**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

# 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.

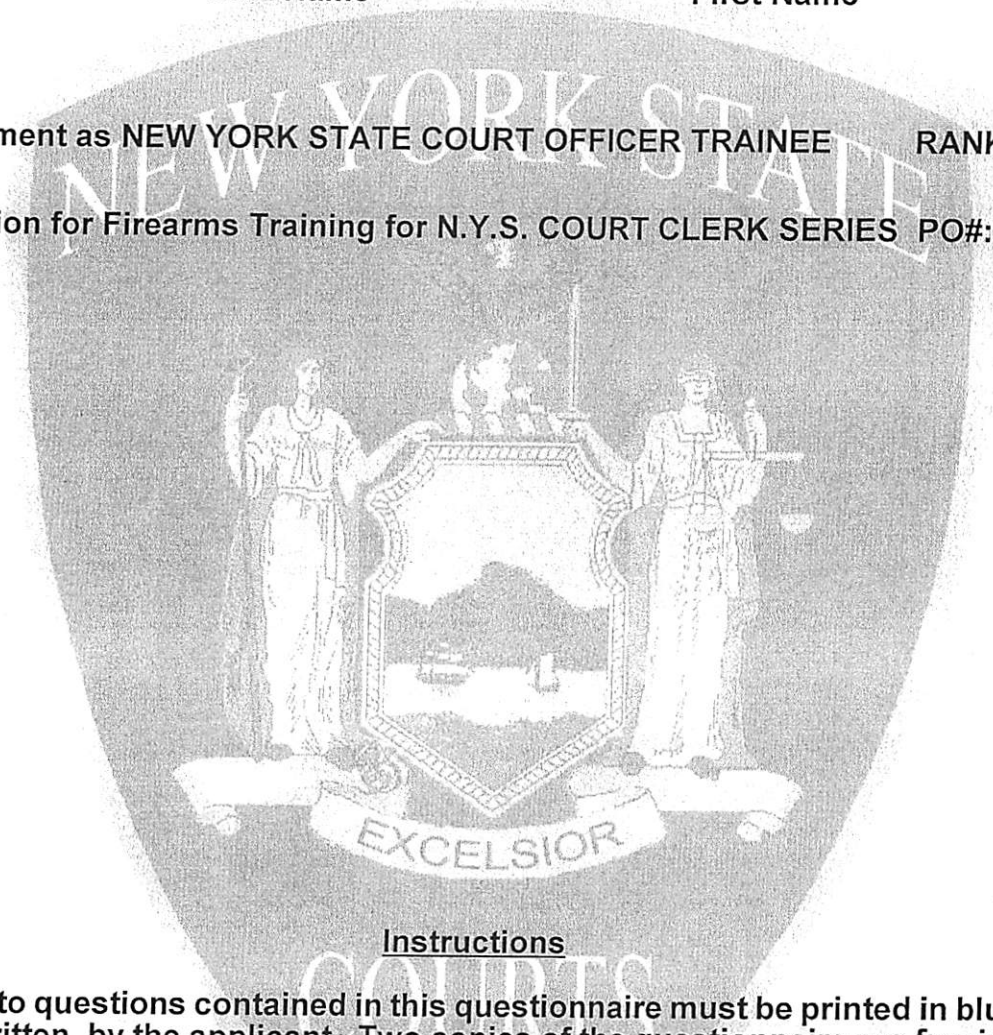
Page 8. Take completed booklet to Notary Public.

# 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.

## I. PERSONAL DATA

1. _____ _____ _____ _____
Last Name First Name Mid. Init. Social Security No.

(a) List below any other name, alias, nickname, by which you have been known, including maiden name if you are a married female, with the reason for such use:

_____

_____

(b) Marital Status:_____, if married, name of spouse on marriage certificate_____

(c) Number of children born to, adopted, or fathered by you_____.

2. Applicant's date of birth: Month:_____ Day:_____ Year:_____

3. Birth Certificate: _____ _____ _____
Number City or Town State County

4. Citizenship: Citizen of the U.S.A. ? Yes ____ No____

(a) If you are a naturalized citizen of the U.S.A., list below:

_____ _____ _____ _____ _____
Certificate No. Date Court City State

## II. RESIDENCE RECORD

5. Starting with your **present** address and working back, list each address at which you resided for the past **10** years.

| From Mo. | From Yr. | To Mo. | To Yr. | Street Address | Apt. No. | City or Town | County | State | Zip Code |
|---|---|---|---|---|---|---|---|---|---|
| | | Present | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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 Mo: Yr: To Present — Full Time / Part Time — Name of Supervisor:

Company Name — Type of work you performed:

Street Address of Company — Reason for leaving employment:

City, State, and Zip Code — Business Phone:

---

From Mo: Yr: To Mo: Yr: — Full Time / Part Time — Name of Supervisor:

Company Name — Type of work you performed:

Street Address of Company — Reason for leaving employment:

City, State, and Zip Code — Business Phone:

---

From Mo: Yr: To Mo: Yr: — Full Time / Part Time — Name of Supervisor:

Company Name — Type of work you performed:

Street Address of Company — Reason for leaving employment:

City, State, and Zip Code — Business Phone:

---

From Mo: Yr: To Mo: Yr: — Full Time / Part Time — Name of Supervisor:

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.

| Plate # | Years |
|---|---|
| | |
| | |
| | |
| | |

## VII. MILITARY SERVICE RECORD

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

| From | To | Active or Reserve | Branch of Service | Rank | Service Ser. No. | Type of Discharge Or Separation |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

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.

| Date of Judgment | Court or Agency | Amount of Judgment | Nature of Judgment | Unpaid Balance |
|---|---|---|---|---|
| | | | | |
| | | | | |

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)

The following space is provided for detailed answers to preceding questions. Indicate the question number to which the answers apply.

| Question Number | Answer |
| --- | --- |

| Question Number | Answer |
| --- | --- |

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