

III. CONVICTION RECORD

Last Name																					First Initial																			Soc. Sec.#																				
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List **ALL** your convictions and pending charges below. Use the Comments page to list additional convictions. You **MUST** list **EVERY** conviction. (Do **NOT** include traffic violations in this section.) If you cannot recall all of your convictions, then you **MUST** indicate this below.

NOTE: Offenses include felonies, misdemeanors and violations. A plea of guilty is a conviction even if you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged or received a Certificate of Relief from Disabilities. Except for Firefighter, Police Officer or Peace Officer (including Special Patrolman) applicants, you DO NOT have to disclose any material sealed, expunged, or set aside under Federal or State law, or juvenile delinquent or youthful offender adjudications. You are not considered a youthful offender just because of your age at the time of the offense. Only a court can determine youthful offender status. (If you are unsure whether you were considered a youthful offender, list the offense(s) below and provide details on Page 18.)

A conviction record or pending criminal charges will not necessarily disqualify you from the position for which you are applying. If you list convictions or pending charges, you may state facts in favor of your employment on the Comments Page 18. These facts will be considered when the investigator reviews your case.

- A) Have you ever been convicted of an offense anywhere? (Yes/No)
- B) Are any criminal charges pending against you? (Yes/No)

LIST ALL CONVICTIONS AND/OR PENDING CHARGES BELOW:

ARREST DATE (MM/DD/YY)	OFFENSE	NAME AND LOCATION OF COURT	SENTENCE AND DATE OF SENTENCE

C) FIREFIGHTER/POLICE/PEACE OFFICER (INCLUDING SPECIAL PATROLMAN) APPLICANTS ONLY:
 If, in your new position, you will be designated a Firefighter, Police Officer or Peace Officer (including Special Patrolman), have you had any arrests in your lifetime that did not result in convictions? (Yes/No) Write "N/A" if you will not be designated a Firefighter, Police Officer or Peace Officer (including Special Patrolman.)

If you answered YES to question C, list below **ALL** arrests (not including traffic violations) that did not result in a conviction and list the disposition (e.g., charges dismissed.)

ARREST DATE (MM/DD/YY)	OFFENSE	NAME AND LOCATION OF COURT	DISPOSITION AND DATE OF DISPOSITION

For assistance, see CPD(B) Applicant Guidelines, Pages 15-16 for A/B and Pages 34-36 for C.

Applicant's Initials

Agency Use Only:

VI. LICENSES

Last Name																					First Initial											Soc. Sec.#																		
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A) Other than a driver's license, specify every license/certificate/registration/permit that you currently hold (e.g., professional, bar admittance, trade, pistol, etc.)

Issued On						Expires On						Type of License	License No.	Licensing Agency
M	M	D	D	Y	Y	M	M	D	D	Y	Y			

B) Do you currently have a valid Motor Vehicle Driver's License? (YES/NO)
 If YES, complete Section B. If NO, proceed to Sections C and D.

Driver's License ID																					Class							State						
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Vehicle Endorsement (YES/NO) Codes

License Restriction (YES/NO) Codes

Date Issued

M	M	D	D	Y	Y		Expiration Date	M	M	D	D	Y	Y
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Number of years/months you have possessed such a license without any break.

Y	Y	M	M
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C) Traffic Conviction Record
 List any traffic convictions and pending charges (e.g., driving without insurance, moving violations, etc.) Do NOT list parking tickets.

DATE OF CONVICTION	TRAFFIC CONVICTION / PENDING CHARGE	NAME & LOCATION OF COURT	DISPOSITION

D) Was a license/certification held by you ever suspended, restricted or revoked, or have you ever been censured or disciplined by any licensing or certifying organization? (YES/NO)
 (If the answer is YES, specify type of license or certification, action taken, from/to date and reason for action on Comments Page.) _____

For assistance, see CPD(B) Applicant Guidelines, Page 18

Applicant's Initials

Agency Use Only:

IX. RESUME SECTION

Last Name																					First Initial																			Soc. Sec.#																				
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Career Objective(s) _____

How did you learn of this position? (e.g., name of newspaper, exam notice, posting, etc.) _____

Special Skills and Abilities _____

- Languages other than English for which you have a working knowledge. Specify for each, if you have a working ability to speak (S), Read (D) and/or Write (W) _____

- Computer Skills (list languages, hardware software, years/months experience) _____

- Machines/equipment you can operate _____

Typing Speed				wpm	Dictation Speed				wpm
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List technical training/experience in the military and highest rank _____

List any professional organizations to which you belong and specify your role (e.g., NYC Accountants Association-Treasurer) _____

List any voluntary organizations to which you belong and specify your role (e.g., Volunteer Fire Department-Captain) _____

List any elected offices you have held (specify offices, organizations, locations, dates) _____

Major Accomplishments/Awards (e.g., Professional Awards or Honors Received, Articles or Books Published, etc.) _____

Continuing Education (Job Related Noncredit Courses Completed in the Last Five Years)

Course Title	Organization	Number of Days

Applicant's Initials

Agency Use Only:

XI.



**CITY OF NEW YORK
AUTHORIZATION FOR RELEASE OF INFORMATION**

I am applying for a position with, or trade license or certificate issued by, an agency within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services and authorize the release to the City of New York of ANY information required in order to establish my eligibility. This includes, but is not limited to, documents from any personnel files which you may maintain. I realize that should I subsequently obtain employment with another agency within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services, my personnel records will be transferred to that agency.

If this request is for military records, I hereby authorize the National Personnel Records Center, St. Louis, Mo., or other custodian of my military records, to release to the City of New York ALL information in, or provide photocopies of, my military personnel and related medical records. This should include a photocopy of my Form DD214 (Report of Separation.)

APPLICANT'S NAME:

PRINT

SOCIAL SECURITY NUMBER:

STREET ADDRESS/APT. NO.

CITY

STATE/ZIP CODE

PRINT

SIGNATURE OF APPLICANT: _____ DATE _____

***APPLICANTS, FOR ASSISTANCE, SEE CPD (B) APPLICANT GUIDELINES PAGE 20.**

***APPLICANTS DO NOT WRITE BELOW THIS LINE.**

State of New York ss:
County of New York

This is to certify that this is a true copy of an authorization currently in the custody of the City of New York.

Authorized Signature: _____ Date: _____

Title: _____ Name: _____

XIII. VERIFICATIONS: FOR AGENCY USE ONLY

Last Name																					First Initial																			Soc. Sec.#																				
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Items Verified	Verification of Original Document	Verifier's Initials	Date: MM/DD/YY
Confirmation of Name and Eligibility to work in US • CPD(B) Sections I, II • PO Guidelines IV, B.4.a.b. • I-9 • I-9 Documents	() Birth Certificate		
	() US Passport		
	() Naturalization Certificate		
	() Resident Alien Card		
	() Unexpired Reentry Permit		
	() Social Security Card		
	() Unexpired Foreign Passport		
	() Certificate of US Citizenship		
	() Unexpired Temporary Resident Card		
	() Unexpired Employment Authorization Card		
	() US/Canadian Driver's License		
	() Other		
() Other			
Name Change • CPD(B) Section I • PO Guidelines IV. B.4.a	() Marriage License		
	() Divorce Decree		
	() Court Order		
	() Other		
Residency • CPD(B) Sections I,II, VIII • PO Guidelines IV, B.4.b.h XV, XVI	() Credit Card Statement		
	() Bank Statement		
	() Utility Bill		
	() Other		
() Other			
Driver's License • CPD(B) Section VI • PO Guidelines IV. B.4.f	() Current License		
	() MVO Abstract		
	()		
Trade or Professional Licenses • CPD(B) Section VI • PO Guidelines IV.B.4.f	()		
	()		
	()		
	()		
Military • CPD(B) Sections II, VII • PO Guidelines IV.B.4.g	() DD-214		
	() DP-152		
	() DP-153		
Education • CPD(B) Section IV • P.O. Guidelines IV.B.4.d	• See Education Section		
	()		
	()		
	()		
	() DP-404		
Employment • CPD(B) Section V • PO Guidelines IV.B.4.e	• See Employment Section		
	()		
	()		
	()		
	()		
Fingerprints PO Guidelines III.D. 1,2,3,IV.B.4.c, VI, VIII, X, XI	() DCJS-4		
	() FD-258		
	() DP-144		
	() Other		
	() Other		
Fingerprint Fees	()		
Processing Fees PO Guidelines III.D.1,2,3,VI			
Other			

Documents Complete: _____