



ST. LAWRENCE COUNTY SHERIFF'S OFFICE

PUBLIC SAFETY COMPLEX
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ADMINISTRATION PHONE: (315) 379-2365



PATRICK ENGLE
SHERIFF

SHAWN MCCARGAR
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CIVIL DIVISION
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BACKGROUND INVESTIGATION QUESTIONNAIRE

APPLICANT'S NAME: _____

POSITION APPLYING FOR: _____

READ EACH QUESTION BEFORE ANSWERING

This questionnaire must be fully completed. **EVERY QUESTION MUST BE ANSWERED.** Missing or insufficient information may result in a delay in the processing of your application. If a question does not apply to you, indicate that by using the "N/A" (not applicable) symbol.

If you need additional space to answer any questions, add additional pages to this questionnaire. If additional pages are used, please indicate the question number and page.

Applicant must complete the form legibly. Illegible answers may delay processing of this investigation.

ANSWER ALL QUESTIONS TRUTHFULLY AND FULLY.

By law, a candidate may be rejected if he or she has intentionally made a false statement of a material fact or who has practiced or attempted to practice any deception or fraud in his/her application, in his/her examination, or, in securing his/her eligibility for appointment. Omitting information or giving false information may result in a rejection of your application and removal of your name from consideration for possible appointment.

➤ You are responsible for attaching a copy of the following documents to this questionnaire:

DOCUMENT

INVES. CHECK LIST

Birth Certificate

Separation/Divorce Decree(s) (if applicable)

High School Diploma or Equivalency Certificate

Degrees and Transcripts from all Educational Institutions

Armed Forced Discharge and Separation Documents

Letter of Naturalization (if applicable)

N.Y. State Driver's License & Convictions

Note: All information given in this questionnaire will be held confidential

(11. Immediate Family, cont'd)

d. Name: _____ Relationship: _____
Date of Birth: _____ Address: _____
Phone Number: _____ Address: _____

11. Present Marital Status: Single Married Separated Divorced if divorced or separated, documentation **must** be provided.

12. Marriage information, if applicable. (Give Dates, Places and spouses maiden name for each marriage:

a. Date of Marriage: _____ City/Town/Village: _____

Spouse Name: _____ Maiden/Other Name: _____

b. Date of Marriage: _____ City/Town/Village: _____

Spouse Name: _____ Maiden/Other Name: _____

c. Date of Marriage: _____ City/Town/Village: _____

Spouse Name: _____ Maiden/Other Name: _____

13. Family Information, regarding your spouse, your children and your spouse's family, as applicable.

a. Name: _____ Relationship: _____

Date of Birth: _____ Address: _____

Phone Number: _____ Address: _____

b. Name: _____ Relationship: _____

Date of Birth: _____ Address: _____

Phone Number: _____ Address: _____

c. Name: _____ Relationship: _____

Date of Birth: _____ Address: _____

Phone Number: _____ Address: _____

d. Name: _____ Relationship: _____

Date of Birth: _____ Address: _____

Phone Number: _____ Address: _____

CONVICTIONS AND JUDICIAL PROCEEDINGS

14. Have you ever been arrested for or convicted of any violation of the law in any jurisdiction?

Yes No if yes, explain below. All traffic offenses are to be listed.

a. Date: _____ Charge: _____

Police Agency: _____ Court: _____

Disposition: _____

b. Date: _____ Charge: _____

Police Agency: _____ Court: _____

Disposition: _____

(15. Convictions and Judicial Proceedings, cont'd)

c. Date: _____ Charge: _____
Police Agency: _____ Court: _____
Disposition: _____

d. Date: _____ Charge: _____
Police Agency: _____ Court: _____
Disposition: _____

Have you ever received any traffic offenses, for which you cannot remember the date?

Yes No if yes, explain and provide the charge and location if known:

a. Charge: _____
Location: _____
Explanation: _____

b. Charge: _____
Location: _____
Explanation: _____

15. Are there any proceedings or charges involving any violation of the law, or any fines or penalties now pending against you which have not been paid? Yes No if yes, explain below:

a. Charge/Proceeding: _____
Location: _____
Explanation: _____

b. Charge/Proceeding: _____
Location: _____
Explanation: _____

16. Have you ever been called, summoned, or subpoenaed to appear as a witness or in any other capacity, before any Grand Jury, Legislative Committee, Hearing Board, Referee or Administrative Agency in any jurisdiction? Yes No if yes, explain below:

17. Complete the information below concerning your current driver's license and vehicle registration:

a. Operator's License Number: _____ Class: _____ State: _____
Date Issued: _____ Expiration Date: _____

b. Plate Number: _____ State of Registration: _____ Expiration: _____
Vehicle Type: _____ Make and Year: _____

18. Have you ever been involved in any capacity in any civil proceedings in any court (Small Claims, Family, Supreme, etc.) of this State or any other jurisdiction? Yes No if yes, explain below:

a. Date: _____ Court: _____
Matter Involved: _____
Disposition: _____

EMPLOYMENT AND EXPERIENCE

COMPLETE AN APPLICANT RELEASE OF INFORMATION FOR EACH EMPLOYER LISTED BELOW

19. May we contact your current employer at work? Yes No

List all employers for whom you have worked starting with your present or more recent employer. Account for all periods of time including periods of unemployment. Include a short description of your duties and responsibilities for each job you list:

a. Dates: _____ Employer: _____
Employer Address: _____
Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
Brief Description of Duties: _____

b. Dates: _____ Employer: _____
Employer Address: _____
Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
Brief Description of Duties: _____

c. Dates: _____ Employer: _____
Employer Address: _____
Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
Brief Description of Duties: _____

d. Dates: _____ Employer: _____
Employer Address: _____
Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
Brief Description of Duties: _____

20. Were you ever fired, terminated, discharged, or asked to resign from any of the aforementioned positions? Yes No If yes, give details below:

21. Has any disciplinary action (i.e. memorandum, suspension) other than referred to above been taken against you in connection with any employment or position that you have held?

Yes No if yes, give details below:

22. Have you ever applied for a Civil Service position? Yes No if yes, give details, including date, location, position, results below:

23. Has any such Civil Service application been rejected? Yes No If yes, give details below:

24. Have you ever received, or are you receiving, any benefits under any law concerning unemployment, disability, worker's compensation, social security, welfare, or social services assistance? Yes No if yes, give details including dates, type of assistance and agency or employer below:

a. Has any claim for any such above benefits been rejected or disallowed? Yes No if yes, give date, type of assistance, agency or employer and reason for rejection: _____

25. Are you a notary public or commissioner of deeds? Yes No if yes, provide information below:

a. Certificate Number: _____ County: _____

Date Commissioned: _____ Current Expiration: _____

26. Do you hold, or have you ever held any professional licenses, permits or certificates authorizing you to practice any occupation, profession or calling? Yes No if yes, give details including date issued, profession, and issuing agency below:

a. Profession: _____ Issuing Agency: _____

Date Issued: _____ License Number: _____

b. Profession: _____ Issuing Agency: _____

Date Issued: _____ License Number: _____

c. Profession: _____ Issuing Agency: _____

Date Issued: _____ License Number: _____

27. Do you have, or have you ever had, any interest as an officer, partner, or shareholder in any business, partnership, or venture? Yes No if yes, give details below:

MILITARY SERVICE

28. Do you have, or have you ever had, any selective service classification? Yes No if yes, give details, including date, classification and issuing authority below:

29. Are you now or have you ever been a conscientious objector or otherwise opposed to the use of firearms for any reason? Yes No If yes, give details below:

30. Have you ever served in the Armed Forces of the United States? Yes No if yes, give dates, branch of service, service number, type of discharge below:

a. If you had military service, what was your highest rank attained? _____

b. What was your last rank? _____

c. Have you ever received a discharge or separation from the military service which was less than honorable? Yes No if yes, give details below:

d. Did you ever receive medical, psychiatric, psychoanalytic or psychological treatment for any injury or illness while in the military service? Yes No if yes, give details, including dates, name and location of unit below:

e. Are you now serving, or have you ever served in any Reserve or National Guard Unit? Yes No if yes, give details, including dates, name and location of unit below:

f. Did you receive any commendations, awards, or medals in connection with your military service? Yes No if yes, give details below:

- g. Were you ever subjected to any disciplinary proceedings while in military service? (Include Court martial, summary proceedings, or Article 15 actions.) Yes No if yes, indicate date, charge, location or unit, disposition, and attach additional pages for complete explanation below:

- h. What types of training or education did you complete while in military service? (do not include basic training) Give dates, type of training and location below:

- i. Are you now receiving or have you ever received any benefits related to your military service including those administered by the Veterans Administration? Yes No if yes, give dates, type of benefit and agency granting benefits below:

- j. Was there ever conducted, in connection with military service, any character or background investigation for a security clearance? Yes No if yes, give date, type of investigation, reason, and agency below:

EDUCATIONAL QUALIFICATION

31. List the requested information concerning all schools, colleges, and universities which you have attended in chronological order, with the **last** institution attended listed first.

- a. Dates: _____ Educational Institution: _____

Complete Address: _____

Grade/Level Completed: _____ Graduated? Yes No

Type of Degree/Diploma and Date Earned: _____

- b. Dates: _____ Educational Institution: _____

Complete Address: _____

Grade/Level Completed: _____ Graduated? Yes No

Type of Degree/Diploma and Date Earned: _____

- c. Dates: _____ Educational Institution: _____

Complete Address: _____

Grade/Level Completed: _____ Graduated? Yes No

Type of Degree/Diploma and Date Earned: _____

32. Do you possess a high school equivalency or a G.E.D. Diploma? Yes No if yes, give details below:

33. List any other skills or training, which are not listed in this section or the section concerning employment (include hobbies or other interests):

34. Do you possess a fluency in any foreign language? Yes No if yes, give language and whether or not you speak, write and/or read language:

MEDICAL HISTORY

35. List the following information concerning any medical examination or treatment that you have had or requested for any major or minor illness, injury, or physical defect, and also any doctor, hospital, or clinic that has or may still have your medical records:

a. Reason for Examination/Condition: _____

Diagnosis and/or Treatment: _____

Date Treated: _____ Physician: _____ Phone: _____

b. Reason for Examination/Condition: _____

Diagnosis and/or Treatment: _____

Date Treated: _____ Physician: _____ Phone: _____

c. Reason for Examination/Condition: _____

Diagnosis and/or Treatment: _____

Date Treated: _____ Physician: _____ Phone: _____

36. List the following information concerning any examination, or treatment for any psychiatric disorder that you have had and been hospitalized for:

a. Reason for Examination/Condition: _____

Diagnosis and/or Treatment: _____

Date Treated: _____ Physician: _____ Phone: _____

Hospital Name and Address: _____

37. Are you now, or have you ever been prescribed any anti-depressant, tranquilizer, or anti-psychotic drug? Yes No if yes, give details below:

38. Do you now have, or have you ever had, any physical or psychiatric condition which has impaired you ability to function in any employment or educational setting other than previously listed in this section? Yes No if yes, give details below:

39. Do you use, or have you ever used, any narcotic preparation, barbiturates, sleeping pills, marijuana, psychedelics, or been addicted to the use of alcoholic substances? Yes No if yes, give details below:

40. Were you ever rejected from any employment or military service, or discharged from such position, due to any psychiatric condition, use of drugs, use of alcoholic substance, or illness or injury of any type? Yes No if yes, give details below:

GENERAL INFORMATION

41. Credit History-Loan Information: List below the details concerning all loans currently outstanding in which you or your spouse are principal debtor mortgagor, co-signer, guarantor, or surety. (Mortgage, car loans, personal loans, etc.)

a. Creditor/Bank: _____ Account Number: _____

Creditor's Address: _____

Debt Amount: _____ Debt Balance: _____ Debt Type: _____

b. Creditor/Bank: _____ Account Number: _____

Creditor's Address: _____

Debt Amount: _____ Debt Balance: _____ Debt Type: _____

c. Creditor/Bank: _____ Account Number: _____

Creditor's Address: _____

Debt Amount: _____ Debt Balance: _____ Debt Type: _____

42. Credit History-Credit Cards: List below the details concerning all credit cards held by you or held jointly by your spouse and you. (Visa, Master Card, Exxon, Sibley etc.)

a. Creditor: _____ Account Number: _____

Issuing Store/Bank: _____

Credit Line: _____ Current Account Balance: _____

b. Creditor: _____ Account Number: _____

Issuing Store/Bank: _____

Credit Line: _____ Current Account Balance: _____

c. Creditor: _____ Account Number: _____

Issuing Store/Bank: _____

Credit Line: _____ Current Account Balance: _____

43. List below the information concerning any judgements, bad debts, arrearages, fines, or penalties outstanding against you or your spouse, or any partnerships or corporations in which you may have a principal interest:

(43. cont'd)

a. Creditor: _____ Account Number: _____ Amount: _____

Creditor Address: _____

Details: _____

b. Creditor: _____ Account Number: _____ Amount: _____

Creditor Address: _____

Details: _____

44. Have you or any partnership or corporation in which you have a principal interest ever been adjudicated bankrupt, either voluntarily or involuntarily? Yes No if yes, give details below:

REFERENCES

45. List the information below concerning persons who attest to your character, integrity, and fitness for the position that you are applying. List four **personal** and three **business** references (supervisors and co-workers). **Do not** include relatives for personal references.

Personal

a. Name: _____ Phone Number: _____

Address: _____

b. Name: _____ Phone Number: _____

Address: _____

c. Name: _____ Phone Number: _____

Address: _____

d. Name: _____ Phone Number: _____

Address: _____

Business

a. Name: _____ Phone Number: _____

Address: _____

Business Name: _____ Business Type: _____

b. Name: _____ Phone Number: _____

Address: _____

Business Name: _____ Business Type: _____

c. Name: _____ Phone Number: _____

Address: _____

Business Name: _____ Business Type: _____

46. Have you ever been a member, or supported financially or otherwise, of any organization which advocates, advises, or supports the overthrow of the government of the United States, or any other political entity or subdivision, by the use of violence or other illegal means? Yes No if yes, attach separate sheet with a detail explanation.

47. Were you ever, or are now, a member of any social, labor or fraternal organization? (ex. V.F.W., Elks, Teamsters, U.A.W., etc.) Yes No if yes, give details below:

a. Organization Name: _____

Address: _____

Details: _____

b. Organization Name: _____

Address: _____

Details: _____

c. Organization Name: _____

Address: _____

Details: _____

48. Do you hold or have you ever held a pistol permit or similar authorization to carry a firearm in this state or any other? Yes No if yes, give details below:

a. Date Issued: _____ Issuing Authority: _____

b. Certificate Number: _____ Details: _____

49. Has any such application by you been denied for such a permit? Yes No if yes, give details below:

50. Do you now own, or have you ever owned any firearms of any type? Yes No if yes, give details below:

a. Dates: _____ Type: _____ Make: _____ Serial Number: _____

b. Dates: _____ Type: _____ Make: _____ Serial Number: _____

c. Dates: _____ Type: _____ Make: _____ Serial Number: _____

d. Dates: _____ Type: _____ Make: _____ Serial Number: _____

Details: _____

51. List any recreational activities, excluding hobbies, in which you engage, and any affiliated clubs or organizations in which you are now or were involved (ex. Y.M.C.A., Scouting, etc.):

52. Do you have any knowledge, information, or any circumstances, conditions, or qualifications other than what has been requested in the foregoing questions, which may effect or be relevant, directly or indirectly, to an assessment of your character, maturity, integrity, temperament, fitness, qualification, or eligibility for appointment to the position for which you are applying?
Yes No if yes, give details below:

I, _____, being duly sworn, depose and say, that I am the person whom the foregoing application concerns; that I completed the application in my own hand; and that the answers I have given to each and every question therein are full, complete, true, and correct, to the best of my knowledge.

NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

Applicant's Signature: _____ Date: _____

Sworn to before me this _____ day of _____, 20____

Notary Public Signature: _____

Notary Stamp: