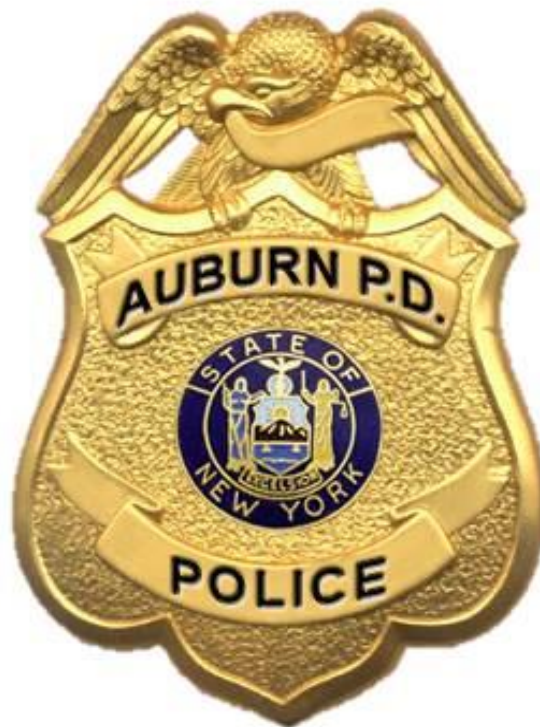


# **Candidate Application and Personal Information Packet**

City of Auburn Police Department  
46 North St  
Auburn NY 13021



Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
First Middle Last Maiden

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date completed: \_\_\_\_\_

## **APPLICANT INFORMATION PACKET INSTRUCTIONS:**

### **I. SUBMIT COPIES OF THE FOLLOWING DOCUMENTS WITH YOUR BACKGROUND PACKET:**

- A) **Birth Certificate:** If there is no record of your birth on file at the Department of Health or the Bureau of Vital Statistics of the State in which you were born, bring a statement from that agency attesting to that fact. This statement should be accompanied by a baptismal certificate, if any, or other documentary proof or record of your birth, such as affidavits and insurance policies.
- B) **Record of Change of Name:** If the change was made through the Courts. Bring all available data on this matter.
- C) **Naturalization Papers** if Foreign Born: Or evidence of citizenship if derived from parents.
- D) **Marriage certificate:** If married
- E) **Records of Divorce, Annulment or Legal Separation** if any: especially a copy of the complaint leading to court action.
- F) **Diplomas Received from Schools and Colleges Attended:** Include any received from business schools, special training, etc.
- G) **Official College Transcript(s):** Have any transcripts sent to Auburn Police Department, Attn: Cpt. Of Training , 46 North Street, Auburn, New York 13021
- H) **Discharge and Separation Papers (DD214):** From all military organizations as well as any other military service papers, past or present, affecting you.

### **II. THE FOLLOWING ITEMS MUST BE COPIED AND SUBMITTED WITH BACKGROUND PACKET FOR VERIFICATION:**

- A) Automobile driver's license (including vehicle registration)
- B) Life Insurance Policies (including GI Insurance papers)
- C) Social Security Card
- D) Record of Unemployment Insurance Collected
- E) Pistol Permit
- F) Any other record that will substantiate you answers to questions on 9A.1 questionnaire
- G) Credit Report

## PERSONAL HISTORY STATEMENT

Fill out this questionnaire completely and accurately. All statements are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, use supplement sheets provided and identify additional information by item number.

Please fill in all portions of this packet.

### PERSONAL:

1. Give any other names or alias you have used or have been known

by: \_\_\_\_\_

2. List any scars, marks, tattoos, or other identifying marks you may have:

Auburn Police Officers having visible tattoos, brands, or body art while in the uniform of the day and on duty, such art shall be subject to the approval of the Chief of Police or his/her designee as to the appropriateness of said body art. If the Chief of Police or his designee believe that said body art is inconsistent with the values of the Auburn Police Department, the Chief of Police has the ability to require the officer to wear a long sleeve uniform shirt or require removal if the body art is in a location not covered by the uniform in accordance with department policy. This policy will also mandate that current employees of the Auburn Police Department be restricted from getting additional tattoos, brands, piercings, or body art that are not covered by the uniform of the day in order to maintain the current standards and values of the Auburn Police Department.

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

3. Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

4. CONTACT NUMBERS: include area codes

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-Mail Address(s) \_\_\_\_\_

5. List all personal social media sites (FaceBook, Instagram, YouTube, Twitter, snap chat etc.):

6. With whom do you reside? \_\_\_\_\_  
(Names, Phone Number, Relationship)

7. When were you born? \_\_\_\_\_  
Month Day Year Present Age

8. Where were you born? \_\_\_\_\_  
City County State Zip

9. Are you a citizen of the United States? YES \_\_\_\_\_ NO \_\_\_\_\_  
NATIVE BORN \_\_\_\_\_ NATURALIZED \_\_\_\_\_

**PERSONAL:**

10. List all organizations, clubs and associations of which you are or have been a member of, or with which you are or have been associated:

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11. Indicate any foreign language that you may speak and the degree of fluency in them:

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12. What are your hobbies and special skills and abilities?

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**MARITAL:**

13. Are you single, married, separated or divorced? \_\_\_\_\_

14. If married, are you living with your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, explain: \_\_\_\_\_

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15. Give the following information regarding marriage or marriages:

When: \_\_\_\_\_ Where: \_\_\_\_\_ By whom \_\_\_\_\_ Partner's maiden name \_\_\_\_\_

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16. If any marriage which you were a party to was dissolved, fill out the following:

HOW \_\_\_\_\_ WHO INVITED ACTION \_\_\_\_\_ TITLE, LOCATION OF COURT \_\_\_\_\_

SEPARATED \_\_\_\_\_

DIVORED \_\_\_\_\_

ANNULLED \_\_\_\_\_

17. Give the following information concerning your parents and your spouse's parents:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ LIVING (Y/N) \_\_\_\_\_ WHERE BORN \_\_\_\_\_

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**18. List all children:**

Name, date of birth, place of birth, birth parents (names, dates of birth, phone numbers) and with whom the child resides:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**19. Are you now supporting all children born to you or adopted by you? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If not, give details:** \_\_\_\_\_

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

**20. Have you ever been involved in a Paternity Proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_**

**21. Have you been involved with any other family court proceedings, included, but not limited to child support? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, to EITHER question #20 or #21, state full details:** \_\_\_\_\_

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

**REFERENCES:**

**22. Fill in below the names of five persons not related to you, and not former employers, who have known you well for at least five (5) years. Persons listed may be asked to appraise your character, ability, experience, personality, and other qualities.**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Years known:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Business, Occupation or Profession:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

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**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Years known:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Business, Occupation or Profession:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

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**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Years known:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Business, Occupation or Profession:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

Years known: \_\_\_\_\_ Phone: \_\_\_\_\_ Business, Occupation or Profession: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

Years known: \_\_\_\_\_ Phone: \_\_\_\_\_ Business, Occupation or Profession: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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**ACQUAINTANCES:**

23. Fill in below the names of four (4) persons not related to you, and not former employers or references, who are friends, fellow students, fellow workers, etc. Names listed should be those persons who have seen you frequently during the past year.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ Business Phone \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

In what capacity is the above known to you?: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ Business Phone \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

In what capacity is the above known to you?: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ Business Phone \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

In what capacity is the above known to you?: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ Business Phone \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

In what capacity is the above known to you?: \_\_\_\_\_

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**Name:** \_\_\_\_\_

**Contact Numbers:**

**25. List any close acquaintance of yours who is a member of a Law Enforcement Agency:**

**HOME ADDRESS:**\_\_\_\_\_ **Phone Number**\_\_\_\_\_ **YEARS KNOWN:**\_\_\_\_\_

**HOME ADDRESS:**\_\_\_\_\_ **Phone Number**\_\_\_\_\_ **YEARS KNOWN:**\_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_

26. List the name of every living member of your immediate family, and your spouse's / significant other's immediate family:

[illegible]

27. Has your spouse / significant other ever been arrested for a crime? Has anyone in their immediate family ever been arrested for a crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give particulars below:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>OFFENSE</u>	<u>LOCATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

28. Has any member of your immediate family ever been arrested for a crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give particulars below:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>OFFENSE</u>	<u>LOCATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**FINANCIAL:**

