



## INSTRUCTIONAL INFORMATION SHEET

THIS SHEET HAS BEEN PREPARED FOR YOUR AID WITH COMPLETING THE APPLICATION FOR EMPLOYMENT WITH THE DUTCHESS COUNTY SHERIFF'S OFFICE. ANY QUESTIONS NOT PERTAINING TO YOU, PLEASE INDICATE WITH THE LETTERS "N/A", MEANING NOT APPLICABLE.

### COMMON AREAS OF OMISSION

PLEASE READ AND COMPLETE THIS APPLICATION IN ITS ENTIRETY. WE HAVE FOUND THAT SOME APPLICANTS HAVE EXCLUDED MIDDLE NAMES AND TELEPHONE NUMBERS. IF A PERSON DOES NOT HAVE A MIDDLE NAME, INDICATE "NMN" MEANING "NO MIDDLE NAME". IF YOU ARE UNABLE TO FURNISH COMPLETE INFORMATION, PLEASE PROVIDE A WRITTEN EXPLANATION.

### EFFECTS OF NON-DISCLOSURE

A FALSE ANSWER TO A QUESTION OR OMISSION IN THIS APPLICATION MAY BE GROUNDS FOR NOT BEING SELECTED FOR A POSITION OR A DISMISSAL AFTER BEING HIRED.

ALL STATEMENTS AND INFORMATION PROVIDED IN THIS APPLICATION ARE SUBJECT TO INVESTIGATION BY A BACKGROUND INVESTIGATOR.

**False statements made in the foregoing instrument are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.**



FOR THE PURPOSE OF APPLICATION FOR EMPLOYMENT WITH THE  
DUTCHESS COUNTY SHERIFF'S OFFICE

POSITION APPLIED FOR

FULL NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_ OTHER NAMES YOU'VE USED-- FEMALES: MAIDEN NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ PLACE OF BIRTH (CITY, COUNTY, STATE) \_\_\_\_\_

TELEPHONE NUMBER(S): CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOW/WIDOWED

NUMBER OF CHILDREN / AGES: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? 1) BY BIRTH 2) BY NATURALIZATION 3) BY DERIVATIVE

IF YOU ANSWERED 2:

SET FORTH NATURALIZATION NUMBER: \_\_\_\_\_

DATE, PLACE AND COURT OF DECREE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU ANSWERED 3:

EXPLAIN THROUGH WHOM YOUR CITIZENSHIP WAS OBTAINED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU ARE NOT A CITIZEN, CHECK HERE

**RESIDENCES:**

LIST ALL RESIDENCES CHRONOLOGICALLY (FROM NOW) FOR THE PAST 10 YEARS. INCLUDE ALL RESIDENCES WHILE ATTENDING SCHOOL OR IN THE MILITARY IF WITHIN THIS TIME FRAME.

DATE		STREET ADDRESS	CITY	STATE
FROM	TO			

**EDUCATION:**

NAME OF SCHOOL	LOCATION	DATE		COURSE OF STUDY / DEGREE RECEIVED
		FROM	TO	
HIGH SCHOOL				
COLLEGE				
MISCELLANEOUS				

HAVE YOU EVER BEEN DISMISSED FROM ANY SCHOOL OR WAS ANY DISCIPLINARY ACTION EVER TAKEN AGAINST YOU DURING YOUR SCHOLASTIC CAREER?  YES\*  NO \*IF YES, ATTACH A SEPARATE SHEET EXPLAINAING DETAILS.



**EMPLOYMENT**

BEGIN WITH MOST RECENT WORK EXPERIENCE AND WORK BACK. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT (BE SURE TO INCLUDE MILITARY EXPERIENCE, IF APPLICABLE).

NAME AND ADDRESS OF EMPLOYER	DATE		SALARY		AVERAGE HOURS PER WEEK	PLACE OF EMPLOYMENT
	FROM	TO	BEGIN	END		
					<input type="checkbox"/> FULL-TIME _____	CITY _____
					<input type="checkbox"/> PART-TIME _____	STATE _____
						PHONE # _____
YOUR TITLE: _____			IMMEDIATE SUPERVISOR: _____			
REASON FOR LEAVING: _____			TELEPHONE NUMBER: ( ) _____ - _____ EXT. _____			
DESCRIPTION OF WORK (DESCRIBE SPECIFIC DUTIES BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE): _____						

NAME AND ADDRESS OF EMPLOYER	DATE		SALARY		AVERAGE HOURS PER WEEK	PLACE OF EMPLOYMENT
	FROM	TO	BEGIN	END		
					<input type="checkbox"/> FULL-TIME _____	CITY _____
					<input type="checkbox"/> PART-TIME _____	STATE _____
						PHONE # _____
YOUR TITLE: _____			IMMEDIATE SUPERVISOR: _____			
REASON FOR LEAVING: _____			TELEPHONE NUMBER: ( ) _____ - _____ EXT. _____			
DESCRIPTION OF WORK (DESCRIBE SPECIFIC DUTIES BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE): _____						

NAME AND ADDRESS OF EMPLOYER	DATE		SALARY		AVERAGE HOURS PER WEEK	PLACE OF EMPLOYMENT
	FROM	TO	BEGIN	END		
					<input type="checkbox"/> FULL-TIME _____	CITY _____
					<input type="checkbox"/> PART-TIME _____	STATE _____
						PHONE # _____
YOUR TITLE: _____			IMMEDIATE SUPERVISOR: _____			
REASON FOR LEAVING: _____			TELEPHONE NUMBER: ( ) _____ - _____ EXT. _____			
DESCRIPTION OF WORK (DESCRIBE SPECIFIC DUTIES: (BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE): _____						

NAME AND ADDRESS OF EMPLOYER	DATE		SALARY		AVERAGE HOURS PER WEEK	PLACE OF EMPLOYMENT
	FROM	TO	BEGIN	END		
					<input type="checkbox"/> FULL-TIME _____	CITY _____
					<input type="checkbox"/> PART-TIME _____	STATE _____
						PHONE # _____
YOUR TITLE: _____			IMMEDIATE SUPERVISOR: _____			
REASON FOR LEAVING: _____			TELEPHONE NUMBER: ( ) _____ - _____ EXT. _____			
DESCRIPTION OF WORK (DESCRIBE SPECIFIC DUTIES: (BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE): _____						



HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION?  YES  NO  
 AGENCY: \_\_\_\_\_ LOCATION: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 DO YOU HAVE ANY SOURCES OF INCOME OTHER THAN YOUR SALARY OR THAT OF YOUR SPOUSE?  
 SPECIFY EACH WITH AMOUNT: \_\_\_\_\_

**MILITARY RECORD**

ARE YOU REGISTERED WITH SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		SELECTIVE SERVICE NO. _____
LOCAL BOARD NO. _____	CITY: _____	STATE: _____
WHAT IS YOUR CURRENT CLASSIFICATION?	IF EVER CLASSIFIED 1-Y (REGISTRANT QUALIFIED FOR MILITARY SERVICE ONLY IN TIME OF WAR OR NATIONAL EMERGENCY) OR 4-F (REGISTRANT NOT QUALIFIED FOR MILITARY SERVICES), FURNISH REASON.	
HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
BRANCH OF MILITARY SERVICE: _____		
TYPE OF DISCHARGE: _____	BASIS: _____	DATES OF ACTIVE DUTY (MONTH / DAY / YEAR) FROM: _____ TO _____
SERIAL NUMBER: _____	MEMBER OF RESERVE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> STANDBY BRANCH OF SERVICE: _____	
WAS THERE ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE? BE SURE TO INCLUDE NONJUDICIAL PUNISHMENT(S), IF APPLICABLE. <input type="checkbox"/> YES <input type="checkbox"/> NO DETAILS: _____		
NATIONAL GUARD: <input type="checkbox"/> PRESENT <input type="checkbox"/> FORMER <input type="checkbox"/> NONE *IF YOU ATTENDED DRILLS, MEETINGS, OR CAMPS, GIVE NAME OF UNIT AND LOCATION: _____		
SUMMER CAMP ATTENDANCE: FROM _____ TO _____ LOCATION: _____		
DO YOU CLAIM VETERANS' PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH A COPY OF DD-214) BASIS: <input type="checkbox"/> ACTIVE DUTY BETWEEN 12/7/41 AND 7/1/55 <input type="checkbox"/> ACTIVE DUTY SUBSEQUENT TO 1/31/55 IN EXCESS OF 180 CONSECUTIVE DAYS <input type="checkbox"/> SERVICE CONNECTED DISABILITY <input type="checkbox"/> WIFE <input type="checkbox"/> WIDOW <input type="checkbox"/> MOTHER		

**REFERENCES AND SOCIAL ACQUAINTANCES**

GIVE THREE REFERENCES (NOT RELATIVES, FORMER OR PAST EMPLOYERS, FELLOW EMPLOYEES, OR SCHOOL TEACHERS) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, AND WHO HAVE KNOWN YOU FOR AT LEAST FIVE YEARS, PREFERABLY THOSE WHO HAVE KNOWN YOU DURING THE PAST FIVE YEARS. IF RETIRED, GIVE FORMER OCCUPATION.

COMPLETE NAME, ADDRESS, HOME/WORK TELEPHONE#	BUSINESS ADDRESS	YEARS ACQUAINTED AND HOW

**SOCIAL ACQUAINTANCES**

GIVE THREE SOCIAL ACQUAINTANCES IN YOUR OWN AGE GROUP (INCLUDING BOTH SEXES) WHO HAVE KNOWN YOU WELL FOR AT LEAST FIVE YEARS, PREFERABLY THOSE WHO HAVE KNOWN YOU DURING THE PAST FIVE YEARS.

