



Livingston County Sheriff 's Office

Background Investigation Questionnaire

APPLICANT'S NAME: _____

POSITION APPLYING FOR: _____

Read each question carefully before answering

1. **This questionnaire must be completed fully. Every question must be answered! Missing or insufficient information may result in a delay in processing your application. If a question does not apply to you, indicate so by using "N/A" (not applicable). Do not just leave blank.**
2. If additional space is needed to answer any question, use the page allotted (page 21). If further space is needed, additional pages may be attached.
3. This questionnaire must be completed legibly. Print or type all information. Illegible responses may delay processing this application.
4. **Answer all questions truthfully and completely!** By law a candidate may be rejected if he or she has intentionally made a false statement of a material fact or has practiced or attempted to practice any deception or fraud in the application or in securing eligibility for appointment. Omitting or giving false information may result in the immediate rejection of the application and the removal of your name from consideration of employment.
5. You are responsible for providing the Livingston County Sheriff's Office with copies of the following documents which are to be submitted with this completed questionnaire which apply to you (these copies cannot be returned): *Failure to include the following will delay processing of application.*
 - A birth certificate;
 - B marriage certificate;
 - C separation / divorce decrees;
 - D high school diploma or equivalency certificate;

- E degrees and transcripts from all education institutions attended (including high school);
- F armed forces discharge and separation documents including copy 4 of Form DD 214;
- G letter of naturalization;
- H Any licenses issued to you by a governmental agency (i.e., pistol, hack, barber, repair shop, liquor, FCC);
- I New York State driver's license and certificate of registration for any vehicle owned by you; and
- J Copy of current credit report.

6. If a job offer is made to you, it will be contingent upon:

- A satisfactorily completing a medical examination;
- B passing a psychological exam, polygraph exam and drug test;
- C satisfactorily completing any training mandated by law, statute, or policy, which will be provided to you;
- D any other requirements as mandated by Civil Service or other appropriate authority.

7. Any completed questionnaire and supporting documents as well as transcripts requested from an educational institution should be forwarded directly to:

Sheriff of Livingston County
Livingston County Sheriff's Office
4 Court Street
Geneseo, New York 14454

I have read and understand the foregoing provisions.

Name (printed): _____

Name (signed): _____

Date: _____

SECTION A - PERSONAL DATA

1. Your full name: _____
 Last First Middle

2. Current Address: _____
 Street

 City / Town State Zip

3. Birth Date: _____

4. Home Telephone: (____) ____ - _____ hours available: _____

5. Work Telephone: (____) ____ - _____ hours available: _____

May we contact you or your current employer at work? _____

6. Social Security Number: _____

7. Have you ever been known by any other name and the reason for using that name: (i.e. marital)

8. Personal Characteristics:
 Height _____ Weight _____ Eye Color _____ Hair Color _____

9. Are you a United States Citizen: No Yes
 If other than native born, give details:

10. Do you have any physical limitations, which would prevent you from completing the duties of the position for which you are applying?

11. Residence at time of birth (city, state, country, etc.) _____

12. Person(s) to notify in case of emergency:

Name	Phone Number
Address	Relationship

Name	Phone Number
Address	Relationship

13. Have you ever received, or are you now receiving, any benefits under law concerning unemployment, welfare, or Social Services assistance?
 No Yes, give details:

From – To	Type of Assistance	Agency / Employer
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From – To	Type of Assistance	Agency / Employer
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14. Has any claim for any such benefits been rejected or disallowed?
 No Yes, give details:

Date	Type of Assistance	Agency / Employer	Reason Rejected
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Date	Type of Assistance	Agency / Employer	Reason Rejected
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15. State briefly your reasons for desiring the position for which you are applying.

SECTION B – FAMILY INFORMATION

1. Present marital status: _____

2. Marriage information, if applicable:

Date and Location	Spouse (Maiden Name, if applicable)
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Date and Location	Spouse (Maiden Name, if applicable)
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Date and Location	Spouse (Maiden Name, if applicable)
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3. Names of all persons residing with you (if other than parents, siblings, spouse, children).

Name	Date of Birth	Relationship
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Name	Date of Birth	Relationship
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4. Family information. Provide the following information about your parents (to include step), siblings (to include step), spouse, children (to include step), spouse's parent and spouse's siblings.

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

Name	Date of Birth	Relationship
Street		
City,State,Zip		Phone Number

4. Has any of your immediate family (spouse, parent, sibling or child), your spouse's immediate family, or any person in your home (although not related to you) ever been convicted of a crime?
 No Yes, give details:

SECTION C – DRIVER INFORMATION

1. Complete the information below concerning your current driver's license and vehicle registrations issued to you:

Operator's License #	Class	State	Date Issued / Expires
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Plate #/State of Registration	Year/Make/Model	Exp.Date
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Plate #/State of Registration	Year/Make/Model	Exp.Date
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Plate #/State of Registration	Year/Make/Model	Exp.Date
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2. Have you ever been involved in a motor vehicle accident? NO Yes, provide the following information:

Date	Location City/Town, State	Police Agency
Brief description of incident		

Date	Location City/Town, State	Police Agency
Brief description of incident		

3. List below any information on any traffic tickets (excluding parking offenses) that you have received.

Date	Charge(s)	Police Agency
Court	Disposition of Charge(s)	

Date	Charge(s)	Police Agency
Court	Disposition of Charge(s)	

Date	Charge(s)	Police Agency
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Court	Disposition of Charge(s)
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4. Are there any traffic tickets for which you cannot remember the date, charge, or location?
 No Yes, how many? _____

5. Has any driver's license privilege or vehicle registration issued to you ever been suspended or revoked? No Yes, give details:

Date	Reason	Disposition
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Date	Reason	Disposition
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Date	Reason	Disposition
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SECTION D – PAST RESIDENCE

1. Starting with your present address, list all places where you have lived within the last 10 (ten) years.

From _____ to _____

Street Address	
City, State, Zip	
Landlord's Name	Phone Number
Landlord's, Street Address, City, State, Zip	

From _____ to _____

Street Address	
City, State, Zip	
Landlord's Name	Phone Number
Landlord's, Street Address, City, State, Zip	

From _____ to _____

Street Address	
City, State, Zip	
Landlord's Name	Phone Number
Landlord's, Street Address, City, State, Zip	

From _____ to _____

Street Address	
City, State, Zip	
Landlord's Name	Phone Number
Landlord's, Street Address, City, State, Zip	

SECTION E – CONVICTIONS AND JUDICIAL PROCEEDINGS

1. Excluding traffic infractions, have you ever been arrested for or convicted of any violation of the law in any jurisdiction? Include any arrests resulting in Youthful Offender Status; arrests which were dismissed, sealed or otherwise disposed of; and cases which are still pending. **NOTE: This includes incidents where a court appearance was required by an Appearance Ticket or Summons and cases of bail forfeitures.** No Yes, give details:

Date	Court	Police Agency
Charge(s)		
Disposition		

Date	Court	Police Agency
Charge(s)		
Disposition		

3. Are there any arrests for which you cannot remember the date, charge, or location?
 No Yes, how many _____
4. Are there currently any proceedings or charges involving any violation of law pending against you? No Yes, give details:

5. Are there currently any penalties or fines outstanding against which you have not been satisfied?
 No Yes, give details:

6. Have you ever been called, summoned or subpoenaed to appear as a witness, or in any further capacity before and Grand Jury, legislative committee, hearing board, referee or administrative agency in any jurisdiction? No Yes, give name of committee, court or agency and approximate date of appearance:

Date	Committee/Court/Agency
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Date	Committee/Court/Agency
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Date	Committee/Court/Agency
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7. Have you ever been involved in any capacity (Plaintiff, Defendant, Witness) in any civil proceedings in any court (Small Claims, Family, Supreme, etc.) of this state or any other jurisdiction? No Yes, give details:

Date	Court	
Matter Involved	Disposition	

Date	Court	
Matter Involved	Disposition	

8. Other than contacts listed above, list below a brief accounting of any other contact you have had with a law enforcement agency. (Include incidents where you were questioned and incidents where you were a victim or witness to an incident or crime.)

SECTION F – ALCOHOL AND DRUG USE

1. At what age did you have your first alcoholic beverage? _____

2. Describe your underage drinking.

3. Describe your current drinking.

4. List or describe **ALL** drugs, inhalants, and/or performance enhancing substances used by you or experimented with by you, in any amount, at any time.

Drug	Total # times used	Last date used
Drug	Total # times used	Last date used

Drug	Total # times used	Last date used
Drug	Total # times used	Last date used

5. Have you ever used drugs with anyone? No Yes, explain

6. Have you ever given away or been involved in the sale of any drug? No Yes, explain

SECTION G – MENTAL HEALTH

1. Have you ever been subject to a mental hygiene arrest? No Yes, explain

2. Have you ever been diagnosed with or suffered from any mental illness? No Yes, explain

3. Have you ever been voluntarily or involuntarily committed to a mental health treatment facility?
 No Yes, explain

SECTION H – EDUCATIONAL QUALIFICATIONS

1. Circle the number indicating the highest level of education you have achieved.

- | | |
|-----------------------------------|-------------------------|
| 1. Less than High School Graduate | 5. Associates Degree |
| 2. High School Equivalency | 6. Baccalaureate Degree |
| 3. High School Graduate | 7. Master's Degree |
| 4. Some College – No degree | 8. Doctorate Degree |

2. Provide the requested information concerning **all** schools, colleges and universities which you have attended. List school in reverse chronological order, starting with the institution you are currently attending or the institution you last attended.

From – To	Name of Educational Institution		
Address of Institution	City	State	Zip
Grade Attended	Graduated? ____YES ____NO		
Type of Degree or Diploma	Date Degrees / Diploma Granted		

From – To	Name of Educational Institution		
Address of Institution	City	State	Zip
Grade Attended	Graduated? ____YES ____NO		
Type of Degree or Diploma	Date Degrees / Diploma Granted		

From – To	Name of Educational Institution		
Address of Institution	City	State	Zip
Grade Attended	Graduated? ____YES ____NO		
Type of Degree or Diploma	Date Degrees / Diploma Granted		

From – To	Name of Educational Institution		
Address of Institution	City	State	Zip
Grade Attended	Graduated? ____YES ____NO		
Type of Degree or Diploma	Date Degrees / Diploma Granted		

3. Do you possess a high school equivalency or a GED diploma? No Yes, give details

Date	Number	Issuing Agency
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4. Were you ever the subject of any disciplinary action or proceeding at any educational institution that you attended? No Yes, give details

SECTION I – EMPLOYMENT AND EXPERIENCE

1. List all employers for whom you have worked, starting with you present or most recent employer, and continuing back in reverse chronological order. Account for all periods of unemployment. Include a brief description of your duties and responsibilities for each job you list.

From – To	Name of Employer		
Address of Employer City		State	Zip
Supervisor	Phone	Reason for Leaving	
Job Title	Job Description		

From – To	Name of Employer		
Address of Employer City		State	Zip
Supervisor	Phone	Reason for Leaving	
Job Title	Job Description		

From – To	Name of Employer		
Address of Employer City		State	Zip
Supervisor	Phone	Reason for Leaving	
Job Title	Job Description		

From – To	Name of Employer		
Address of Employer City		State	Zip
Supervisor	Phone	Reason for Leaving	
Job Title	Job Description		

From – To	Name of Employer		
Address of Employer City		State	Zip
Supervisor	Phone	Reason for Leaving	
Job Title	Job Description		

From – To	Name of Employer		
Address of Employer City		State	Zip
Supervisor	Phone	Reason for Leaving	
Job Title	Job Description		

2. Were you ever been fired, terminated, discharged or asked to resign from any position?
 No Yes, give details

3. Have you been subjected to any disciplinary action (i.e. reprimand, suspension, fine, or demotion), other than that referred to above, which was taken against you in connection with any employment or position that you have held? No Yes, give details

4. Have you ever applied for a Civil Service position? No Yes, give details

Date	Location	Position	Results

Date	Location	Position	Results

Date	Location	Position	Results

5. Has any such Civil Service application been rejected or have you been removed from an eligible list? No Yes, give details

SECTION J – MILITARY SERVICE

1. Do you have, or have you ever had, any selective service classification? No Yes, give details

Date	Classification	Issuing Authority

Date	Classification	Issuing Authority

2. Have you ever served in the Armed Forces of the United States or any state including any reserve or National Guard Unit? No Yes, give details

From – To	Branch	Service	Type of Discharge

From – To	Branch	Service	Type of Discharge

From – To	Branch	Service	Type of Discharge

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

What was your rank at time of discharge? _____

4. Have you ever received a discharge or separation from military service that was classified anything other than “honorable”? (Include General Discharge) No Yes, give details

5. List the requested information on any assignments you had while of active duty:

From – To	Name of Unit	Location
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From – To	Name of Unit	Location
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From – To	Name of Unit	Location
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6. Are you now serving in any Reserve or National Guard Unit?

No Yes, give details

From – To	Name of Unit	Location
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From – To	Name of Unit	Location
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7. Did you receive any commendations, awards, or medals in connection with your military service?

No Yes, give details

8. Were you ever subjected to any disciplinary proceedings while in the military service? (Note: Include Court Martial, Summary Proceedings, or Article 15 actions.) NO_____ YES_____ If yes, indicate below and attach additional page(s) containing full explanation.

Date	Charges	Location or Unit	Disposition
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Date	Charges	Location or Unit	Disposition
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9. What type of training or education did you complete while in military service? (do not include basic training.)

From – To	Type of Training	Location
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From – To	Type of Training	Location
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From – To	Type of Training	Location
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10. Has any military or governmental agency ever conducted any type of character or background investigation on you for a security clearance? No Yes, give details

Date	Type of Investigation and Reason	Agency Conducting
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Date	Type of Investigation and Reason	Agency Conducting
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Date	Type of Investigation and Reason	Agency Conducting
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SECTION K – SKILLS, PERMITS, LICENSES, MISCELLANEOUS

1. Do you possess skills in any foreign language? No Yes, give details

Language	Speak	Read	Write	Language	Speak	Read	Write
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2. Do you possess a skill in a sign language/manual communication? No Yes _____

3. List any other skills or training which are not listed in this section or the section concerning employment. (Include hobbies or other interests)

4. Are you a notary public or commissioner of deeds? No Yes, give details

Date	Certificate Number (if applicable)	County	Expiration
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Date	Certificate Number (if applicable)	County	Expiration
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5. Do you hold, or have you ever held, any professional licenses, permits, or certificates authorizing you to practice any occupation, profession, or calling? (Including licenses issued by a governmental agency like teacher, taxi, liquor, barber, etc.)

Date Issued	Profession	Issuing Authority
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Date Issued	Profession	Issuing Authority
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Date Issued	Profession	Issuing Authority
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Date Issued	Profession	Issuing Authority
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6. Do you have, or have you ever had, any interest as an officer, partner or shareholder in any business, partnership, or other business venture? No Yes, give details

7. Has any public service agency (e.g. police agency, fire department) ever conducted a background investigation on you? No Yes, give details

Date	Agency Conducting
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Date	Agency Conducting
------	-------------------

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

9. Have you ever been a member of, or supported financially or otherwise, 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?
 No Yes If YES, attach a separate sheet with detailed explanation.

10. Do you now hold, or have you ever held, a pistol permit or similar authorization to carry a firearm in this state or any other? NO YES If YES, give details:

Date Issued	Issuing Authority	Certificate Number
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Date Issued	Issuing Authority	Certificate Number
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Date Issued	Issuing Authority	Certificate Number
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11. Has any application by you for such a permit or authorization ever been denied or revoked?
 No Yes, give details

12. Do you own, or have ever owned, any firearm of any type?
 No Yes, give details

From – To	Type	Make / Model	Serial Number
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From – To	Type	Make / Model	Serial Number
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From – To	Type	Make / Model	Serial Number
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From – To	Type	Make / Model	Serial Number
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13. List any recreational activities, excluding hobbies, in which you engage, and any affiliated clubs or organizations in which you are involved with. (Ex. YMCA, Scouting, Elks, VFW, volunteer organizations.)

SECTION L – GENERAL INFORMATION

1. List below the details concerning all loans currently outstanding in which you or your spouse are principal debtor, mortgage holder, cosigner, guarantor, or surety. (include mortgages, car loans, educational loans, personal loans, etc.)

Creditor / Bank		Account Number	
Address / City / State / Zip			
Original Loan Amount	Monthly Payment	Current Balance	Type of Loan

Creditor / Bank		Account Number	
Address / City / State / Zip			
Original Loan Amount	Monthly Payment	Current Balance	Type of Loan

Creditor / Bank		Account Number	
Address / City / State / Zip			
Original Loan Amount	Monthly Payment	Current Balance	Type of Loan

Creditor / Bank		Account Number	
Address / City / State / Zip			
Original Loan Amount	Monthly Payment	Current Balance	Type of Loan

2. Provide the requested information concerning any credit cards or revolving charge accounts held by yourself or jointly with another.

Creditor / Bank		Account Number
Address / City / State / Zip		
Line of Credit	Monthly Payment	Current Balance

Creditor / Bank		Account Number
Address / City / State / Zip		
Line of Credit	Monthly Payment	Current Balance

Creditor / Bank		Account Number
Address / City / State / Zip		
Line of Credit	Monthly Payment	Current Balance

Creditor / Bank		Account Number
Address / City / State / Zip		
Line of Credit	Monthly Payment	Current Balance

Creditor / Bank		Account Number
Address / City / State / Zip		
Line of Credit	Monthly Payment	Current Balance

Creditor / Bank		Account Number
Address / City / State / Zip		
Line of Credit	Monthly Payment	Current Balance

Creditor / Bank		Account Number
Address / City / State / Zip		
Line of Credit	Monthly Payment	Current Balance

3. Have you ever filed for bankruptcy, been the defendant in a collections case, been refused credit, been evicted from a residence, or had property repossessed? No Yes, give details

4. Have you or has any partnership or corporation in which you have principal interest ever been adjudicated bankrupt, either voluntarily or involuntarily. No Yes, give details

SECTION M – REFERENCES

List the required information concerning persons who may attest to your character, integrity, and fitness for the position you are applying for. List **four (4) personal** and **three (3) business** references (supervisors or co-workers). Do not include relatives as personal references. Use only one person per household. Addresses must be complete.

PERSONAL REFERENCES

Name	Years Known
Street	
City, State, Zip	Phone Number

Name	Years Known
Street	
City, State, Zip	Phone Number

Name	Years Known
Street	
City, State, Zip	Phone Number

Name	Years Known
Street	
City, State, Zip	Phone Number

BUSINESS REFERENCES

Name	Years Known
Street	
City, State, Zip	Phone Number

Name	Years Known
Street	
City, State, Zip	Phone Number

Name	Years Known
Street	
City, State, Zip	Phone Number

Notary Public _____



Livingston County Sheriff 's Office
4 Court Street
Geneseo, New York 14454

Authorization for Release of Personal Information

To Whom It May Concern:

I, _____, do hereby authorize the release, review and full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent of the Livingston County Sheriff's Office whether the said records are of a public, private, or confidential nature. I also hereby acknowledge and fully understand the Livingston County Sheriff's Office may release to other law enforcement agencies considering my employment any and records created as part of this background investigation, including records associated with the polygraph test.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

Educational Institutions;

Public Utility Companies;

Financial or Credit Institutions, including records of any depository or savings or checking accounts and also the records of commercial or retail credit agencies (including credit reports and/or ratings);

Medical, psychological, and psychiatric report of consultation, treatment, and evaluation at or by any hospital, clinic, private practitioner, and the U.S. Veteran's Administration;

Employment and pre-employment records including salary records, background reports, polygraph test questions, answers, and reports, pre-employment and promotional examination results, efficiency ratings, disciplinary ratings, disciplinary actions, complaints, or grievances filed by or against me, and Internal Affairs investigations;

Real and personal property tax statements and records, and other financial statements and records wherever filed;

Records of complaint, arrest, trial, and/or convictions for alleged or actual violations of law including criminal and/or traffic records, and;

Records of complaints of a civil nature made by or against me, where so ever located, including the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case in which I have ever been a party or had an interest;

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be. The sources of information specifically enumerated herein are for illustrative purposes only, and such enumeration shall not be used to deny access to any records not specifically enumerated herein are for illustrative purposes only, and such enumeration shall not be used to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation which may provide pertinent data for the Livingston County Sheriff's Office to consider in determining my suitability for employment by that department.

In the event my application is disapproved the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the organization and the person to whom this request is presented, as well as their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

This release form and any copy of this release form, even though the said photocopy does not contain an original writing of my signature, will be valid and should be honored for a period of one (1) year from the date of my signature.

I have hereby read and fully understand the contents of this "Authorization for Release of Personal Information".

Name (print) include aliases

_____/_____/_____
Date of Birth

_____-_____-_____
Social Security Number

Name (signature)

/ /
Date