29. List all real property owned by you or your spouse: (Include mortgaged property and location of property).

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

30. List all life insurance policies on your life:

<u>COMPANY</u>	<u>ADDRESS</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
_____	_____	_____	_____
_____	_____	_____	_____

31. Have you ever been refused a life insurance policy? \_\_\_\_\_ If yes explain fully: \_\_\_\_\_

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



**CREDIT:**

32. How many persons are dependent upon you for support? \_\_\_\_\_

33. List all debts you are currently paying. Include all bills, medical, charge accounts, mortgages, loans, etc.

COMPANY	ADDRESS	ORIGINAL PURPOSE	MONTHLY AMOUNT	ACCOUNT BALANCE	MONTHLY PAYMENT

34. Have you ever been sued, or served with intent to sue or have had any part of any civil litigation?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:

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35. Has a lien or judgement ever been served on you? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:

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36. Have you ever been bonded? Yes\_\_\_\_\_ No \_\_\_\_\_ If so where and by whom?

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37. Have you ever filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:\_\_\_\_\_

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**RESIDENCES:**

38. List all addresses at which you have resided since birth, beginning with your present address. You must include zip codes:

FROM MO/YR	TO MO/YR	ADDRESS OF RESIDENCE	CITY	STATE	ZIP CODE

39. Have you ever been evicted from a residence? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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**WORK HISTORY:**

40. What is your current occupation (job description with employer info, including name and phone #)?

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41. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?

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

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42. Were you ever discharged or forced to resign for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

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**WORK HISTORY:**

43. List every job ever held by you, beginning with your present employer. All information must be accurate and complete.

FROM/TO	EMPLOYER AND ADDRESS	POSITION/ JOB TITLE	SUPERVISOR AND CURRENT CONTACT INFO	REASON FOR LEAVING (BE SPECIFIC)

44. Spouse / Significant Other Employment:

FROM/TO	EMPLOYER AND ADDRESS	POSITION/ JOB TITLE	SUPERVISOR	FULL OR PART TIME	REASON FOR LEAVING (BE SPECIFIC)

**WORK HISTORY:**

**45. Have you ever been subject to any disciplinary action or demotion connected with employment?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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**46. Have you ever applied for a Civil Service Exam before, or applied to any other police agency/ government agency?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. What was the outcome?:

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MO/YR	POSITION/JOB TITLE	AGENCY	CITY/COUNTY	STATE

**47. Have you ever been rejected for a police/government position or any other agency position?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain where and why:

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**48. Have you ever applied for a position with the Auburn Police Department before? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, what position and when? \_\_\_\_\_

**49. Have you ever received any type of unemployment insurance, or Federal, State, or Local benefits or assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list dates and location of office where you applied:**

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**50. Have you ever filed claim for Workman's Compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:**

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**51. Have you ever filed a Disability Claim? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_**

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**52. Have you properly filed Federal and State Income Tax returns for all years in which you were required to do so?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If not, explain: \_\_\_\_\_

53. Have you ever missed a substantial amount of work due to illness or injury?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete below:

EMPLOYER	DATES	REASON	DOCTOR/ADDRESS
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54. What type of employment have you found most satisfying, and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### MILITARY SERVICE:

55. Have you ever served in any military organization of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

56. Branch of Service: \_\_\_\_\_ Division: \_\_\_\_\_  
Regiment: \_\_\_\_\_ Company: \_\_\_\_\_

57. What is your service number? \_\_\_\_\_

58. Highest Rank held? \_\_\_\_\_

59. Type of discharge? \_\_\_\_\_

60. Date and Location of entry in Active Duty? \_\_\_\_\_

61. Date and Location of Discharge? \_\_\_\_\_

62. List all Duty Stations assigned in all Armed Forces:

FROM MO/YR	TO MO/YR	BRANCH	DUTY STATION

63. List any medals and decorations awarded you as a member of the Armed Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

64. List any specialized training/Technical Schools attended in the military: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

65. Are you now, or were you ever a member of any Branch of the United State Reserved Forces?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Active or Inactive? \_\_\_\_\_ Branch: \_\_\_\_\_  
Unit: \_\_\_\_\_ Rank: \_\_\_\_\_ Address \_\_\_\_\_  
Date From: \_\_\_\_\_ To: \_\_\_\_\_

