POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK APPLICANT QUESTIONNAIRE

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The County of Nassau is an Equal Opportunity Employer

INSTRUCTIONS

- A. PRINT ALL INFORMATION LEGIBLY.
- B. Every applicable question must be answered by the applicant. A false statement will be considered cause for rejection.
- C. If you need additional space use item 48. Note the item number the information refers to.
- D. A fingerprint processing fee payable to the "Division of Criminal Justice Services" will be required at a subsequent stage of the application procedure. This fee is not retained by the County of Nassau, but is remitted to New York State. It is non-refundable.
- E. Items marked with an asterisk (*) are to be answered by police officer/peace officer applicants only.

DATE OF	APPLICA		MONTH	DA'	Y 	YEAF 	`															
1. LAST NAME			FIRST	NAME					MIDE	DLE NA	ME			TITLE (OF POSI	TION			GR	ADE COM	PLETED	
2. NUMBER	STREE	T		V	ILLAGE	E/CITY				А	PT. NO.			CC	UNTY			S	TATE	ZIP CO	DE	
3. EMAIL									4	. ARE	CODE F	HONE	NO.				5. SO	CIAL SE	CURITY NO			
																					1 1	
6. DATE OF BIR	Y YEAR	7. CITIZEN		3. * PLA	CE OF	BIRTH											GIVE D	DATE, CO	IZED CITIZE DURT, STAT UMBER IN I	E AND	HERE.]
	EVER USED ANY IF SO, GIVE NAME I IN ITEM 48.	YES NO	LAST NAM	1E						FIRST	NAME							MIDD	LE NAME			
11. AUTOMOBIL	LE PLATE NO.		12. OPER	RATOR'S	LICEN	NSE NO.							ST	ATE		(CLASS		LICENS	E EXPIRE DAY	S YEAF	R
13. NAME OF P	PERSON AT ABOVE	ADDRESS W	HO CAN CO	ONTACT	YOU							PONSI	BILITIE	S THA	IVITIES, I MAY HI	NDER	YOU IN		YES - GI	VE DETAIL	S IN ITEM 4	18 .
15. HAVE YOU I	EVER SERVED IN	THE ARMED F	ORCES?		YES - I	F YES, A	ANSWER	QUESTI	IONS 16	TO 21		0 110.		2.127.	021124	0						_
				□ 1	NO - IF	NO, GC	TO QUE	STION 2	22													
16. BRANCH					17. S	ERIAL N	Ю.						VICT	ED OF	OU EVER OR PLEA	AD GU	ILTY TO		YES - GI	VE DETAIL	S IN ITEM 4	¥8.
19. ENLISTMEN' MONTH DA		TO: MONTH	DAY '	YEAR			RE THAN (E. 🗆	Z1. DO YOU HAVE ANY YES - COMPLETE ITEMS 22 TO 27. REMAINING RESERVE OBLIGATION? NO									
	RESENTLY A MEMI) FORCES RESERV	/ES	YES - IF YE					27										•				
23. BRANCH	VIL CONTENT			ESENT F					25. SE	ERIAL N	10.				26. STAT	US			27. ENI	ISTMENT	EXPIRES YEAR	_
															ACTI		☐ INA	CTIVE	MONTH	DAY	YEAF	R
	BLE TO PERFORM 3 FUNCTIONS AS F		RED	☐ YE							REQUIRI HE ESSE					_	YES NO					
	NAL RECORDS - LIS	ST ALL SCHO	OLS ATTEN	IDED, IN	ICLUDI	NG GRA	AMMAR S	CHOOL	TO PRE	SENT.	IF ADDITI	ONAL:	SPACE	IS NE	DED, U	SE ITE	M 48. G	IVE MOI	NTH AND YE	AR.		_
ONLY DATES AT FROM	TO						N.	AME AN	ID LOCA	TION								GRA	DUATED?	DIPLO	MA/DEGRE	.E
																						_
																						_
																						_

31. LIST AL	L PREVIOUS	SADDRE	SSES (USE MONTH AND YEAR ONL	Y)										
FROM	то			ADDF	RESS (NAME OF	OWNER OR RENT OR IF	OTHER	THAN APPLICANT)					O\ BO	VN, RENT ARD, ETC.
-														
32. LIST EV	VERY PLACE	YOU WE	ERE EMPLOYED - EXCEPT MILITAR	Y SERVIC OYER/AD		AND YEAR ONLY). IF CUF		Y A COUNTY EMPLOYEE TYPE OF BUSINESS		DETAIL			DO NOT	
- TROW	10		LIVII L	OTEIVAD	DIVEGO		+	THE OF BOOMEOU	1 0011		11111	11	N THIS C	OLUMN
							+							
							+							
	DATE		VVICTED OF OR PLEAD GUILTY TO A	ANY OFFI	ENSE - INCLUDE COURT		TRAFF I/CITY	IC VIOLATIONS, EXCEPT	T PARKING STATE	\top	DISF	POSITION	N OF CH	ARGE
MONTH	DAY	YEAR												
-														
										+				
										+				
										+				
34. DO YO	U PRESENT	LY HAVF	CHARGES PENDING AGAINST YOU	FOR ANY	OFFENSE?	YES - GIVE DETAILS	IN ITEN	M 48						
						□ NO		·····						
35. HAVE Y			FOR ANY OTHER CIVIL SERVICE E	XAMINAT	TION OR EVER A				OLICE DEPA	RTMEN			JNTY AG	ENCY? APPOINTED
TITLE OF EXAMINATION/POSITION			NAME OF ORGANIZATION						DATE		\dashv	YES/NO		
													\dashv	
													_	
													_	
26 DOVE	II HOLD ***	(1105):	E IN CONNECTION WITH ANY FIRM	VECC 22	OFFECTION OF	OCATIONAL TOAINING								
30. DO YO			E IN CONNECTION WITH ANY BUSIT	INESS, PROFESSION, OR VOCATIONAL TRAINING? ISSUING AGENCY/ADDRESS D							DATE ISSUED EXP			RATION DATE

OR VOLU	NTEER FIR	EFIGHTER,	R SERVED AS A PAID EMERGENCY MEDICAL LICE OFFICER?	YES - GIVE DI	ETAILS IN ITEM 48.	38. HAVE YOU EVER BEEN BONDED?	YES - GIVE DETAILS IN ITEM 48.	39. HAVE YOU EVER BEEN REFUSED A BOND?	YES - GIVE DETAILS IN ITEM 48.
40. HAVE EVER BE MARRIED	EN	YES 41. MC	DATE OF MARRIAGE DNTH DAY YEA	AR MONTH	DIVORCE YEAR	IF DIVORCED - 0	GIVE COURT, COUNTY, STATE OR COU	NTRY	
43. SPOL	ISE'S FULL	NAME (GIVE	E ADDRESS IF DIFFEREN	T THAN YOURS)					
44. DO Y	OU HAVE A	NY RELIGIO	US OR OTHER BELIEFS V	WHICH WOULD RES	STRICT YOU IN ANY	WAY IN MEETING A		YES - IF YES, EXPLAIN	N IN DETAIL IN ITEM 48.
NOTE:			OFFICER/PEACE (ER/PEACE OFFICE						
45.*HAVE		R BEEN ARR	ESTED FOR ANY OFFENS	SE? (INCLUDE TRAF	FIC VIOLATIONS. L	IST ALL ARRESTS	REGARDLESS OF THE DISPOSITION (OF THE CHARGE. USE IT	EM 48 FOR ADDITIONAL
MONTH	DATE DAY	YEAR	CHARGE OR (OFFENSE	COURT		TOWN/CITY	STATE	DISPOSITION OF CHARGE
	REVENT Y		ONAL RESERVATIONS OR AKING A HUMAN LIFE IN C			☐ YES - GI ☐ NO	VE DETAILS IN ITEM 48.		
UNITED S	TATES OR	ANY OF ITS			THER UNLAWFUL M		AT DIRECTLY OR INDIRECTLY ADVOCA BASIC PURPOSE IS TO SUBVERT BY U		
					□ NO				
48. USE	THIS SPAC	FOR ADDIT	TIONAL INFORMATION, IN	IDICATE ITEM NUMI	BER INFORMATION	REFERS TO. WHEI	N ALL ANSWERS ARE COMPLETE, FILL	OUT ITEM 49 ON NEXT	PAGE.
ITEM NO					ADDI	TIONAL INFORMAT	TION		
	1								

48. CONTIN	JED - SPACE FOR ADDITIONAL INFORMATION
ITEM NO	ADDITIONAL INFORMATION
19. PRINT YO	R FIRST NAME, MIDDLE INITIAL AND LAST NAME AFTER THE WORD "I". DO NOT SIGN THIS APPLICATION, EXCEPT IN THE PRESENCE OF A DULY LICENSED NOTARY PUBLIC.
STATE C	F NEW YORK
	OF NASSAU SS:
l,	, being duly sworn, depose and say I am the
	med person, I have personally read and answered each and every question herein, applicable to the position for which I have
	and each and every answer is full, true and correct in every respect. I also agree that if the information given is found to be
raise in a	ny way, it shall be considered sufficient cause for denial of employment or discharge.
Sworn to	hefore me this
SWOITI (C	before me this
day of	

NOTARY PUBLIC