



**NEW YORK STATE UNIFIED COURT SYSTEM
OFFICE OF COURT ADMINISTRATION
COURT OFFICER STAFFING & SECURITY SERVICES
APPLICANT VERIFICATION UNIT
25 Beaver Street - Room 1053
New York, New York 10004
tel (212)428-2777
fax (212)428-2778
avu@courts.state.ny.us**



To: Court Officer Candidate
From: Captain N. Ramirez
Re: Background Screening Process

Congratulations on successfully completing the Physical Ability Test. If you passed the Physical Ability Test, you are now eligible to participate in the next stage of the screening process.

On your appointment date you are to report at 9:00 AM to be fingerprinted at:

**NYS Court Officers Academy
123 William Street, 12th Floor
New York, N.Y 10038**

Immediately following fingerprinting, you will be directed to report to:

**Applicant Verification Unit
25 Beaver Street, Room 1053
New York, N.Y. 10004**

You must bring with you the original and one copy, of each of the following items:

1. UF-1 Personal History Questionnaire Booklet. (This booklet must be completed and signed by you. It must also be notarized. **EVERY QUESTION MUST BE ANSWERED** with the appropriate answer to include, where applicable, "yes", "no", "none", "does not apply", etc. Be sure to download and staple together all 10 pages of booklet.
2. Birth Certificate. Certified copy, with a seal.
3. Naturalization Papers, if you are a naturalized citizen.
4. Social Security Card.
5. Driver's License(s), from all states in which you are licensed **and** your vehicle registration card.
6. High School Diploma; or Equivalency Diploma with test scores. Originals only. Photocopies are **NOT** acceptable.
7. Proof of Current New York State Residency. Bring two (2) or more documents which have your name, address and date.
8. **U.S. Postal Money Order** in the exact amount of \$75 made payable to: NYS Unified Court System. (In order to be fingerprinted you must provide money order)
9. Three (3) Passport sized photographs. Photos must be recent and of yourself only.
10. DD-214 and Discharge Papers, if you have military service.

YOU MUST COME DRESSED IN A BUSINESS SUIT. Please be on time for your appointment. Candidates who are late or dressed inappropriately will be turned away.



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Personal History Questionnaire Booklet Instructions

Dear Candidate:

You will be responsible for completely and accurately answering the questions on the Personal History Questionnaire Booklet that you will present to your investigator.

You must answer every question. Do not leave any question blank. If an item is not applicable to you, then "not applicable," or "na" will be your answer. If any answer is longer than the allotted space, then use page 9 or 10 to finish your answer. When you have completed the booklet, take it to a Notary Public to fill out page 8.

The following will assist you in properly completing the questionnaire booklet:

- Page 1. Complete the two lines at the top of the page.
- Page 2. Fill in your personal data and residency record as requested.
- Page 3. At the top, fill in the personal data. For education record you must list all schools you have attended, beginning with your first high school. That includes all high schools, colleges, trade schools or other training schools, even if it was for one day. (Do not include any schooling you received as part of your military service.) If you attended more than four schools, continue listing them on page 9 or 10. You also must list each school's full mailing address.
- Answer question 9 at the bottom of the page.
- Page 4. Employment record- starting with your current employment or unemployment, you will list each job you have had back to the first job after high school, and their full mailing addresses. Do not leave out any time periods. Also answer the questions to the right of each box. You may need to continue on page 5, and then on pages 9 and 10.
- Page 5. Answer question 11. Disciplinary action may refer to written documents or oral counseling.
- Page 6. Answer question 12.
- Item V (a) **List all arrests**, no matter what the outcome.
(b) List all traffic summonses (moving violations) you have ever received. List them to your best recollection.
(c) List only open, or unresolved parking tickets.
(d) Other summonses refers to things like "open container of alcohol, unleashed dog, in a park after dark, disorderly conduct," etc.

Answer item VI.

Page 7. Answer all the questions.

Page 8. Take completed booklet to Notary Public.

NEW YORK STATE UNIFIED COURT SYSTEM
OFFICE OF COURT ADMINISTRATION
COURT OFFICER STAFFING & SECURITY SERVICES

Personal History of: _____
Last Name First Name Mid Init.

Appointment as NEW YORK STATE COURT OFFICER TRAINEE RANK#: _____

Application for Firearms Training for N.Y.S. COURT CLERK SERIES PO#: _____



Instructions

The answers to questions contained in this questionnaire must be printed in blue or black ink, or typewritten, by the applicant. Two copies of the questionnaire are furnished. One copy is a work copy, the other is a final copy. The final copy must be notarized on page 8 and returned as per the accompanying instruction. If space is insufficient to complete your answer to any question, use pages 9 and 10 which have been provided for that purpose.

Applicants are cautioned to answer every question, truthfully and without evasion. Both New York State Penal Law and the Rules of the Chief Judge (22NYCRR 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. Such penalties include rejection for appointment, revocation of appointment, and prosecution. Failure to answer every question may result in restriction from appointment.

6. Telephone number at: residence: Area Code _____ - _____ - _____
 cell: Area Code _____ - _____ - _____

E-Mail address: _____

7. Has any person with whom you presently reside ever been convicted of any crime? Yes ____ No ____
 If yes, explain below.

III. EDUCATION RECORD

8. List all schools you have attended, beginning with the 9th grade:

| School Name | Street Address | City | State | Zip Code |
|-----------------|----------------|----------------------|-------------------------|----------|
| From Mo: Yr: | To: Mo: Yr: | Graduated? Yes No | Highest Grade Completed | |
| School Name | Street Address | City | State | Zip Code |
| From Mo: Yr: | To: Mo: Yr: | Graduated? Yes No | Highest Grade Completed | |
| School Name | Street Address | City | State | Zip Code |
| From Mo: Yr: | To: Mo: Yr: | Graduated? Yes No | Highest Grade Completed | |
| School Name | Street Address | City | State | Zip Code |
| From Mo: Yr: | To: Mo: Yr: | Graduated? Yes No | Highest Grade Completed | |

9. Has any form of formal disciplinary action been taken against you by any of the above school authorities?
 Yes ____ No ____ . If yes, explain below.

| School | Reason | Disciplinary Action Taken |
|--------|--------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

IV. EMPLOYMENT RECORD

10. List below, starting with your current employment **-or unemployment-** and working back, each employment and period of unemployment you have had. Include within the sequence any period of active military service. If you were discharged from any employment, or were requested to resign, so state under "Reason for leaving employment". **DO NOT LEAVE ANY TIME PERIOD UNACCOUNTED FOR.**

| | | | |
|---------------------------|---------|--------------------------------|---------------------|
| From | To | Full Time | Name of Supervisor: |
| Mo: Yr: | Present | Part Time | |
| Company Name | | Type of work you performed: | |
| Street Address of Company | | Reason for leaving employment: | |

| | |
|---------------------------|-----------------|
| City, State, and Zip Code | Business Phone: |
|---------------------------|-----------------|

| | | | |
|---------------------------|---------|--------------------------------|---------------------|
| From | To | Full Time | Name of Supervisor: |
| Mo: Yr: | Mo: Yr: | Part Time | |
| Company Name | | Type of work you performed: | |
| Street Address of Company | | Reason for leaving employment: | |

| | |
|---------------------------|-----------------|
| City, State, and Zip Code | Business Phone: |
|---------------------------|-----------------|

| | | | |
|---------------------------|---------|--------------------------------|---------------------|
| From | To | Full Time | Name of Supervisor: |
| Mo: Yr: | Mo: Yr: | Part Time | |
| Company Name | | Type of work you performed: | |
| Street Address of Company | | Reason for leaving employment: | |

| | |
|---------------------------|-----------------|
| City, State, and Zip Code | Business Phone: |
|---------------------------|-----------------|

| | | | |
|---------------------------|---------|--------------------------------|---------------------|
| From | To | Full Time | Name of Supervisor: |
| Mo: Yr: | Mo: Yr: | Part Time | |
| Company Name | | Type of work you performed: | |
| Street Address of Company | | Reason for leaving employment: | |

| | |
|---------------------------|-----------------|
| City, State, and Zip Code | Business Phone: |
|---------------------------|-----------------|

| | | | |
|--------------|---------|-----------------------------|---------------------|
| From | To | Full Time | Name of Supervisor: |
| Mo: Yr: | Present | Part Time | |
| Company Name | | Type of work you performed: | |

Street Address of Company Reason for leaving employment:

City, State, and Zip Code Business Phone:

| | | | |
|--------------|---------|-----------------------------|---------------------|
| From | To | Full Time | Name of Supervisor: |
| Mo: Yr: | Mo: Yr: | Part Time | |
| Company Name | | Type of work you performed: | |

Street Address of Company Reason for leaving employment:

City, State, and Zip Code Business Phone:

| | | | |
|--------------|---------|-----------------------------|---------------------|
| From | To | Full Time | Name of Supervisor: |
| Mo: Yr: | Mo: Yr: | Part Time | |
| Company Name | | Type of work you performed: | |

Street Address of Company Reason for leaving employment:

City, State, and Zip Code Business Phone:

| | | | |
|--------------|---------|-----------------------------|---------------------|
| From | To | Full Time | Name of Supervisor: |
| Mo: Yr: | Mo: Yr: | Part Time | |
| Company Name | | Type of work you performed: | |

Street Address of Company Reason for leaving employment:

City, State, and Zip Code Business Phone:

11. (a) Has any form of disciplinary action been taken against you by any employer? Yes ___ No ___
 If yes, explain below:

| Firm | Reason | Disciplinary Action Taken |
|------|--------|---------------------------|
| | | |
| | | |
| | | |
| | | |

12. Have you ever been restricted or disqualified from appointment, from any civil service list?
 Yes ___ No ___. If yes, explain below.

| Name of Examination | Number of Examination | Agency | Date | Reason for Restriction | Final Disposition |
|---------------------|-----------------------|--------|------|------------------------|-------------------|
| | | | | | |
| | | | | | |

V. ARREST AND SUMMONS RECORD

a. List all arrests and convictions, including all desk appearance tickets and all cases resulting in an ACD or Youthful Offender Treatment:

| Date | Location | Original Charge | Final Charge | Disposition |
|------|----------|-----------------|--------------|-------------|
| | | | | |
| | | | | |
| | | | | |

b. List all traffic summonses ever issued to you.

c. List all outstanding parking violations.

d. List all other summonses.

VI. LICENSE RECORD

14. Are you now licensed for any purpose such as, but not limited to, Hack Driver or Owner; State Liquor Authority; Firearms Possession; etc.: Yes ___ No ___ If yes, explain below.

| Kind of License | License Number | Issuing Agency | Issue Date | Expiration Date | Ever Suspended or Revoked? |
|-----------------|----------------|----------------|------------|-----------------|----------------------------|
| | | | | | |

Motor Vehicle Registration

1) Are you licensed to operate a motor vehicle? Yes ___ No ___

List State (s) _____

2) Has your license ever been suspended, restricted or revoked in this state or elsewhere? Yes ___ No ___

3) Was your registration ever revoked in this state or elsewhere? Yes ___ No ___

If you answered "yes" to 2 and/or 3, give details and dates below.

4) List plate numbers of every motor vehicle owned by you during the past five years.

| <u>Plate #</u> | <u>Years</u> |
|----------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

VII. MILITARY SERVICE RECORD

15. List below, military service performed on either Active Duty or on Reserve or National Guard Status.

| <u>From</u> | <u>To</u> | <u>Active or Reserve</u> | <u>Branch of Service</u> | <u>Rank</u> | <u>Service Ser. No.</u> | <u>Type of Discharge Or Separation</u> |
|-------------|-----------|--------------------------|--------------------------|-------------|-------------------------|--|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

List below all disciplinary actions against you in the military service by court martial or under Art.15, code of military justice, including all company disciplines.

16. _____

VIII. JUDGMENTS

17. List below all unpaid judgments currently pending against you in any state, including but not limited to judgments for violation of parking regulations, traffic regulations, alimony and child support orders, or orders entered in other civil or criminal cases.

| <u>Date of Judgment</u> | <u>Court or Agency</u> | <u>Amount of Judgment</u> | <u>Nature of Judgment</u> | <u>Unpaid Balance</u> |
|-------------------------|------------------------|---------------------------|---------------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

18. Are you currently under or in violation of any other court order or Judgment, or order of any administrative or quasi judicial agency? Yes ___ No ___. If yes, explain below:

IX. MISCELLANEOUS

19. Do you have any reservations or objections to carrying or using firearms in the performance of your duties as a Court Officer? Yes ___ No ___ If yes, please explain:

20. Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which may be relevant to an investigation into your eligibility for appointment to the position for which you have applied? Yes ___ No ___. If yes, please explain:

State of:

City of:

s.s.:

County of:

I, _____, being duly sworn, do hereby depose and say that I am the above named person and that I have completed the foregoing questionnaire, including the additions thereto which appear on pages 9 and 10 following, and that I understand the contents thereof. I further state that the answers contained herein are complete and correct in every respect. I understand, also, that any material misrepresentation of fact may be cause for rejection before appointment or disqualification and prosecution after appointment.

Signature of Applicant in presence of Notary Public

Sworn to before me this

_____ day of _____ 19____

Notary Public or Commissioner of Deeds
(or Commissioned Officer for Military Personnel on
Active Duty)

Question
Number

Answer

(If additional space is required, use 8 ½ X 11" bond paper and attach to this questionnaire)

Directions:

N.Y.S Court Officer Academy to
123 William Street, 12th Floor
N.Y., N.Y. 10038

Applicant Verification Unit:
25 Beaver Street, Room 1053
New York, N.Y. 10004

1. Make a right when exiting 123 William Street.
2. Travel against traffic to Beaver Street.
3. Turn right onto Beaver Street. Continue until 25 Beaver Street entrance.