66. Are you now, or were you ever a member of the National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:  
State: \_\_\_\_\_ Regiment: \_\_\_\_\_ Unit: \_\_\_\_\_  
Rank: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of discharge received? \_\_\_\_\_

67. Have you ever served in the Military of any Foreign Nation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

68. List below all schools you have attended and courses completed:

ELEMENTARY SCHOOLS				
NAME OF SCHOOL (S)	ADDRESS (include City/State/Zip	DATES ATTENDED	NUMBER OF YEARS COMPLETED	DEGREE OR CERTIFICATES
JUNIOR HIGH SCHOOLS				
NAME OF SCHOOL (S)	ADDRESS (include City/State/Zip	DATES ATTENDED	NUMBER OF YEARS COMPLETED	DEGREE OR CERTIFICATES

**HIGH SCHOOLS**

NAME OF SCHOOL (S)	ADDRESS (include City/State/Zip)	DATES ATTENDED	NUMBER OF YEARS COMPLETED	DEGREE OR CERTIFICATES

**COLLEGES AND UNIVERSITIES**

NAME OF SCHOOL (S)	ADDRESS (include City/State/Zip)	DATES ATTENDED	NUMBER OF YEARS COMPLETED	DEGREE OR CERTIFICATES

**GRADUATE/EXTENSIONS/CORRESPONDENCE COURSES**

NAME OF SCHOOL (S)	ADDRESS (include City/State/Zip)	DATES ATTENDED	NUMBER OF YEARS COMPLETED	DEGREE OR CERTIFICATES

69. Were you ever expelled or suspended from any school, or were you ever disciplined by any school official?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give particulars: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

70. List any special training courses attended or any professional licenses you hold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

71. Do you drink alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to what degree? \_\_\_\_\_

\_\_\_\_\_

72. Have you ever used, sold, or given marijuana to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what were the circumstances?

\_\_\_\_\_

\_\_\_\_\_

73. Have you ever used, sold or given anyone any other illegal drugs such as cocaine, opiates, pills, any controlled substance, or any of your prescription medication that is restricted by law? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain the circumstances fully:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CRIMINAL & MILITARY DISCIPLINE:**

74. Have you ever been denied a pistol permit? Yes\_\_\_\_ No\_\_\_\_ If yes, give circumstances:\_\_\_\_\_

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75. Were you ever court-martialed, tried on charges, demoted or were you the subject of any disciplinary action while member of the Armed Forces, Reserves, or National Guard? Yes\_\_\_\_ No \_\_\_\_ If yes, explain:

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76. Have you ever been questioned, detained or arrested by any Police Agency? Yes\_\_\_\_ No \_\_\_\_

If yes, give details below:

Crime or incident:\_\_\_\_\_ Police Agency:\_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case:\_\_\_\_\_

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Crime or incident:\_\_\_\_\_ Police Agency:\_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case:\_\_\_\_\_

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Crime or incident:\_\_\_\_\_ Police Agency:\_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case:\_\_\_\_\_

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77. Have you ever been fingerprinted? Yes \_\_\_\_ No\_\_\_\_ If yes,  
Where\_\_\_\_\_ Date:\_\_\_\_\_ Purpose: \_\_\_\_\_  
Where\_\_\_\_\_ Date:\_\_\_\_\_ Purpose: \_\_\_\_\_  
Where\_\_\_\_\_ Date:\_\_\_\_\_ Purpose: \_\_\_\_\_

78. Have you ever appeared in a Civil Court? Yes\_\_\_\_ No \_\_\_\_ If yes, give details:\_\_\_\_\_

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79. Have you ever paid a fine? Yes\_\_\_\_ No \_\_\_\_ If yes, give details:\_\_\_\_\_

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80. Have you ever received a summons or subpoena to any court (Family, Criminal, Civil) not previously listed herein?

