



**POLICE DEPARTMENT, VILLAGE OF SOUTHAMPTON, NY**  
**APPLICANT QUESTIONNAIRE**  
**Instruction Sheet**

~~~~~Read Carefully~~~~~

Your application is subject to a complete background review consisting of family, personal, financial, and employment history. Questions relating to age, height, weight, and physical characteristics are for the purpose of identification in our background investigation only.

ANY MISSTATEMENT OF FACT, OR OMISSION OF MATERIAL INFORMATION REQUESTED IN THIS QUESTIONNAIRE, WILL BE GROUNDS TO DISQUALIFY YOU FOR ANY EMPLOYMENT WITH THE SOUTHAMPTON VILLAGE POLICE DEPARTMENT.

A photocopy of the following original documents must be included when the Applicant Questionnaire is returned to the Southampton Village Police Department by the specified date:

**(DO NOT INCLUDE ORIGINAL DOCUMENTS IN YOUR PACKET)**

1. Birth Certificate
2. DD-214 or Statement of Service (If you were in the Military)
3. Valid Drivers License
4. Social Security Card
5. Selective Service Card
6. All legal name change documents (Marriage License, Divorce Papers, etc.)
7. Criminal Court Dispositions and/or Civil Court Findings
8. Record of Account from IRS (Letter #1722)
9. Social Security Complete Detailed Earnings Statement
10. All Motor Vehicle Accidents(MV-104A)
11. Include two (2) bust type professional photographs (no snapshots or Polaroid) 3 ½ " wide by 4 ½" long, head uncovered, appropriately attired. The back of the photograph must be left blank. The photo may be black and white or color.

~~~~~READ INSTRUCTIONS~~~~~

1. Print all answers in Black Ink.
2. Answer every question. If a question does not apply, indicate n/a in the blank space.
3. Answer all questions completely. This includes complete street address, zip codes, area codes and phone numbers.
4. Failure to return this questionnaire, properly completed, within the time allotted may result in removal of your name from further eligibility including eligible civil service lists.
5. Return 1 original, and 1 photocopy of the applicant questionnaire with your packet.



# Character References

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14. List at least five (5) persons NOT RELATED to you and NOT FORMER EMPLOYERS, who have known you for at least five years:

|                                    |             |                   |                      |
|------------------------------------|-------------|-------------------|----------------------|
| Full Name                          | Years known | Home phone        | Work Phone           |
| Current Address (include zip code) |             | How did you meet? | Last date of contact |

|                                    |             |                   |                      |
|------------------------------------|-------------|-------------------|----------------------|
| Full Name                          | Years known | Home phone        | Work Phone           |
| Current Address (include zip code) |             | How did you meet? | Last date of contact |

|                                    |             |                   |                      |
|------------------------------------|-------------|-------------------|----------------------|
| Full Name                          | Years known | Home phone        | Work Phone           |
| Current Address (include zip code) |             | How did you meet? | Last date of contact |

|                                    |             |                   |                      |
|------------------------------------|-------------|-------------------|----------------------|
| Full Name                          | Years known | Home phone        | Work Phone           |
| Current Address (include zip code) |             | How did you meet? | Last date of contact |

|                                    |             |                   |                      |
|------------------------------------|-------------|-------------------|----------------------|
| Full Name                          | Years known | Home phone        | Work Phone           |
| Current Address (include zip code) |             | How did you meet? | Last date of contact |

|                                    |             |                   |                      |
|------------------------------------|-------------|-------------------|----------------------|
| Full Name                          | Years known | Home phone        | Work Phone           |
| Current Address (include zip code) |             | How did you meet? | Last date of contact |

|                                    |             |                   |                      |
|------------------------------------|-------------|-------------------|----------------------|
| Full Name                          | Years known | Home phone        | Work Phone           |
| Current Address (include zip code) |             | How did you meet? | Last date of contact |

# Family Members

15. List all Family Members, in order, showing relationship: Parents, guardians, stepparents, foster parents, brothers, sisters, mother-in-law, father-in-law, stepbrothers, and stepsisters:

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

## Family Members (Cont)

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

|              |      |                |                |
|--------------|------|----------------|----------------|
| Relationship | Name | Age            | Occupation     |
| Address      |      | Home telephone | Work telephone |

16. To the best of your knowledge, have any of the above listed family members ever been arrested or involved in criminal activity?    Yes     No  If yes, explain \_\_\_\_\_

\_\_\_\_\_

17. Have you, your spouse, any members of your family, or any members of your spouse's family ever been associated with gangs or subversive groups?    Yes     No  If yes, explain \_\_\_\_\_

\_\_\_\_\_

# Residences

18. List all of your residences since birth, including all Off Base Military Housing, and Off Campus addresses while attending college. Begin with your most current address. Include complete address, with unit number, or apartment number, where applicable.

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Current Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

## Residences (Cont)

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

|  |                       |                          |                       |
|--|-----------------------|--------------------------|-----------------------|
| Address  | City/County State Zip | From/To (month and year) | Military Installation |
| With whom do you live  |                       |                          |                       |
| If renting, give name, complete address and phone number of person who collects rent |                       |                          |                       |

# Education

19. List all schools you have attended and other information requested. Start with High School and work forward, including ALL college, business schools, military service, trade and correspondence schools and any other school.

|                                       |      |                        |                      |
|---------------------------------------|------|------------------------|----------------------|
| Type of school                        | Name | Date From (month/year) | Date To (month/year) |
| <b>High School</b>                    |      |                        |                      |
| Address (#, street, city, state, zip) |      |                        | Degree/Diploma       |

|                                       |      |                        |                      |
|---------------------------------------|------|------------------------|----------------------|
| Type of school                        | Name | Date From (month/year) | Date To (month/year) |
|                                       |      |                        |                      |
| Address (#, street, city, state, zip) |      |                        | Degree/Diploma       |

|                                       |      |                        |                      |
|---------------------------------------|------|------------------------|----------------------|
| Type of school                        | Name | Date From (month/year) | Date To (month/year) |
|                                       |      |                        |                      |
| Address (#, street, city, state, zip) |      |                        | Degree/Diploma       |

|                                       |      |                        |                      |
|---------------------------------------|------|------------------------|----------------------|
| Type of school                        | Name | Date From (month/year) | Date To (month/year) |
|                                       |      |                        |                      |
| Address (#, street, city, state, zip) |      |                        | Degree/Diploma       |

|                                       |      |                        |                      |
|---------------------------------------|------|------------------------|----------------------|
| Type of school                        | Name | Date From (month/year) | Date To (month/year) |
|                                       |      |                        |                      |
| Address (#, street, city, state, zip) |      |                        | Degree/Diploma       |

|                                       |      |                        |                      |
|---------------------------------------|------|------------------------|----------------------|
| Type of school                        | Name | Date From (month/year) | Date To (month/year) |
|                                       |      |                        |                      |
| Address (#, street, city, state, zip) |      |                        | Degree/Diploma       |

20. GED Completed? Yes  No  Diploma Number \_\_\_\_\_ Date Issued \_\_\_\_\_

21. How many college credits have you completed? \_\_\_\_\_ Highest Degree you possess? \_\_\_\_\_

22. Have you ever received disciplinary action, suspension, or expulsion from any school or training?

Yes  No  If yes, explain \_\_\_\_\_



# Employment History

23. List complete employment History. Start with your present position, and work backward. Account for all time frames, starting with your present position, working backwards to your first employment (including when unemployed, and or attending school, and ALL off the books employment). Include all volunteer Emergency Service Organizations (Fire, Ambulance, Auxiliary Police)

May we contact your present employer? Yes  No

|  |                    |   |
|--|--------------------|---|
| Dates of Employment<br>Month/Year      | Name of Employer   | Work Phone  |
| From:                      To: Present |                    |   |
| Address                                |                    | Supervisor  |
| Job Title                              | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| Dates of Employment<br>Month/Year | Name of Employer   | Work Phone  |
| From:                      To:    |                    |   |
| Address                           |                    | Supervisor  |
| Job Title                         | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| Dates of Employment<br>Month/Year | Name of Employer   | Work Phone  |
| From:                      To:    |                    |   |
| Address                           |                    | Supervisor  |
| Job Title                         | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| Dates of Employment<br>Month/Year | Name of Employer   | Work Phone  |
| From:                      To:    |                    |   |
| Address                           |                    | Supervisor  |
| Job Title                         | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| Dates of Employment<br>Month/Year | Name of Employer   | Work Phone  |
| From:                      To:    |                    |   |
| Address                           |                    | Supervisor  |
| Job Title                         | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

## Employment History (Cont)

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| Dates of Employment<br>Month/Year | Name of Employer   | Work Phone  |
| From:                      To:    |                    |   |
| Address                           |                    | Supervisor  |
| Job Title                         | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| Dates of Employment<br>Month/Year | Name of Employer   | Work Phone  |
| From:                      To:    |                    |   |
| Address                           |                    | Supervisor  |
| Job Title                         | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| Dates of Employment<br>Month/Year | Name of Employer   | Work Phone  |
| From:                      To:    |                    |   |
| Address                           |                    | Supervisor  |
| Job Title                         | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| Dates of Employment<br>Month/Year | Name of Employer   | Work Phone  |
| From:                      To:    |                    |   |
| Address                           |                    | Supervisor  |
| Job Title                         | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| Dates of Employment<br>Month/Year | Name of Employer   | Work Phone  |
| From:                      To:    |                    |   |
| Address                           |                    | Supervisor  |
| Job Title                         | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| Dates of Employment<br>Month/Year | Name of Employer   | Work Phone  |
| From:                      To:    |                    |   |
| Address                           |                    | Supervisor  |
| Job Title                         | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

## Employment History (Cont)

|  |                    |   |
|--|--------------------|---|
| Dates of Employment<br>Month/Year<br>From: _____ To: _____ | Name of Employer   | Work Phone  |
| Address  |                    | Supervisor  |
| Job Title  | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|  |                    |   |
|--|--------------------|---|
| Dates of Employment<br>Month/Year<br>From: _____ To: _____ | Name of Employer   | Work Phone  |
| Address  |                    | Supervisor  |
| Job Title  | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|  |                    |   |
|--|--------------------|---|
| Dates of Employment<br>Month/Year<br>From: _____ To: _____ | Name of Employer   | Work Phone  |
| Address  |                    | Supervisor  |
| Job Title  | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

|  |                    |   |
|--|--------------------|---|
| Dates of Employment<br>Month/Year<br>From: _____ To: _____ | Name of Employer   | Work Phone  |
| Address  |                    | Supervisor  |
| Job Title  | Reason for Leaving | Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/><br>Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> |

24. Have you ever been terminated or resigned in lieu of termination? Yes  No  If yes, provide the following?

Name and Address of Employer \_\_\_\_\_

Date Terminated or Resigned \_\_\_\_\_

25. Have you ever received discipline (oral/written reprimand, suspension, etc.) for excessive absences, tardiness, work performance, or other work related concerns? Yes  No  If yes, provide the following:

Name and Address of Employer \_\_\_\_\_

Date of Incident(s) \_\_\_\_\_

26. Spouse's Employer

|                                      |           |                   |
|--------------------------------------|-----------|-------------------|
| Name of Employer                     | Job Title | Monthly Salary    |
| Address(#, street, city, state, zip) |           | Work Phone number |

## Finances

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27. Do you or your spouse have any other sources of income? Yes  No  If yes, give source(s) and amounts

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28. Have you ever filed or been granted bankruptcy? Yes  No

29. Have you ever been delinquent on income tax payments? Yes  No

30. Have you ever had any of your bills, accounts, or loans turned over to a collection agency? Yes  No

31. Have you ever had any purchased vehicles or property, or any items repossessed/foreclosed? Yes  No

32. Have you ever had to pay alimony or child support? Yes  No

33. Have you ever been delinquent in child support or alimony payments? Yes  No

34. Do you have any other property of value? Yes  No  If yes, provide description and estimated value

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35. Have you ever had a garnishee, wage assignment, or judgment against you? Yes  No

36. List all bank accounts, investment accounts, and current balances. This includes checking, savings, CD's, Money Market, Mutual Funds, etc. Include a photocopy of the most recent statement for each account listed.

| Institution Name/Complete Address | Balance |
|-----------------------------------|---------|
|                                   |         |
|                                   |         |
|                                   |         |
|                                   |         |
|                                   |         |
|                                   |         |
|                                   |         |
|                                   |         |
|                                   |         |
|                                   |         |
|                                   |         |

## Prior Applications to Southampton Village Police

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37. Have you ever applied for a position with the Southampton Village Police Department or ANY Law Enforcement agency or taken ANY Civil Service examination? Yes  No  If yes, provide details below:

|                  |                      |              |
|------------------|----------------------|--------------|
| Name of Agency   | Agency Phone Number  | Date Applied |
| Complete Address | Position Applied For |              |

|                  |                      |              |
|------------------|----------------------|--------------|
| Name of Agency   | Agency Phone Number  | Date Applied |
| Complete Address | Position Applied For |              |

## Prior Applications (Cont)

|                  |                      |              |
|------------------|----------------------|--------------|
| Name of Agency   | Agency Phone Number  | Date Applied |
| Complete Address | Position Applied For |              |

|                  |                      |              |
|------------------|----------------------|--------------|
| Name of Agency   | Agency Phone Number  | Date Applied |
| Complete Address | Position Applied For |              |

|                  |                      |              |
|------------------|----------------------|--------------|
| Name of Agency   | Agency Phone Number  | Date Applied |
| Complete Address | Position Applied For |              |

## Military Service

38. Selective Service Number \_\_\_\_\_ Date Issued \_\_\_\_\_

39. Have you ever served in the Military? (Including Reserves, National Guard, ROTC) Yes  No

If yes, complete the following:

| Branch of Service | Serial Number | Date Entered | Specialties |
|-------------------|---------------|--------------|-------------|
|                   |               |              |             |
|                   |               |              |             |
|                   |               |              |             |
|                   |               |              |             |

40. Have you been discharged from your military service? Yes  No

| Date of Separation/Projected Date | Type of Discharge |
|-----------------------------------|-------------------|
|                                   |                   |
|                                   |                   |
|                                   |                   |
|                                   |                   |

41. Were you ever the subject of a military criminal investigation? Yes  No

42. Were you ever the subject of any military discipline pursuant to the Uniform Code of Military Justice or any service regulation? Yes  No  If yes, complete the following:

| Date | Charge | Disposition |
|------|--------|-------------|
|      |        |             |
|      |        |             |
|      |        |             |

43. Are you currently a member of the US Reserve or National Guard? Yes  No  If yes, complete the following:

|   |               |                             |           |
|---|---------------|-----------------------------|-----------|
| Grade   | Serial Number | Service                     | Component |
| Organization Name   |               | Address                     |           |
| Active <input type="checkbox"/> Inactive <input type="checkbox"/> |               | Indicate Reserve Obligation |           |

# Motor Vehicle Operation and Insurance

44. Give the following information concerning all driver's licenses you have held or currently hold:

| State Issued | Name Issued | Drivers License # | Expiration Date | Restrictions |
|--------------|-------------|-------------------|-----------------|--------------|
|              |             |                   |                 |              |
|              |             |                   |                 |              |
|              |             |                   |                 |              |
|              |             |                   |                 |              |

45. List all vehicles that you currently own and or operate: (Registered and unregistered)

| Year | Make | Model | Plate # and State | Insurance Co | Policy # | Insurance Expiration |
|------|------|-------|-------------------|--------------|----------|----------------------|
|      |      |       |                   |              |          |                      |
|      |      |       |                   |              |          |                      |
|      |      |       |                   |              |          |                      |
|      |      |       |                   |              |          |                      |
|      |      |       |                   |              |          |                      |

