ATTEMPT TO PRACTICE ANY DECEPTION OR FRAUD IN MY APPLICATION OR ANY OF THE OTHER PROCEDURES CONNECTED WITH MY POSSIBLE APPOINTMENT TO A POSITION WITH THE CITY OF TROY POLICE DEPARTMENT, I WILL NOT BE APPOINTED OR FURTHER CONSIDERED FOR APPOINTMENT.**

**I FULLY UNDERSTAND ALSO THAT IF I AM APPOINTED TO A POSITION WITH THE CITY OF TROY POLICE DEPARTMENT, AND IF THEN AND THEREAFTER FACTS BECOME KNOWN WHICH, IF PREVIOUSLY KNOWN WOULD HAVE WARRANTED MY NOT BEING APPOINTED, OR IF THEN OR THEREAFTER THERE FOUND ANY ILLEGALITY OR FRAUD IN MY APPLICATION OR IN ANY PROCEDURE CONNECTED WITH MY APPOINTMENT, SUCH APPOINTMENT MAY BE REVOKED AN I MAY BE DISCHARGED.**

\_\_\_\_\_  
Signature of Applicant Date

State of New York  
County of Rensselaer

I \_\_\_\_\_ being duly sworn, depose and say that I am the above named person, I signed the foregoing statement, I personally read and answered each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

**False statements made herein are punishable as a class "A" Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York**

\_\_\_\_\_  
Signature of Applicant

Sworn by me, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_,

\_\_\_\_\_  
Notary Public or Commissioner of Deeds