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81. Have you ever been the victim of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_

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

82. Have you ever suffered a Civil compromise by any authority? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

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

83. Have you ever been reported as a missing person or a runaway? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

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

84. Do you possess a pistol permit? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, permit # \_\_\_\_\_  
Where and when issued? \_\_\_\_\_

85. List all hand guns on your permit, and all other weapons owned by you or kept in your possession:

Make	Model	Caliber	Serial #	Date of Purchase	Reason

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#### DRIVING RECORD:

86. Can you drive a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

87. Do you possess a valid New York operator's license? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type: \_\_\_\_\_ Number: \_\_\_\_\_  
Issue date: \_\_\_\_\_ Expiration: \_\_\_\_\_

88. Did you ever possess an operator's license by any other State? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give state \_\_\_\_\_ and number: \_\_\_\_\_

89. Have you ever been refused an operator's license by any State? Yes \_\_\_\_ No \_\_\_\_ If yes, give details:

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90. Has your operator's license ever been suspended or revoked by any Court or other authority?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain fully: \_\_\_\_\_

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91. Has your license ever been placed on probation? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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**DRIVING RECORD:**

92. Have you ever been involved in a motor vehicle accident as an operator, passenger, or pedestrian?

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

DATE	LOCATION	POLICE AGENCY	POLICE OFFICER/INVESTIGATOR

EXPLAIN BRIEFLY \_\_\_\_\_

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DATE	LOCATION	POLICE AGENCY	POLICE OFFICER/INVESTIGATOR

EXPLAIN BRIEFLY \_\_\_\_\_

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DATE	LOCATION	POLICE AGENCY	POLICE OFFICER/INVESTIGATOR

EXPLAIN BRIEFLY \_\_\_\_\_

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DATE	LOCATION	POLICE AGENCY	POLICE OFFICER/INVESTIGATOR

EXPLAIN BRIEFLY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

93. List below all traffic citations you have received, including out of State:

APPROXIMATE DATE	LOCATION (city, town, village and State)	NATURE OF VIOLATION	POLICE AGENCY	DISPOSITION

**DRIVING RECORD:**

94. List all motor vehicles owned or operated by you:

YEAR	MAKE	MODEL	STATE OF REGISTRATION	LICENSE PLATE

**MISCELLANEOUS:**

95. If it became necessary in the course of Police duties to take a human life, would you have any reluctance to do so because of any religious beliefs? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

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

96. List by number, any questions which you did not understand, or were unable to complete for any reason:

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

97. Explain briefly why you are interested in entering the Law Enforcement profession: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**MISCELLANEOUS SUPPLEMENTAL SHEET**

**In the space below, continue any question that cannot be fully answered on the 9A.1 Form**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**THE CITY OF AUBURN  
AUBURN POLICE DEPARTMENT  
46 NORTH STREET  
AUBURN, NEW YORK 13021**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

**TO WHOM IT MAY CONCERN:** I am an applicant for a position with the Auburn Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information, concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Auburn Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof concerning myself by and to any duly authorized agent of the Auburn Police Department, whether said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Auburn Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints, or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have or have had and files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individual and collectively, from any and all liability for damages of whatever kind which may at anytime result to my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Auburn Police Department regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Auburn Police Department acceptance and processing of my application for employment, I agree to hold agents and employees harmless from any and all claims and liability associated with my application for employment or in anyway connected with the decision whether or not to employ me with the Auburn Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

**I understand my rights under title 5 United States code. Section 552a the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Auburn Police Department in conjunction with employment procedures.**

**A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.**

- A) This waiver is valid for a period of two (2) years from the date of my signature.**
- B) Should-there be any questions as to the validity of this release, you may contact me at the address listed on this form.**
- C) I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.**
- D) I agree to indemnity and hold harmless, the person to whom this request is presented and his agents and employees from and against all  
claims, damages losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.**

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**SIGNATURE**

**DATE**

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**WITNESS**

**DATE**

**AUBURN POLICE DEPARTMENT  
46 NORTH STREET  
AUBURN, NEW YORK 13021**

**ATTESTATION STATEMENT**

I, \_\_\_\_\_, being duly sworn, deposes and says that he/she is \_\_\_\_\_ years of age, being born on \_\_\_\_\_ and resides at \_\_\_\_\_.

I understand that the background questionnaire (Background Investigation Packet) is considered a supplemental application for employment and the information I disclose on the City of Auburn Police Department's background questionnaire is subject to verification and intentionally making a false statement in the background questionnaire or for practicing fraud or deception in the application will result in my disqualification from employment with the Auburn Police Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary public