



INSTRUCTIONAL INFORMATION SHEET

THIS SHEET HAS BEEN PREPARED FOR YOUR AID IN EXECUTING THE BACKGROUND INVESTIGATION QUESTIONNAIRE FOR 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, GIVE SUFFICIENT EXPLANATION.

EFFECTS OF NON-DISCLOSURE

A FALSE ANSWER TO A QUESTION OR OMISSION IN THE BACKGROUND INVESTIGATION QUESTIONNAIRE MAY BE GROUNDS FOR NON-EMPLOYMENT OR DISMISSAL AFTER HIRING.

ALL STATEMENTS AND INFORMATION PROVIDED ARE SUBJECT TO VERIFICATION THROUGH A BACKGROUND INVESTIGATION.

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 EXPLAINING 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 FROM	TO	REASON FOR TRAVEL

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

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 <input type="checkbox"/>	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

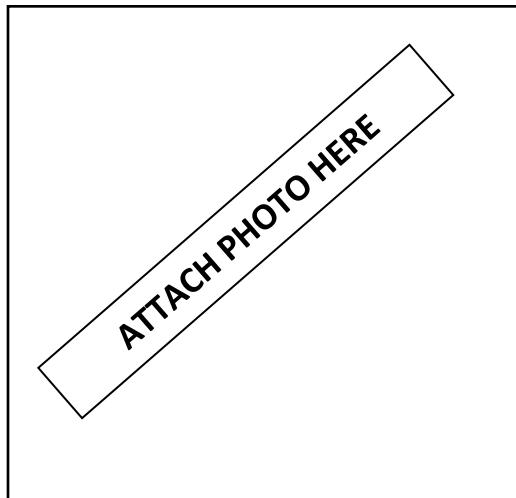
PLEASE LIST BELOW ALL DRIVERS LICENSES YOU HAVE EVER HAD.

STATE	TYPE OF LICENSE	DRIVERS LICENSE NUMBER	EXPIRATION DATE

HAVE YOU EVER HAD YOUR DRIVERS LICENSE AND/OR DRIVING PRIVLEGES 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 ¾ 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



This release, when presented by a duly authorized representative of the Dutchess County Sheriff's Office, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background investigation being conducted.

Specifically, I authorize the release of the following data or records to the Dutchess County Sheriff's Office: Former and current employers, Education records, Medical and Psychological records; Selective Service; Police and Criminal records; Motor Vehicle and Driving records; Financial and Credit records; Polygraph Examination records; military separation documents and military personnel file from the appropriate Military Records Center and Department of Veterans Affairs. I understand that if I am currently, or formerly a police officer, corrections officer, or employed or formerly employed by any law enforcement agency, I agree to allow the background investigator access to my department personnel records to review all files related to disciplinary and related records.

This authorization is given in connection with a background investigation being conducted relative to my application for a position at the Dutchess County Sheriff's Office. The intent of this authorization is to provide full and free access and history of my personal life to the Dutchess County Sheriff's Office, for the specific purpose of conducting my background investigation, which may provide pertinent data for the Dutchess County Sheriff's Office, to consider my suitability for employment.

I understand that any information obtained by a background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Dutchess County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Dutchess County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her 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. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the Dutchess County Sheriff's Office has my permission to disclose the information to my current employer. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Print Name

Date

NOTARY PUBLIC

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____