46. Have you been refused auto insurance for any reason?      Yes  No

47. Has your license/privilege to drive ever been suspended or revoked? Yes  No  If yes, provide the following:

Date \_\_\_\_\_ Reason \_\_\_\_\_

48. Have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)?

Yes  No  If yes, provide the following: Date \_\_\_\_\_ Time \_\_\_\_\_

Location of incident \_\_\_\_\_

49. As the operator of a vehicle, have you ever been stopped, questioned or arrested for Driving While Intoxicated or ability impaired due to drugs or alcohol?      Yes  No  If yes, provide the following information:

Date of incident \_\_\_\_\_ Police Agency Involved \_\_\_\_\_

50. List each traffic accident you have been involved in, whether your fault or not, as the driver of the vehicle:

| Date | City/State | Police Report                |                             | Disposition |
|------|------------|------------------------------|-----------------------------|-------------|
|      |            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |             |
|      |            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |             |
|      |            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |             |
|      |            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |             |
|      |            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |             |
|      |            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |             |

51. List all traffic tickets (excluding parking tickets) that you have received, regardless of disposition:

| Date | City/State | Charge | Disposition/Penalty |
|------|------------|--------|---------------------|
|      |            |        |                     |
|      |            |        |                     |
|      |            |        |                     |
|      |            |        |                     |
|      |            |        |                     |

## Legal

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52. Have you ever had a warrant for your arrest, Failure to Appear, or Summons for anything EXCLUDING traffic offenses?    Yes  No  If yes, provide the following:

Date \_\_\_\_\_ Original Charge \_\_\_\_\_ Jurisdiction \_\_\_\_\_

53. List all police contact, as an adult or juvenile, during which you were questioned, cited, detained, or arrested, whether as a victim/witness/suspect, in any incident. Include charges that were dismissed, dropped reduced, sealed or expunged.

| Date | Charge/Reason for Investigation | Agency Involved | Disposition |
|------|---------------------------------|-----------------|-------------|
|      |                                 |                 |             |
|      |                                 |                 |             |
|      |                                 |                 |             |
|      |                                 |                 |             |

54. Have you ever been involved in any civil court action?    Yes  No

55. Do you currently have any insurance litigation or claims pending?    Yes  No

56. Have you ever had an insurance claim denied?    Yes  No

## Drugs, Gambling, Miscellaneous

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57. Are you currently using or experimenting with to any extent, any drugs, narcotics, or controlled substances, including marijuana and its derivatives?    Yes  No

58. Have you ever sold, given away or profited from selling any substance listed as an unlawful controlled substance in any State or Federal Statute?    Yes  No

59. Have you ever engaged in any illegal gambling activities?    Yes  No

60. Have you ever been fingerprinted for any reason (excluding civil service exams)?    Yes  No

61. Are you currently registered to vote?    Yes  No

62. Have you ever taken a polygraph (Lie Detector) examination?    Yes  No

63. Do you have any objections to taking a polygraph examination prior to appointment as a Southampton Village Police Officer?    Yes  No

64. Do you object to carrying or using firearms, ammunition or other lethal or non-lethal weapons issued to Southampton Village Police Officers?    Yes  No

65. Do you have any mental or moral reservations or religious convictions that would prevent you from justifiably taking a human life in order to protect yourself, or a third person, from harm?    Yes  No

66. Have you ever been bonded?    Yes  No

67. Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly, or indirectly, in connection with an investigation of your eligibility or fitness for the position of Police Officer including, but not limited to, knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, associations, criminal record, traffic violations, residence, or otherwise? Yes  No  If yes, explain:

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STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ ss

I, \_\_\_\_\_ being duly sworn, depose and say I am the above named person. I signed the foregoing statement and numbered pages. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

\_\_\_\_\_  
Candidate Signature

Sworn to me, this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public State of New York Signature

The information presented by this applicant has/has not been satisfactorily substantiated by the background investigator.

\_\_\_\_\_  
Investigating Officer