COMPLETE NAME, ADDRESS, HOME/WORK TELEPHONE#	BUSINESS ADDRESS	YEARS ACQUAINTED AND HOW



HAVE YOU EVER VISITED OR RESIDED IN ANY FOREIGN COUNTRY (INCLUDING THE MILITARY)  YES  NO  
 PASSPORT NUMBER \_\_\_\_\_ DATE AND PLACE ISSUED \_\_\_\_\_

COUNTRIES VISITED	DATES		REASON FOR TRAVEL
	FROM	TO	

HAVE YOU EVER SERVED IN THE ARMED FORCES OF A FOREIGN COUNTRY?  YES  NO  
 SPECIFY COUNTRIES AND DATES:

DO YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY, INCLUDING IN-LAWS, HAVE ANY RELATIVES NOW RESIDING OUTSIDE THE UNITED STATES (EXCEPT THOSE IN THE ARMED FORCES OF THE US OR THOSE EMPLOYED BY THE US GOVERNMENT LIVING ABROAD)?  YES  NO  
 IF YES, LIST BELOW AND FURNISH DEGREE OF ASSOCIATION AND CONTACT YOU AND MEMBERS OF YOUR IMMEDIATE FAMILY HAVE WITH THESE RELATIVES.

NAME	RELATION	AGE	CITY	COUNTRY	CITIZEN OF WHAT COUNTRY

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY, INCLUDING IN-LAWS, EVER HAD ANY CONTACT WITH FOREIGN DIPLOMATIC ESTABLISHMENTS OR THEIR REPRESENTATIVES IN THE US OR ABROAD (INCLUDES COMMERCIAL, CONSULAR, NEWS MEDIA, AND TRADE OR TRAVEL ORGANIZATIONS)?  YES\*  NO \*IF YES, ATTACH A SEPARATE PAGE EXPLAINING CIRCUMSTANCES.

HAVE YOU OR ANY MEMBERS OF YOUR IMMEDIATE FAMILY, INCLUDING IN-LAWS, EVER BEEN EMPLOYED BY OR BEEN A REPRESENTATIVE OR AGENT OF ANY FOREIGN GOVERNMENT OR OFFICIAL ENTITY THEREOF?  YES\*  NO \*IF YES, ATTACH A SEPARATE PAGE EXPLAINING CIRCUMSTANCES.

DO YOU OR ANY MEMBERS OF YOUR IMMEDIATE FAMILY, INCLUDING IN-LAWS, MAINTAIN ANY CONTACT WITH FRIENDS, ASSOCIATES, OR OTHER INDIVIDUALS RESIDING OUTSIDE THE US?  YES\*  NO \*IF YES, ATTACH A SEPARATE PAGE IDENTIFYING BY NAME AND COUNTRY, INDICATING BASIS OR REASONS FOR CONTACTS.

**COURT RECORD**

APPLICANT/DATES	PLACE AND DEPARTMENT	CHARGE	DISPOSITION	DETAILS

RELATIVES/DATES	PLACE AND DEPARTMENT	CHARGE	DISPOSITION	DETAILS

HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN A CIVIL COURT ACTION INCLUDING FAMILY COURT ACTION?  YES\*  NO \*IF YES, GIVE DATES, PLACE, COURT, NAMES OF PARTIES INVOLVED, NATURE OF ACTION AND FINAL DISPOSITION.

**CREDIT RECORD**

ARE YOU INDEBTED TO ANYONE? YES  NO  LIST ANY DEBTS OVER \$5000. ALSO LIST ANY DEBT REGARDLESS OF THE AMOUNT WHERE PAYMENT IS PAST DUE.

CREDITOR	ADDRESS	AMOUNT	LOAN OR ACCOUNT NUMBER

**ORGANIZATION MEMBERSHIP**

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY OR FASCIST ORGANIZATION?  YES  NO  
 ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST OR SUBVERSIVE, OR WHICH WAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?  YES\*  NO \*IF YES, EXPLAIN FULLY

ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY CLUB, SOCIETY OR ORGANIZATION?  YES\*  NO \*IF YES, LIST BELOW; DO NOT ABBREVIATE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME	CITY, STATE	TELEPHONE #	FORMER	PRESENT	IF PRESENT, LIST POSITION AND EXTENT OF ACTIVITY



ARE YOU A LICENSED DRIVER?  YES  NO

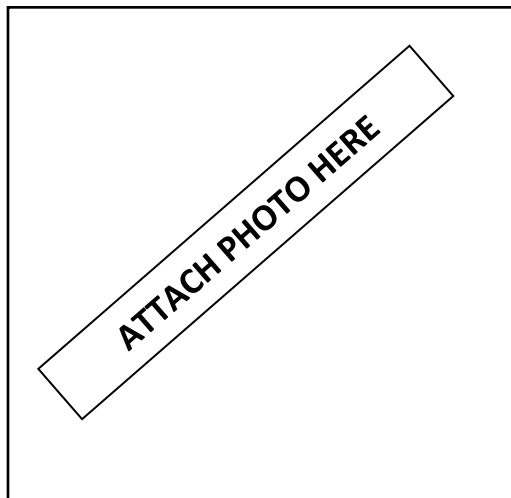
PLEASE LIST BELOW ALL DRIVERS LICENSES YOU HAVE EVER HAD.

STATE	TYPE OF LICENSE	DRIVERS LICENSE NUMBER	EXPIRATION DATE

HAVE YOU EVER HAD YOUR DRIVERS LICENSE AND/OR DRIVING PRIVILEGES SUSPENDED OR REVOKED? YES\* NO

\*IF YES, PLEASE SPECIFY BELOW.

**ALL APPLICANTS MUST ATTACH AN UNMOUNTED FULL FACE PHOTOGRAPH OF YOURSELF NO LARGER THAT 2 ¼ X 2 ½ INCHES. PRINT YOUR NAME PLAINLY ON THE BACK OF THE PHOTOGRAPH. THE PHOTOGRAPH MUST NOT HAVE BEEN TAKEN MORE THAN 3 (THREE) MONTHS PRIOR TO THE DATE OF THIS APPLICATION.**



**THIS STATEMENT MUST BE SIGNED**

FALSE STATEMENTS OR OMISSIONS MADE IN THE FOREGOING APPLICATION ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

ACCORDINGLY AND WITH NOTICE OF THE FOREGOING, I HEREBY AFFIRM THAT THE FOREGOING STATEMENTS OF ACTS ARE TRUE, UNDER PENALTY OF LAW, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME



I, \_\_\_\_\_ AM BEING CONSIDERED FOR APPOINTMENT TO A POSITION AS A EMPLOYEE / OFFICER IN THE DUTCHESS COUNTY SHERIFF'S OFFICE AND CONSENT TO A COMPLETE BACKGROUND INVESTIGATION CONDUCTED BY THE DUTCHESS COUNTY SHERIFF'S OFFICE.

IN FURTHERANCE OF THE BACKGROUND INVESTIGATION, I CONSENT TO AND AUTHORIZE THE DISCLOSURE OF ALL INFORMATION THE DUTCHESS COUNTY SHERIFF'S OFFICE DEEMS RELEVANT TO THE EVALUATION OF MY ELIGIBILITY AND FITNESS TO HOLD A POSITION OF PUBLIC TRUSE.

I, THEREFORE, AUTHORIZE THE DISCLOSURE TO THE DUTCHESS COUNTY SHERIFF'S OFFICE OF SUCH INFORMATION, FILES AND RECORDS BY ALL MY FORMER AND CURRENT EMPLOYERS, EDUCATION INSTITUTIONS, GOVERNMENTAL BODIES, PROFESSIONAL ASSOCIATIONS, MEDICAL AND HEALTH CARE PRACTITIONERS, AND DISCIPLINARY OR GRIEVANCE BODIES AS MAY RELATE TO ME.

I HEREBY WAIVE ANY PRIVILEGE OF CONFIDENTIALITY WITH RESPECT TO THE RELEASE OF ANY SUCH INFORMATION TO THE DUTCHESS COUNTY SHERIFF'S OFFICE.

A PHOTOCOPY OF THIS AUTHORIZATION WHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL WHICH SHALL REMAIN ON FILE AT THE DUTCHESS COUNTY SHERIFF'S OFFICE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

NOTARY PUBLIC  
SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
OFFICER ADMINISTERING OATH

\_\_\_\_\_  
NOTARY PUBLIC NUMBER/PLACE STAMP HERE



DEPUTY SHERIFF CANDIDATE  
PLEASE COMPLETE AND RETURN WITH QUESTIONNAIRE

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

TELL US ABOUT YOURSELF AND YOUR GOALS

WHAT ARE YOU GREATEST STRENGTHS?

WHAT ARE YOU GREATEST WEAKNESSES?

WHERE DO YOU SEE YOURSELF IN FIVE YEARS?

WHAT EXCITES YOU ABOUT YOUR PRESENT JOB?

WHY DO YOU WANT TO WORK FOR THE DCSO?

WHY DID YOU LEAVE YOUR LAST JOB?

WHERE ELSE ARE YOU LOOKING FOR EMPLOYMENT?

WHY SHOULD WE HIRE YOU?