



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of NYS Court Officer-Trainee.

- It is your responsibility to complete this form and provide all required information.
- You must respond to all items and questions. If a question does not apply to you, indicate “N/A” (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form and identify the additional information by the question number.

Disqualification

Deliberate misstatements or omissions can and often will result in your application being rejected regardless of the nature or reason for the misstatements/omissions.

You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA) and the New York State Human Rights Law applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions. I also understand that New York State Penal Law and the Rules of the Chief Judge (22 NYCRR SS 25.13) provide penalties for making a false statement of any material fact in any application, or for practicing any fraud or deception in obtaining or attempting to obtain state employment, including rejection for appointment, revocation of appointment, and prosecution.

Signature: _____

Date: _____

The New York Unified Court System is an Equal Opportunity Employer





PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 1: PERSONAL

1. YOUR FULL NAME
 LAST FIRST MIDDLE

2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES) N/A

3. ADDRESS WHERE YOU LIVE
 NUMBER / STREET APT/UNIT
 CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)

5. CONTACT NUMBERS
 HOME () WORK () EXT CELL () OTHER ()

6. EMAIL **7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)**

8. CITIZENSHIP
 Are you a U.S. citizen? Yes No
 U.S. Naturalized Citizen: Certificate No. _____ Date: _____ Court/Location _____

9. BIRTHPLACE (CITY/COUNTY/STATE/COUNTRY)

10. BIRTHDATE (MM/DD/YYYY) **11. SOCIAL SECURITY NUMBER** **12. DRIVER'S LICENSE**
 NUMBER: STATE: EXPIRES:

13. PHYSICAL DESCRIPTION
 HEIGHT: HAIR COLOR: EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "Deceased," if appropriate.
- Mark "N/A" if a category is not applicable.
- If more space is needed, continue on last page – reference corresponding numbers.

14 a. Spouse / Domestic Partner Deceased N/A

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

14 b. Former Spouse / Former Domestic Partner Deceased N/A

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)	DATE OF DISSOLUTION / (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 2: RELATIVES AND REFERENCES (continued)

14 c. Children

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14 c. 1 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()			
		EMAIL			

14 c. 2 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()			
		EMAIL			

14 c. 3 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()			
		EMAIL			

14 c. 4 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()			
		EMAIL			

14 c. 5 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()			
		EMAIL			



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 3: EDUCATION

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on last page..*

15. CHECK APPLICABLE		MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> GED/TASC:	/

16. LIST HIGH SCHOOL(S) ATTENDED

16.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	ADDRESS (NUMBER/STREET)	CITY	STATE
16.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	ADDRESS (NUMBER/STREET)	CITY	STATE
16.3	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	ADDRESS (NUMBER/STREET)	CITY	STATE

17. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

17.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	TYPE OF DEGREE EARNED		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
17.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	TYPE OF DEGREE EARNED		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
17.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)	TYPE OF DEGREE EARNED		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

18. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

18.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	
18.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 3: EDUCATION (continued)

19. Have you ever attended a law enforcement Academy: Yes No
IF YES, provide the following information:

19.1	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<input type="checkbox"/> YES <input type="checkbox"/> No
LOCATION (CITY, STATE)			NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
					()
19.2	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<input type="checkbox"/> YES <input type="checkbox"/> No
LOCATION (CITY, STATE)			NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
					()

20. Have you ever been subject to any disciplinary action, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school **INCLUDING** a law enforcement academy? Yes No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or law enforcement. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE HISTORY

21. LIST OF RESIDENCES

- List all residences **during the last 10 years** starting with your present address and working back.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on last page.*

21.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()
CITY		STATE	ZIP	EMAIL	

Name(s) of those with whom you live:

21.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()
CITY		STATE	ZIP	EMAIL	

Name(s) of those with whom you lived:

Reason for moving:



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 4: RESIDENCE HISTORY (continued)

21.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()
CITY		STATE	ZIP	EMAIL	

Name(s) of those with whom you lived:

Reason for moving:

21.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()
CITY		STATE	ZIP	EMAIL	

Name(s) of those with whom you lived:

Reason for moving:

21.5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()
CITY		STATE	ZIP	EMAIL	

Name(s) of those with whom you lived:

Reason for moving:

- 22. Has any person with whom you presently reside ever been convicted of any crime?..... Yes No
- 23. Have you ever been evicted or asked to leave a residence?..... Yes No
- 24. Have you ever left a residence owing rent, utilities, or other household expenses?..... Yes No

If you answered "YES" to Questions 22, 23 and 24, explain (include when, where, and circumstances):



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List **ALL** jobs **AFTER** graduating or leaving high school, including part-time, temporary, self-employment, off the books employment and volunteer. (Begin with your most current and work back. Use your Social Security detailed earnings statement as a guide.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment. Do not leave any time periods unaccounted for.
- *If more space is needed, continue your response on the last page.*

25.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
			REASON FOR WANTING TO LEAVE		

