



Warren County Sheriff's Office

1400 State Route 9
Lake George, New York 12845

Employment Application

Date

NOTICE: All applications must be filled in with a computer or clearly printed. All questions must be answered. If a question is not applicable, so state. Applications that are not complete and legible will not be considered. Use additional sheets if the space allotted is not sufficient for a complete answer.

Application for:

- Patrol Officer*
- Corrections Officer*
- Communications Officer*
- Other*
- Full Time*
- Part Time*

PART 1 - PERSONAL DATA

List any names you have used, including nicknames and the maiden name of any married female applicant. If you have had any surname other than your true name, provide the time period and complete circumstances.

Full name:

(first)

(middle)

(last)

Any Other Name Used:

Any Other Name Used:

Date of Birth:

Age:

Place of Birth

Height: ' - " Weight: Eye Color: Hair Color:

Social Security No:

Driver's License No:

Address:

Home Phone No:

Cell Phone No:

Other Phone No:

E-Mail Address:

Social Network (i.e. Facebook) Usernames/Passwords:

Naturalization Record

Are you a United States citizen? *Yes* *No*

If no, provide an explanation, including nationality and the date and place of entry into the United States:

Are you Naturalized? *Yes* *No*

If yes, the date, place and court:

PART 1 - CONTINUED

Physical Data

Describe any physical defects or disabilities you have, including extent of defective vision, if any, with and without glasses, and deficiencies in color vision or hearing.

Have you ever had any serious illnesses or surgeries? *Yes* *No*

If yes, provide dates, locations, and details:

Have you ever been hospitalized? *Yes* *No*

If yes, provide dates, locations, and details:

How many days have you lost from work or school in the past five years due to sickness or injury?

Have you ever been treated by a psychiatrist or psychologist, treated for alcoholism or drug abuse, or been mentally ill or confined in any medical or mental institution?
 Yes *No* If yes, provide dates, locations, and details:

Have you ever used, taken, sold, or been in possession of any illegal drug or other illegally obtained controlled substance? *Yes* *No* If yes, provide dates, locations, and details:

PART 2B - DIVORCES, ANNULMENTS, & SEPARATIONS

Check appropriate box

Divorce #

Annulment#

Separation#

Spouse

Full name:

(first)

(middle)

(last)

Maiden Name:

Date of Birth:

Marriage Date:

Location:

Court/Agency Where Divorce/Annulment Filed:

Date Finalized:

Grounds:

Are you responsible for paying alimony? *Yes* *No* If yes, amount:

Mother of Spouse

Name:

Date of Birth:

Address:

Phone No:

Employer:

Phone No:

Address:

Deceased

Father of Spouse

Name:

Date of Birth:

Address:

Phone No:

Employer:

Phone No:

Address:

Deceased

Children

Name:

Date of Birth:

Address:

Name:

Date of Birth:

Address:

Name:

Date of Birth:

Address:

Are you responsible for paying child support? *Yes* *No* If yes, amount:

PART 2B - CONTINUED

Check appropriate box

Divorce #

Annulment#

Separation#

Spouse

Full name:

(first)

(middle)

(last)

Maiden Name:

Date of Birth:

Marriage Date:

Location:

Court/Agency Where Divorce/Annulment Filed:

Date Finalized:

Grounds:

Are you responsible for paying alimony? *Yes* *No* If yes, amount:

Mother of Spouse

Name:

Date of Birth:

Address:

Phone No:

Employer:

Phone No:

Address:

Deceased

Father of Spouse

Name:

Date of Birth:

Address:

Phone No:

Employer:

Phone No:

Address:

Deceased

Children

Name:

Date of Birth:

Address:

Name:

Date of Birth:

Address:

Name:

Date of Birth:

Address:

Are you responsible for paying child support? *Yes* *No* If yes, amount:

PART 2C - COHABITATION

If you currently live with or have lived with someone other than a parent or spouse provide the following information regarding the cohabitant. If not, continue to Part 2D.

Cohabitant # 1

Full name: _____
(first) (middle) (last)

Maiden Name: _____ Date of Birth: _____

Address: _____ Phone No: _____

Dates of Cohabitation: From _____ Until _____

Do you have any children in common with this person? Yes No If yes list below:

Children

Name: _____ Date of Birth: _____

Address: _____

Name: _____ Date of Birth: _____

Address: _____

Are you responsible for paying child support? Yes No If yes, amount: _____

Cohabitant # 2

Full name: _____
(first) (middle) (last)

Maiden Name: _____ Date of Birth: _____

Address: _____ Phone No: _____

Dates of Cohabitation: From _____ Until _____

Do you have any children in common with this person? Yes No If yes list below:

Children

Name: _____ Date of Birth: _____

Address: _____

Name: _____ Date of Birth: _____

Address: _____

Are you responsible for paying child support? Yes No If yes, amount: _____

PART 2D - ADDITIONAL CHILDREN

If you have any children outside of marriage that have not already been listed on the application, list them below.

Children

Name: _____ Date of Birth: _____

Address: _____

Parent Name: _____ Phone No: _____

Are you responsible for paying child support? Yes No If yes, amount: _____

Name: _____ Date of Birth: _____

Address: _____

Parent Name: _____ Phone No: _____

Are you responsible for paying child support? Yes No If yes, amount: _____

Name: _____ Date of Birth: _____

Address: _____

Parent Name: _____ Phone No: _____

Are you responsible for paying child support? Yes No If yes, amount: _____

Name: _____ Date of Birth: _____

Address: _____

Parent Name: _____ Phone No: _____

Are you responsible for paying child support? Yes No If yes, amount: _____

Name: _____ Date of Birth: _____

Address: _____

Parent Name: _____ Phone No: _____

Are you responsible for paying child support? Yes No If yes, amount: _____

Name: _____ Date of Birth: _____

Address: _____

Parent Name: _____ Phone No: _____

Are you responsible for paying child support? Yes No If yes, amount: _____

PART 3 - RESIDENCES

Current Residence

Address:

Mailing Address (if different):

Occupancy Since:

Additional persons living at residence

Name: Age: Relationship:

Name: Age: Relationship:

Name: Age: Relationship:

Name: Age: Relationship:

If you presently **own** your residence, answer the following:

Mortgage Holder (if any):

Address: Phone No:

Principal Balance: Monthly Payment:

If you presently **rent** your residence, answer the following:

Landlord:

Address: Phone No:

Rent: *Monthly* *Weekly* *Other*

Current Neighbors

Provide the names and phone listing of four neighbors in the immediate vicinity of your current residence.

Name Address Phone No.

PART 3 - CONTINUED

Previous Addresses

List chronologically, starting with the most recent, all of your residences of six months or more. Include addresses while away from home for school or military service.

Full Address

(mm/yyyy - mm/yyyy)

Previous Neighbors

Provide the names and phone listings for three neighbors in the immediate vicinity of your three most recent previous residences. If you rented the residence, provide the name and phone listing for your previous landlord under line one for that residence.

<u>Name</u>	<u>First Address above:</u> <u>Address</u>	<u>Phone No.</u>
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<u>Name</u>	<u>Second Address above:</u> <u>Address</u>	<u>Phone No.</u>
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<u>Name</u>	<u>Third Address above:</u> <u>Address</u>	<u>Phone No.</u>
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PART 4 - EMPLOYMENT & LAW ENFORCEMENT AGENCY APPLICATIONS

Current Employment

Provide all the below information for your current place of employment. Provide phone listings, other than work phone numbers, for three fellow employees.

Employer: Phone No:
Address: Date Hired:
Your Title/Position: Salary:
Immediate Supervisor: Phone No:

Fellow Employees

Name: Phone No:
Name: Phone No:
Name: Phone No:

Previous Employment

List in chronological order from previous to current, all previous employment you have had in your lifetime, including all part-time, seasonal and temporary employment. Provide phone listings, other than work numbers, for two previous fellow employees.

Employer 2: Phone No:
Address: From / To:
Your Title/Position: Salary:
Immediate Supervisor: Phone No:

Fellow Employees

Name: Phone No:
Name: Phone No:

Employer 3: Phone No:
Address: From / To:
Your Title/Position: Salary:
Immediate Supervisor: Phone No:

Fellow Employees

Name: Phone No:
Name: Phone No:

PART 4 - CONTINUED

Employer 4: Phone No:
Address: From / To:
Your Title/Position: Salary:
Immediate Supervisor: Phone No:

Fellow Employees

Name: Phone No:
Name: Phone No:

Employer 5: Phone No:
Address: From / To:
Your Title/Position: Salary:
Immediate Supervisor: Phone No:

Fellow Employees

Name: Phone No:
Name: Phone No:

Employer 6: Phone No:
Address: From / To:
Your Title/Position: Salary:
Immediate Supervisor: Phone No:

Fellow Employees

Name: Phone No:
Name: Phone No:

Have you ever been dismissed or asked to resign from any employment or position?
 Yes No If yes, identify employer and provide complete details:

PART 4 - CONTINUED

Have you ever resigned from or quit any employment after being informed you were going to be discharged? Yes No If yes, provide complete details:

Law Enforcement Employment

Have you ever held any position in a law enforcement agency, such as police officer, peace officer, correction officer or a civilian position? Yes No

If yes, identify employer(s) and provide complete details:

Agency 1:

Phone No:

Address:

From / To:

Your Title/Position:

Salary:

Immediate Supervisor:

Phone No:

If you no longer work for the agency above explain why:

Agency 2:

Phone No:

Address:

From / To:

Your Title/Position:

Salary:

Immediate Supervisor:

Phone No:

If you no longer work for the agency above explain why:

PART 4 - CONTINUED

Law Enforcement Applications

Have you ever applied for a position in any law enforcement related field, such as police officer, peace officer, correction officer, or a civilian position within a law enforcement agency?

Yes No

If yes, identify employer and provide complete details:

Agency 1:

Phone No:

Address:

Contact Person:

Phone No:

Status of the employment application, provide details:

Agency 2:

Phone No:

Address:

Contact Person:

Phone No:

Status of the employment application, provide details:

PART 5 - EDUCATION

High School

Name:

From / To:

Address:

Phone No:

Did you graduate? Yes No If yes, details/degree:

Were you ever disciplined? Yes No

Did you participate in extracurricular activities? Yes No

Teacher/Instructor Recommendation:

As part of the application process we will be interviewing a minimum of two of your previous high school teachers and will need to mail them correspondence. Complete the section below providing at least two teachers for interview:

Name:

Phone No:

Address:

Email Address:

Name:

Phone No:

Address:

Email Address:

College 1

Name:

From / To:

Address:

Phone No:

Did you graduate? Yes No If yes, details/degree:

Teacher/Instructor Recommendation:

As part of the application process we will be interviewing a minimum of two of your previous college teachers/professors and will need to mail them correspondence. Complete the section below providing at least two teachers for interview:

Name:

Phone No:

Address:

Email Address:

Name:

Phone No:

Address:

Email Address:

PART 5 - CONTINUED

College 2

Name: From / To:

Address: Phone No:

Did you graduate? Yes No If yes, details/degree:

Teacher/Instructor Recommendation:

As part of the application process we will be interviewing a minimum of two of your previous college teachers/professors and will need to mail them correspondence. Complete the section below providing at least two teachers for interview:

Name: Phone No:

Address:

Email Address:

Name: Phone No:

Address:

Email Address:

College 3

Name: From / To:

Address: Phone No:

Did you graduate? Yes No If yes, details/degree:

Teacher/Instructor Recommendation:

As part of the application process we will be interviewing a minimum of two of your previous college teachers/professors and will need to mail them correspondence. Complete the section below providing at least two teachers for interview:

Name: Phone No:

Address:

Email Address:

Name: Phone No:

Address:

Email Address:

PART 5 - CONTINUED

Technology/Other Institution 1

Name:

From / To:

Address:

Phone No:

Did you graduate? Yes No If yes, details/degree:

Teacher/Instructor Recommendation:

As part of the application process we will be interviewing a minimum of two of your previous college teachers/professors and will need to mail them correspondence. Complete the section below providing at least two teachers for interview:

Name:

Phone No:

Address:

Email Address:

Name:

Phone No:

Address:

Email Address:

Technology/Other Institution 2

Name:

From / To:

Address:

Phone No:

Did you graduate? Yes No If yes, details/degree:

Teacher/Instructor Recommendation:

As part of the application process we will be interviewing a minimum of two of your previous college teachers/professors and will need to mail them correspondence. Complete the section below providing at least two teachers for interview:

Name:

Phone No:

Address:

Email Address:

Name:

Phone No:

Address:

Email Address:

Were you ever dismissed or suspended, or was there any disciplinary action, including scholastic probation, ever taken against you during your educational programs?

Yes No If yes, identify the school and provide complete details:

PART 6 - SOCIAL ACQUAINTANCES

Provide information for three social acquaintances in your own age group. These should not be members of the Warren County Sheriff's Office.

1. Name: Date of Birth:
Address: Phone No:
Occupation: Years Known:
Business Address: Phone No:
Email Address:

2. Name: Date of Birth:
Address: Phone No:
Occupation: Years Known:
Business Address: Phone No:
Email Address:

3. Name: Date of Birth:
Address: Phone No:
Occupation: Years Known:
Business Address: Phone No:
Email Address:

PART 7 - PERSONAL REFERENCES

Provide three references who are responsible adults, such as homeowners, property owners, business or professional persons, who have knowledge during the previous five years of your character and fitness to serve in a law enforcement organization. (**Do not** use any relatives, former employers, fellow employees, school teachers, members of the Warren County Sheriff's Office, or those persons you listed in Part 6 under social acquaintances)

1. Name: Date of Birth:
Address: Phone No:
Occupation: Years Known:
Business Address: Phone No:
Email Address:

2. Name: Date of Birth:
Address: Phone No:
Occupation: Years Known:
Business Address: Phone No:
Email Address:

3. Name: Date of Birth:
Address: Phone No:
Occupation: Years Known:
Business Address: Phone No:
Email Address:

PART 8 - MILITARY RECORD

Active Duty Service

Are you currently or have you ever served on active duty in the military?

Yes **No** If yes, complete the following section:

Branch of Military Service:

Service No:

Location(s):

Highest Rank:

Military Specialty:

Discharge Type:

Date:

Location:

Dates of military service (month/year): From:

To:

National Guard/Reserve Service

Are you currently or have you ever been a member of a national guard or reserve unit?

Yes **No** If yes, complete the following section:

Branch of Military Service:

Service No:

Location(s):

Highest Rank:

Military Specialty:

Discharge Type:

Date:

Location:

Have you ever applied for and been denied entry into military service?

Yes **No** If yes, provide a full description:

3. Date: Charge(s):
Location: Police Agency:
Court: Disposition:

4. Date: Charge(s):
Location: Police Agency:
Court: Disposition:

Registered Motor Vehicles

List all motor vehicles you currently have registered under your name, including but not limited to cars, trucks, snowmobiles, ATV's, boats and trailers.

1. Year Make Model
License Plate # State

2. Year Make Model
License Plate # State

3. Year Make Model
License Plate # State

4. Year Make Model
License Plate # State

5. Year Make Model
License Plate # State

6. Year Make Model
License Plate # State

Are any of these registrations currently, or previously been, revoked or suspended?

Yes No If yes, explain in detail.

PART 10 - CREDIT HISTORY

Financial Records

Has your credit record ever been considered unsatisfactory, or have you ever been refused credit? Yes No If yes, provide dates, names, locations, & details:

Have you ever filed for bankruptcy? Yes No If yes, explain in detail:

Have any court judgments or garnishments ever been filed against you?
 Yes No If yes, explain in detail:

Have you ever received public assistance of any type?
 Yes No If yes, explain in detail:

Bank Accounts

Do you have any open checking accounts? Yes No If yes, provide details:

Institution Name:

Account No:

Address:

Phone No:

Institution Name:

Account No:

Address:

Phone No:

PART 11 - COURT RECORDS, ARRESTS, INVESTIGATIONS

CRIMINAL COURT

List all arrests (excluding traffic infractions and parking tickets). Include any instances in which you were taken into law enforcement custody for any reason, held for investigation, held for questioning, charged in any manner, or under investigation for any offense. Note this section requires full disclosure of any and all juvenile delinquent, person in need of supervision, and youthful offender records. **Failure to strictly comply with this section will result in an immediate termination of a background investigation.**

1. Date: Agency:
2. Date: Agency:
3. Date: Agency:
4. Date: Agency:
5. Date: Agency:
6. Date: Agency:

Provide full and complete details on all entries made above. When appropriate, include charge(s), arresting officer(s), and final disposition(s).

PART 11 - CONTINUED

CIVIL OR FAMILY COURT

List all cases in which you have been a party to a civil court action, including but not limited to the Family, Surrogate, Supreme, and County Courts of New York State, any and all federal courts, any other state, and any local court with civil litigation authority.

1. Date: Agency:
Case: Disposition:

2. Date: Agency:
Case: Disposition:

3. Date: Agency:
Case: Disposition:

Provide full and complete details on all entries made above.

Other 1

Name:	DOB:	Occupation:
Address:		Phone No:
Employer:		Phone No:
Address:		<input type="checkbox"/> <i>Deceased</i>

Other 2

Name:	DOB:	Occupation:
Address:		Phone No:
Employer:		Phone No:
Address:		<input type="checkbox"/> <i>Deceased</i>

Other 3

Name:	DOB:	Occupation:
Address:		Phone No:
Employer:		Phone No:
Address:		<input type="checkbox"/> <i>Deceased</i>

Other 4

Name:	DOB:	Occupation:
Address:		Phone No:
Employer:		Phone No:
Address:		<input type="checkbox"/> <i>Deceased</i>

Other 5

Name:	DOB:	Occupation:
Address:		Phone No:
Employer:		Phone No:
Address:		<input type="checkbox"/> <i>Deceased</i>

PART 13 - FAMILY MEMBER CRIMINAL COURT RECORDS

Provide information on all criminal arrests and records (excluding traffic infractions, parking tickets and juvenile records) for all family members as listed in this application.

1. Name: Relationship:
Date: Agency:
Charge(s): Disposition:
Details:

2. Name: Relationship:
Date: Agency:
Charge(s): Disposition:
Details:

3. Name: Relationship:
Date: Agency:
Charge(s): Disposition:
Details:

4. Name: Relationship:
Date: Agency:
Charge(s): Disposition:
Details:

5. Name: Relationship:
Date: Agency:
Charge(s): Disposition:
Details:

6. Name: Relationship:
Date: Agency:
Charge(s): Disposition:
Details:

PART 14 - PISTOL PERMIT INFORMATION

Do you currently or have you ever held a pistol permit?

Yes *No* If yes, provide complete details below:

Permit #: County: Type:

Date Issued: Status:

Has your pistol permit ever been suspended or revoked for any reason?

Yes *No* If yes, explain:

Have you ever had your firearms taken for any reason?

Yes *No* If yes, explain:

Provide a complete listing of all handguns you currently own:

<u>Make</u>	<u>Model</u>	<u>Caliber</u>	<u>Serial No.</u>
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PART 15 - ORGANIZATION MEMBERSHIP

List all clubs, societies or organizations of which you are, or have been, a member. Include dates of membership, offices held, and locations:

- | | | |
|----------|---------------|-----|
| 1. Name: | Office/title: | |
| Address: | From: | To: |
| 2. Name: | Office/title: | |
| Address: | From: | To: |
| 3. Name: | Office/title: | |
| Address: | From: | To: |
| 4. Name: | Office/title: | |
| Address: | From: | To: |
| 5. Name: | Office/title: | |
| Address: | From: | To: |
| 6. Name: | Office/title: | |
| Address: | From: | To: |
| 7. Name: | Office/title: | |
| Address: | From: | To: |
| 8. Name: | Office/title: | |
| Address: | From: | To: |

Are you now or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force, violence or terrorism to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

If yes, explain in detail below:

PART 16 - ADDITIONAL INFORMATION

Use the following section for any additional information not previously listed due to insufficient space for a complete answer. If you are providing a more detailed explanation for a previous section, please reference that section:

CLOSING STATEMENT

I fully understand that should I make a false statement of any material fact, or attempt to practice any deception or fraud in my application, examination or any of the procedures connected with my possible appointment with the Warren County Sheriff's Office, I will not be appointed or further considered for appointment.

I fully understand that if I am appointed to the Warren County Sheriff's Office, and if then or thereafter facts become known which, if previously known, would have warranted my not being appointed, or if then or thereafter there is found any illegality, irregularity or fraud in my application, examination or any of the procedures connected with my appointment, such appointment may be revoked and I may be discharged.

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

Date:

Signature

Printed Name

NOTICE: Applicants contacted by a member of the Warren County Sheriff's Office for interview and commencement of a background investigation are responsible to pay for their own digital fingerprinting which is currently performed by L1 enrollment at a cost of approximately \$86.00.

Warren County Sheriff's Office

1400 State Route 9
Lake George, New York 12845



Jim LaFarr
Sheriff

Terry Comeau
Undersheriff

TO ALL APPLICANTS

The following ORIGINAL documents, when applicable to you, must be provided for examination and copying to the Investigator conducting your background investigation **at the time of your first interview** with him/her.

- Social Security Card
- Birth Certificate
- Naturalization Papers
- Marriage Certificate
- Divorce, Annulment or Separation Papers
- Home Mortgage or Lease Agreements
- High School or Equivalency Diploma
- Official (sealed) High School Transcript
- College Degree(s) and Official Transcripts
- Military Discharge Records DD-214
- Military Service Records and Certificates
- Driver's License (NYS) with Record of Convictions
- Dept. of Motor Vehicles Abstract of Driving Record
- Motor Vehicle Registration Certificates (all vehicles)
- Records, Liens, Judgments, Convictions, etc. (civil & criminal)
- Bankruptcy Records (if applicable)
- Public Assistance Records
- Pistol Permit(s)
- Fraternal Organization Membership Paperwork
- Police Training Records

If you have any questions about any particular document, contact the Investigator handling your background check at (518) 743-2500.