Would there be a problem if we contact your current employer? (**This does not apply to current civil service employees**). Yes No

If YES, explain:

25.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____	/	/

25.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
			REASON FOR LEAVING		

25.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____	/	/



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 5: EXPERIENCE AND EMPLOYMENT (continued)

25.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
			REASON FOR LEAVING		

25.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____			/	/

25.7	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
			REASON FOR LEAVING		

25.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____			/	/

25.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
			REASON FOR LEAVING		

25.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____			/	/



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 5: EXPERIENCE AND EMPLOYMENT (continued)

25.11	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
					()	
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
				REASON FOR LEAVING		

25.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____				/	/

25.13	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
					()	
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
				REASON FOR LEAVING		

25.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____				/	/

25.15	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
					()	
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
				REASON FOR LEAVING		

25.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____				/	/



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 5: EXPERIENCE AND EMPLOYMENT (continued)

25.17	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
			REASON FOR LEAVING		

25.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____			/	/

25.19	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
				()	
JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
			REASON FOR LEAVING		

25.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____			/	/

- 26. Have you ever been disciplined at work? (This includes **written OR verbal** warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) Yes No
- 27. Have you ever been fired, released from probation, or asked to resign in lieu of termination from any place of employment? Yes No
- 28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?..... Yes No
- 29. Have you ever quit without giving notice?..... Yes No
- 30. Have you ever been restricted or disqualified from appointment for any civil service exam list? Yes No
- 31. Have you ever been the subject of a complaint of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?..... Yes No
- 32. Were you ever the subject of a written complaint at work? Yes No
- 33. Have you ever been counseled at work due to lateness or absences?..... Yes No
- 34. Did you ever receive a documented unsatisfactory performance review?..... Yes No
- 35. Have you ever sold, released, or given away legally confidential information without permission?..... Yes No



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 5: EXPERIENCE AND EMPLOYMENT (continued)

If you answered "YES" to any of Questions 26–35, explain (include when, where, and circumstances – *reference corresponding numbers*).

36. Have you ever missed days or been late to work due to drug or alcohol consumption?..... Yes No
IF YES, how often?

37. Has your work performance ever been impaired by your use of alcohol or drugs?..... Yes No
IF YES, when? Name of employer:

38. Have you ever been warned by an employer about your drinking or drug habits and their impact on your performance?..... Yes No
IF YES, when? Name of employer:

39. Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)?..... Yes No

- If you answered "YES" to Question 39, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on the last page..

39.1	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER	EXT
				()	
POSITION APPLIED FOR			EMAIL		

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:
 STEP: Application WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND Conditional Offer
 STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 5: EXPERIENCE AND EMPLOYMENT (CONTINUED)

39.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL ABILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON ELIGIBILITY LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						

39.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL ABILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON ELIGIBILITY LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						

39.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL ABILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON ELIGIBILITY LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						

39.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL ABILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON ELIGIBILITY LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 5: EXPERIENCE AND EMPLOYMENT (CONTINUED)

39.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY			STATE	ZIP	CONTACT NUMBER	EXT
					()	
POSITION APPLIED FOR				EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> PHYSICAL ABILITY <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> HIRED <input type="checkbox"/> ON ELIGIBILITY LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						

39.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY			STATE	ZIP	CONTACT NUMBER	EXT
					()	
POSITION APPLIED FOR				EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> ON ELIGIBILITY LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						

SECTION 6: MILITARY EXPERIENCE

40. HAVE YOU EVER SERVED IN THE MILITARY? Yes No

40 A. HAVE YOU EVER ENTERED INTO AN AGREEMENT TO SERVE BUT FAILED TO DO SO? Yes No

41. IF YOU ANSWERED "YES" TO QUESTION 40 OR 40.A, INCLUDE THE FOLLOWING SERVICE INFORMATION:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)

TYPE OF DISCHARGE
 ENTRY LEVEL HONORABLE GENERAL OTH (OTHER THAN HONORABLE) BAD CONDUCT DISHONORABLE

RE-ENTRY CODE (1-4) IF APPLICABLE – REFER TO YOUR DD-214: _____

42. Are you currently participating in one of the following?
 Military Reserve National Guard IF CHECKED, date obligation ends (mm/dd/yyyy): _____

43. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

44. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? Yes No

45. Have you ever taken military property without permission for personal use, to sell, or to give away? Yes No

If you answered "YES" to any of **Questions , 40-45**, explain (include dates and circumstances).



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 7: FINANCIAL

- 46. List below all unpaid judgements currently pending against you in any state, including but not limited to judgements for violation of parking regulations, alimony and child support orders, or orders entered in other civil or criminal cases.
- 47. Are you currently under or in violation of any other court order or judgement, or order of any administrative or quasi judicial agency? Yes No

If you answered "YES" to any of Questions 46-47, explain (include when, where, and why – reference corresponding numbers).

SECTION 8: LEGAL

Disclosure of Arrests , CONVICTIONS, CRIMINAL / CIVIL SUMMONSES

This section requires you to report detentions, arrests, and convictions, CRIMINAL OR CIVIL SUMMONSES including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information INCLUDING ARRESTS RESULTING IN THE DISTRICT ATTORNEY DECLINING TO PROSECUTE.

If more space is needed, continue your response on the last page.

YOU MUST SUBMIT A CERTIFIED CERTIFICATE OF DISPOSITION FOR EACH ARREST AND/OR SUMMONS YOU HAVE RECEIVED.

- 48. HAVE YOU EVER BEEN DETAINED BY LAW ENFORCEMENT FOR INVESTIGATION, ARRESTED, INDICTED, CHARGED, OR CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE IN THIS STATE OR ANY OTHER LEGAL JURISDICTION (INCLUDING OFFENSES IN THE UNIFORM CODE OF MILITARY JUSTICE)? Yes No
- IF YES, EXPLAIN EACH INCIDENT:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
48.1		/	

DISPOSITION OR PENALTY

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
48.2		/	

DISPOSITION OR PENALTY



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 8: LEGAL (continued)

48.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			

- 49. Have you ever been sentenced to probation? Yes No
- 50. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, vehicular accident(s) etc.)?..... Yes No
- 51. Have the police ever been called to your home for any reason?..... Yes No
- 52. Have you or your spouse/partner ever been referred to Child Protective Services?. Yes No
- 53. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?..... Yes No
- 54. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?..... Yes No
- 55. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?..... Yes No
- 56. Have you ever filed a false insurance or workers' compensation claim?. Yes No

If you answered "YES" to any of Questions 49-56, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

Involvement in Criminal Acts – Part 1

57. Have you committed any of the following acts?
- You MUST include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/ Police Cadet/ Auxiliary Police Officer.
 - NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.
- 57.1 Carrying a concealed weapon without a permit?..... Yes No
 - 57.2 Contributing to the delinquency of a minor?. Yes No
 - 57.3 Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)?..... Yes No
 - 57.4 Filing a false police report?. Yes No
 - 57.5 Hit & run collision (no injuries)?..... Yes No
 - 57.6 Illegal hunting and/or fishing (for example, without a license, out of season)?..... Yes No



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 8: LEGAL (continued)

58.1	Impersonating a law enforcement official?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58.1	Using a car or other vehicle without owner's permission (Personal or Business Vehicle)?.. . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58.2	Possession of falsified or altered identification, including use of another person's ID (for any reason)?.. . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 57-58**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 57.1) for each explanation.*
- *If more space is needed, continue your response on the last page.*

Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use, possession, or distribution of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
 - Your responses should include — **but not be limited to** — your use of any of the following:
- | | |
|---|---|
| <ul style="list-style-type: none"> Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc) Barbiturates (Downers) Cocaine / Crack Cocaine Designer Drugs (Ecstasy, Synthetic Heroin, etc.) GHB (Date Rape Drug) Hallucinogens (Peyote, LSD, Mushrooms) Hashish / Hashish Oil Heroin / Opium/ Opiates / Opioids / Oxycodone/ Percocet/ Vicodin | <ul style="list-style-type: none"> Marijuana Mescaline Morphine PCP / Angel Dust Quaaludes Steroids Tetrahydrocannabinol (THC) Glue, paint, or any substance containing toluene |
|---|---|

59. Have you used any drug(s) as indicated above? Yes No

*If YES, give details including **drug(s) used, most recent date used, and circumstances:***

61. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

67.3	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: _____ Year: _____		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
68.	<p>Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):</p> <p><input type="checkbox"/> Failed to Appear <input type="checkbox"/> Failed to complete Court Mandated Driving Program <input type="checkbox"/> Failed to Pay the Required Fine</p> <p>IF CHECKED, explain circumstances:</p>				
69.	<p>Have you been involved as the driver in a motor vehicle accident?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, give details below.</p>				
69.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION	CITY	STATE	
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
69.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION	CITY	STATE	
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
69.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION	CITY	STATE	
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	

SECTION 10: MISCELLANEOUS

70. Have you ever been refused a permit to carry a concealed weapon?..... Yes No

70a. If you were granted a firearms permit, attach a copy of BOTH sides of your firearm permit.

71. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... Yes No

72. Have you ever hit or physically overpowered a spouse or romantic partner?..... Yes No

73. Have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?..... Yes No

74. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... Yes No

74a. Attach color copies of all tattoos indicating location on body, age at time received and meaning.

75. Do you have any reservations or objections to carrying or using firearms in the performance of your duties as a Court Officer?..... Yes No

76. Do you have any knowledge or information, which may be relevant to an investigation into your eligibility for appointment to the position for which you have applied?..... Yes No

If you answered "YES" to any of **Questions 70-76**, give details including dates and circumstances – *reference corresponding numbers*).



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Be sure to Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.



PERSONAL HISTORY QUESTIONNAIRE – NYS Court Officer-Trainee

SECTION 11: CERTIFICATION

77. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date: