



**The City of New York
Department of Investigation**
180 Maiden Lane, 16th Floor
New York, NY 10038
(212) 825-5911

Supplemental Background Investigation Questionnaire

Your Terms and Conditions of Appointment will not be approved unless you provide all information requested and cooperate fully with this background investigation. If you fail to do so, you may incur disciplinary action, including the termination of your employment or removal from your appointment.

Department of Investigation (DOI) background investigations are detailed and thorough; information you provide will be verified during the investigation.

A false statement or intentional omission made in this questionnaire, or in connection with this background investigation, may result in the imposition of disciplinary penalties, including but not limited to termination of employment or removal from appointment, disqualification from future employment or appointment, and criminal prosecution.

This Supplemental Background Investigation Questionnaire is not a public document and cannot be obtained through a Freedom of Information Act request. However, this questionnaire may be provided, upon request, for use in another government agency's background investigation, or for the purposes of administrative action (e.g., disciplinary proceedings) by your agency, the City's Office of Administrative Trials and Hearings, the Conflicts of Interest Board, or others.

DOI recommends that you keep a copy of this completed questionnaire for your personal records, and for reference in completing any future DOI Background Investigation Questionnaires.

I have read and I understand this information.	Initial and date: _____
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For DOI Use Only:	
Candidate's Name _____	Phone Number _____
Investigator _____	Interview Date _____
Supervisor _____	Review Date _____

**DEPARTMENT OF INVESTIGATION
SUPPLEMENTAL BACKGROUND INVESTIGATION QUESTIONNAIRE**

INSTRUCTIONS

- This questionnaire must be typed, or completed in blue or black ink.
- Every question must be answered completely and accurately.
- Do not leave any question blank. If a question does not apply to you, indicate "N/A" (not applicable).
- If you need more space to answer a question, use the addendum provided on page 40 (make copies if needed). Check the box at the bottom of the page on which the question appears, and note in the addendum the question and page number.
- This questionnaire is an affidavit. Upon completion, it must be signed and sworn to before a Notary Public or Commissioner of Deeds.

I have read and I understand these instructions.

Initial and date: _____

PERSONAL INFORMATION

1.	Full Name				
	Last Name	First Name	Middle Name	Jr., II, etc.	
			<input type="checkbox"/> N/A		<input type="checkbox"/> N/A

2.	Other Names Used	If you have ever used or been known by another name, including a maiden name or alias, provide details below.	<input type="checkbox"/> N/A
	Full Name	Dates Used (Month/Year)	Reason Used
		to	
		to	

3.	Date of Birth		
	Month	Day	Year

4.	Place of Birth		
	City	State	Country

5.	Social Security Number	
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Check here if additional information is provided in the addendum.

6. Contact Information	Enter your e-mail address(es) and phone number(s).		
Work E-mail Address			<input type="checkbox"/> N/A
Personal E-mail Address			<input type="checkbox"/> N/A
Primary Work Phone Number	<input type="checkbox"/> Desk <input type="checkbox"/> Cell		
Secondary Work Phone Number	<input type="checkbox"/> Desk <input type="checkbox"/> Cell		<input type="checkbox"/> N/A
Primary Personal Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell		
Secondary Personal Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell		<input type="checkbox"/> N/A

Social Media Accounts and Personal Websites

7. Provide the information below for all social media accounts, personal websites, and blogs used or maintained by you or your spouse or domestic partner.

Type of Site	Your Screen Name (e.g., username, profile name, handle)	Spouse or Domestic Partner's Screen Name (e.g., username, profile name, handle)
Blog	URL: <input type="checkbox"/> N/A	URL: <input type="checkbox"/> N/A
Facebook	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Instagram	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
LinkedIn	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Personal Website	URL: <input type="checkbox"/> N/A	URL: <input type="checkbox"/> N/A
Reddit	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Snapchat	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Tumblr	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Twitter	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
YouTube	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Other (specify)	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Check here if additional information is provided in the addendum.

8. Current Marital Status (Select One)	
<input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<p>Domestic Partner applies to persons who have a registered domestic partnership pursuant to New York City Administrative Code Section 3-241, or a domestic partnership registered in accordance with New York City Mayoral Executive Order No. 123, dated August 7, 1989, or New York City Mayoral Executive Order No. 48, dated January 7, 1993.</p>

Spouse or Domestic Partner			
9. If you have a spouse or domestic partner, provide their information below. <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> N/A
Name (Last, First, and Maiden)	Social Security Number	Date of Birth (Month/Day/Year)	Date of Marriage or Registration (Month/Day/Year)
Name and Address of Business or Employer of Spouse or Domestic Partner		Spouse or Domestic Partner's Job Title	

Check here if additional information is provided in the addendum.

Family Members Employed by the City of New York

10. Provide details below if any **family member is employed by the City of New York** (or any of its agencies), or is **employed as a director, officer, principal, or partner of any organization** (non-City entity) **that does business with the City of New York** (or any of its agencies).

Family members include parents (including step), siblings (including half and step), children (including step), and dependents.

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

N/A

Full Name (Last, First) and Relationship to You	City Agency or Non-City Entity	Title/Position

RESIDENCE INFORMATION

11. **Current Primary Residence** **Select One:** **Own** **Rent** **Other**

If you selected "Other," provide the details of your living arrangement and your relationship to the property owner:

Month/Year	Street	City, State, ZIP Code
to Present		

I understand that if the position for which I am being investigated requires New York City residency, I must comply with such requirement within the time period established for my agency.

Initial and date:

Owner of Current Primary Residence

12. If you do not own your current primary residence, provide the details requested below, and indicate whether the owner of the property is **employed by the City of New York** (or any of its agencies), or **does business with the City of New York** (or any of its agencies).

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

N/A

Name of Owner, Landlord, Management Company, or Primary Tenant	City Agency and Job Title, or Nature of Involvement with City

N/A

Secondary Residences

13. List any **other** property which you or your spouse or domestic partner own or rent, or at which you reside, **other than your current primary residence** (e.g., vacation home, the residence of a family member or significant other).

For purposes of this question, **reside** means living or having lived in such residence on a regular and consistent basis by staying or having stayed in such residence for a total of at least 30 nights (consecutive or nonconsecutive) in a calendar year.

N/A

Property Address	Name of Owner and Your Relationship to Them	Amount of Time Spent There (e.g., three nights per week, weekends, holidays)

14. **Mailing Address** List your mailing address if different from your current primary residence listed in response to Question 11.

N/A

Street Address or P.O. Box	City, State, ZIP Code	Began Using (Month/Year)	Reason Used

Check here if additional information is provided in the addendum.

PROPERTY RECORD

Resident Summary

15. List every person, **whether related to you or not**, who has resided at any time in the past **12 months** in **your current primary residence**, or in **any other residence** owned or rented by **you or your spouse or domestic partner**.

N/A

For purposes of this question, **reside** means living or having lived in such residence on a regular and consistent basis by staying or having stayed in such residence for a total of at least 30 nights (consecutive or nonconsecutive) in a calendar year.

Full Name (Last, First)	Relationship (e.g., spouse, child, tenant, friend)	Property Address	Dates of Residence (Month/Year)
			to
		<input type="checkbox"/> Same as my primary residence	
			to
		<input type="checkbox"/> Same as my primary residence	
			to
		<input type="checkbox"/> Same as my primary residence	
			to
		<input type="checkbox"/> Same as my primary residence	
			to
		<input type="checkbox"/> Same as my primary residence	

Check here if additional information is provided in the addendum.

Rental Income

16. Provide details below if you or your spouse or domestic partner **receives rental income** from any person who is **employed by the City of New York, does business with the City of New York** (or any of its agencies), or **is employed as a director, officer, principal, or partner of any organization that does business with the City of New York** (or any of its agencies).

N/A

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

Full Name (Last, First)	Property Address	Annual Rental Income	City Agency and Job Title, or Nature of Involvement with City
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A

Property Violations

17. For all properties owned by you or your spouse or domestic partner, provide details of any **outstanding** violations issued by a government entity, including but not limited to building, environmental, sanitation, and fire departments.

N/A

Property Address	Date Issued (Month/Year)	Issuing Entity and Violation/Summons Number	Violation Details

DRIVING AND VEHICLE RECORD

Driver's Licenses and Permits

18. List all valid driver's licenses or permits issued to you.

N/A

Name on License or Permit	License or Permit Number	Address	Issuing Entity (e.g., New York State Department of Motor Vehicles)

I understand that, pursuant to New York State Vehicle Traffic Law § 250, I may possess only one U.S. driver's license at a time, and that within 30 days of becoming a New York State resident, I must surrender my out-of-state driver's license.

Initial and date:

Driver's License Records

19. If a driver's license issued to you has been revoked or suspended within the past **five years**, provide details below.

N/A

Date of Revocation or Suspension (Month/Year)	State Where License Was Issued	State Where License Was Revoked or Suspended	Reason or Basis for Revocation or Suspension	Date of Reinstatement (Month/Year) or Current Status

Registered Vehicles

20. List all vehicles, including but not limited to cars, trucks, vans, motorcycles, and recreational vehicles (e.g., mopeds, ATVs, boats), registered to or leased by you or your spouse or domestic partner, or in the name of a business in which you or your spouse or domestic partner has an ownership interest. **N/A**

Name on Registration	Address on Registration	Make and Model	Vehicle Type	License Plate Number

I understand that, pursuant to New York State Vehicle Traffic Law § 250, within 30 days of becoming a New York State resident, I must obtain a New York State registration for vehicle(s) maintained within the State. Initial and date: _____

Parking Violations

21. List any **outstanding** summonses for parking violations in this or any other jurisdiction. **N/A**

Date Issued (Month/Year)	City, State Where Issued	Violation or Charge

Moving Violations

22. List any **outstanding** summonses or citations for violations of traffic regulations or laws in this or any other jurisdiction. **N/A**

Date Issued (Month/Year)	City, State Where Issued	Violation or Charge

ACADEMIC AND LICENSING RECORD

Academic Degrees

23. List all high schools, technical schools, colleges, universities, graduate schools, and professional schools you have attended. **If you have received a High School Equivalency Diploma, provide details in Question 24.**

If you have received a degree from a foreign educational institution, include with your background paperwork a copy of the original degree, a certified translation, and an evaluation from a foreign education evaluation service that has been approved by the City's Department of Citywide Administrative Services.

N/A

Name of Institution	Location City, State, and Country	Dates Attended (Month/Year)	Type of Degree	Date Awarded (Month/Year)
		to		
		to		
		to		
		to		
		to		
		to		

N/A

N/A

N/A

N/A

N/A

N/A

High School Equivalency Diploma

24. If you have received a High School Equivalency Diploma, also known as a General Equivalency Diploma (GED) or Test Assessing Secondary Completion, provide details below.

If you took the High School Equivalency Test or Test Assessing Secondary Completion in New York State before 1982, include a copy of your diploma with your background paperwork.

N/A

Name of Accrediting Body or Institution (e.g., New York State Education Department)	Location of Test (City, State)	Date Awarded (Month/Year)

Check here if additional information is provided in the addendum.

Professional Licenses

25. List all professional licenses that have ever been issued to you (e.g., architect, attorney, certified public accountant, engineer, medical doctor, notary public, nurse, physician's assistant, real estate salesperson, security guard, social worker, teacher). N/A

Type of License	Date Issued (Month/Year)	Expiration Date (Month/Year)	Issuing Entity	Identification Number

Professional License Records

26. Provide details below if any of the following have occurred in connection with a professional license issued to you:

- You have surrendered or been required to surrender a license.
- You have been disciplined (e.g., censured, fined, penalized, placed on probation, reprimanded, suspended).
- You have had a license canceled, denied, suspended, or revoked.
- You are the subject of any current investigations or pending charges.

Include copies of documentation or correspondence from the licensing authority with your background paperwork. N/A

Type of License	Date of Action (Month/Year)	Type of Action	Reason for Action	Disposition

EMPLOYMENT

Employment History

27. Provide your employment history, starting with your current position (**Employment #1**) and working back **five years**. **Include a copy of your resume or curriculum vitae with your background paperwork; however, you must also provide your employment history below.**

- Include **all** employment with the City of New York (not just within the past five years).
- Include self-employment, military service, internships (paid or unpaid), and each period of unemployment for three or more months.
- If you were employed as a **consultant or temporary worker**, list the name of the consulting firm or staffing agency under “Name of employer.” If you were placed at a City agency, add the name of the agency as follows: “Name of staffing company (name of City agency).”
- **If you were self-employed**, state the activity in which you were engaged and include with your background paperwork proof of income for the most recent **five years** (e.g., Form W-2, Form 1099, Form 1040 Schedule C, Form 1065 Schedule K-1).
- **If you were unemployed** for three or more months, state how you were financially supported during that time (e.g., family support, public assistance, savings, severance pay, student loans, unemployment insurance).

Employment #1

Employment #1			
Name of employer			
Street address			
City, State, and ZIP Code			
Dates of employment (month/year)	From:	To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your most recent title			
Supervisor	Name:	Title:	
Supervisor's contact information	Phone:	E-mail:	
Annual salary/compensation			<input type="checkbox"/> Unpaid
Reason for leaving (e.g., resigned voluntarily, terminated, laid off)			
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)			

Check here if additional information is provided in the addendum.

Employment #2			<input type="checkbox"/> N/A
Name of employer			
Street address			
City, State, and ZIP Code			
Dates of employment (month/year)	From:	To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your most recent title			
Supervisor	Name:	Title:	
Supervisor's contact information	Phone:	E-mail:	
Annual salary/compensation			<input type="checkbox"/> Unpaid
Reason for leaving (e.g., resigned voluntarily, terminated, laid off)			
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)			

Employment #3			<input type="checkbox"/> N/A
Name of employer			
Street address			
City, State, and ZIP Code			
Dates of employment (month/year)	From:	To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your most recent title			
Supervisor	Name:	Title:	
Supervisor's contact information	Phone:	E-mail:	
Annual salary/compensation			<input type="checkbox"/> Unpaid
Reason for leaving (e.g., resigned voluntarily, terminated, laid off)			
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)			

Check here if additional information is provided in the addendum.

Employment #4			<input type="checkbox"/> N/A
Name of employer			
Street address			
City, State, and ZIP Code			
Dates of employment (month/year)	From:	To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your most recent title			
Supervisor	Name:	Title:	
Supervisor's contact information	Phone:	E-mail:	
Annual salary/compensation			<input type="checkbox"/> Unpaid
Reason for leaving (e.g., resigned voluntarily, terminated, laid off)			
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)			

Employment #5			<input type="checkbox"/> N/A
Name of employer			
Street address			
City, State, and ZIP Code			
Dates of employment (month/year)	From:	To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your most recent title			
Supervisor	Name:	Title:	
Supervisor's contact information	Phone:	E-mail:	
Annual salary/compensation			<input type="checkbox"/> Unpaid
Reason for leaving (e.g., resigned voluntarily, terminated, laid off)			
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)			

Check here if additional information is provided in the addendum.

Employment Record

28. Provide details below if any of the following have occurred during your entire employment history, including internships (whether paid or unpaid):

- You were disciplined (e.g., demoted, fined, penalized, reprimanded, suspended).
- You were terminated.
- You were asked to resign.
- You resigned to avoid being fired or disciplined, or after being told that you would be fired or disciplined.
- You resigned while a charge or disciplinary action was pending against you.
- You separated by mutual agreement following allegations of unsatisfactory performance.

N/A

Employment Record #1

Name of employer			
Street address			
City, State, and ZIP Code			
Dates of employment (month/year)	From:	To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your most recent title			
Supervisor	Name:	Title:	
Supervisor's contact information	Phone:	E-mail:	
Date of action (month/year)			
Description of what occurred			
Outcome			

Check here if additional information is provided in the addendum.

Employment Record #2			<input type="checkbox"/> N/A
Name of employer			
Street address			
City, State, and ZIP Code			
Dates of employment (month/year)	From:	To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your most recent title			
Supervisor	Name:	Title:	
Supervisor's contact information	Phone:	E-mail:	
Date of action (month/year)			
Description of what occurred			
Outcome			

Government or Civil Service Employment Records			
29. If you have ever been disqualified or barred from appointment to a position with a government agency, or if you have ever been disqualified for employment in a civil service position, provide details below. Include a copy of the agency's findings with your background paperwork.			<input type="checkbox"/> N/A
Date of Action (Month/Year)	Agency Name	Position	Reason for Disqualification or Debarment

Check here if additional information is provided in the addendum.

APPOINTMENTS TO GOVERNMENT BOARDS AND COMMISSIONS

Boards and Commissions

30. If you serve or have served on a government board or commission, provide details below.			<input type="checkbox"/> N/A
Name of Board or Commission and Location (City, State)	Your Position	Term of Appointment (Month/Year)	
		to	
		to	
		to	

Resignation or Removal

31. If you have ever resigned or been removed from a government board or commission listed in response to Question 30, provide details below.			<input type="checkbox"/> N/A
Name of Board or Commission and Location (City, State)	Resignation or Removal (Month/Year)	Reason	

If I intend to serve on a government board or commission during my employment with or appointment to the City of New York, I will follow the guidelines for such activities established by my agency, board, or commission and, when necessary, will seek advice from the City's Conflicts of Interest Board.

Initial and date:

OUTSIDE ACTIVITIES

Note: Pursuant to Personnel Order No. 88/5, management employees in mayoral agencies serving in unclassified, exempt, or non-competitive titles, and management employees in mayoral agencies serving provisionally in competitive titles, are not permitted to expend time or otherwise engage in any private employment, profession, business, or other activity from which compensation, direct or indirect, is derived, and are not permitted to serve as directors or officers of any corporation or institution, except upon a specific determination by the New York City Conflicts of Interest Board that such activity is not prohibited by Chapter 68 of the New York City Charter.

Details of Your Outside Activities

<p>32. Provide details below if, upon your employment with or appointment to the City of New York, you intend to:</p> <ul style="list-style-type: none"> ▪ serve as a director, officer, principal, or partner of any for-profit, not-for-profit, or charitable corporation, institution, or other entity; ▪ engage in any other employment, profession, business, or other activity from which compensation, direct or indirect, will be derived, or from which you will receive honoraria or royalties; and/or ▪ engage in any volunteer activity (whether paid or unpaid) with a charitable, civic, or community organization (do not include appointments to New York City boards or commissions in this question). 	<input type="checkbox"/> N/A
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Name of Organization/Business	Your Position and Job Description	Expected Annual Compensation	Time to be Expended (e.g., 10 hours per month, one semester per academic year)

<p>If I intend to participate in any of the activities described in response to Question 32 during my employment with or appointment to the City of New York, I will follow the guidelines for outside activities established by my agency, board, or commission and, when necessary, will seek advice from the City's Conflicts of Interest Board.</p>	<p>Initial and date: _____</p>
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Check here if additional information is provided in the addendum.

Business Relationships with the City of New York

33. Provide details below if any organization or business listed in response to Question 32 does business with the City of New York (or any of its agencies).

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

N/A

Name of Organization/Business	Nature of Involvement with the City

TAX FILING RECORD

- Please review your tax return records for the past **five years** and provide your filing information below. DOI verifies filing information with the tax authorities.
- For any of the past **five years**, if you were **required** to file federal and/or state income tax returns and **have not done so by the due date, or within a properly obtained extension period**, you are required to promptly file such returns as instructed below.

Filing Instructions and Documentation to Satisfy the Non-Filing of Tax Returns

If you do not provide the required tax filing documentation with your background paperwork, your assigned DOI Background Investigator will request it from you directly.

Federal Returns: Your federal returns can be filed electronically or submitted in person at a local Internal Revenue Service (IRS) office (check IRS.gov for locations). If you file electronically, provide DOI with a copy of the first page and signature page of the returns and a filing confirmation receipt. If you submit your returns in person, provide DOI with a copy of the first page and signature page of the returns stamped as received by the IRS.

New York State Returns: Your New York State returns can be filed electronically or by mail. Provide DOI with a copy of the first page and signature page of the returns, along with an electronic filing confirmation receipt, or an official receipt from the United States Postal Service or an authorized shipping agent.

Other State Returns: If you have not filed your income tax returns for any other state by the due date, or within a properly obtained extension period, file such returns in accordance with the state’s filing guidelines. Provide DOI with a copy of the first page and signature page of the returns, along with an electronic filing confirmation receipt, or an official receipt from the United States Postal Service or an authorized shipping agent.

Check here if additional information is provided in the addendum.

Federal and State Tax Returns

34. Have you filed your federal and state income tax returns by the due date, or within a properly obtained extension period, for each of the past five years?

- Yes (proceed to Question 35)**
 No (complete the chart below)

For the “Tax Return Year” column below, refer to the five years listed on the Federal and State Tax Release forms included with your background investigation paperwork. The information below is required only for the years you did not file your federal or state income tax return(s) by the due date, or within a properly obtained extension period.

If you did not file, or were not required to file, because you were a dependent or were unemployed, or because you earned less than the amount required for filing, state this in the “Reason for late or non-filing” section.

Tax Return Year	State in Which You Resided	State in Which You Worked	Tax Returns (Federal, State, or Both)	Late Filing Date of Federal Return (Month/Year)	Late Filing Date of State Return (Month/Year)
20__					
Reason for late or non-filing for the tax year listed above:					
20__					
Reason for late or non-filing for the tax year listed above:					
20__					
Reason for late or non-filing for the tax year listed above:					
20__					
Reason for late or non-filing for the tax year listed above:					
20__					
Reason for late or non-filing for the tax year listed above:					

Check here if additional information is provided in the addendum.

COURT RECORD AND INVESTIGATIVE HISTORY

Pending Arrests, Charges, or Indictments

35. Provide the details of any arrest, charge, or indictment that is pending against you. N/A

Type and Date of Action (Month/Year)	Charge(s)	Court Name and Location

Active Investigations

36. Provide details below if you have been informed, or have reason to believe, that you are under investigation by a federal, state, or local prosecutor, or legislative, civil, or criminal investigative body (including DOI and its Inspectors General), or grand jury. **This does not include background investigations conducted by DOI or another government agency.** N/A

Date (Month/Year)	Government Agency or Court	Matter Involved

Orders of Protection

37. Provide details of any order of protection that has **ever** been entered against you.

N/A

Include a copy of the order(s) of protection with your background paperwork.

Court name and location

Provide the specific directions in the order of protection (e.g., follow custody orders, pay child support, stay away from spouse and children, not have a gun)

Name of the protected person(s) and your relationship to them

Date issued (month/year)

Date of expiration (month/year)

Check here if additional information is provided in the addendum.

Convictions

38. List all offenses for which you have been convicted, in any jurisdiction, including driving while intoxicated or while ability is impaired, or the equivalent in other states.

N/A

Include a copy of the Certificate(s) of Disposition with your background paperwork, along with any Certificate(s) of Relief from Disabilities.

- **Offenses include felonies, misdemeanors, and violations. A guilty plea, guilty verdict, or plea of *nolo contendere* is a conviction even if, upon sentencing, you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged, or received a Certificate of Relief from Disabilities.**
- **Material sealed, expunged, or set aside under Federal or State law must be disclosed if you are a peace officer or police officer, or if you intend to apply to the DOI Peace Officer Academy. If you are not/do not intend to apply to become a peace officer or police officer, you should not disclose this material.**
- **Juvenile delinquent or youthful offender adjudications that occurred in state supreme court or criminal court must be disclosed if you are a peace officer or police officer, or if you intend to apply to the DOI Peace Officer Academy, or if your employing/appointing entity is a law enforcement agency (NY Executive Law § 296(16); NYC Administrative Code § 8-107 (11-a)(f)(1)). If you are not/do not intend to apply to become a peace officer or police officer, or if your employing/appointing entity is not a law enforcement agency, you should not disclose juvenile delinquent or youthful offender adjudications (CPL § 720.35). You are not considered a youthful offender simply because of your age at the time of the offense; only a specific court finding determines youthful offender status. If you are unsure whether you were determined to be a youthful offender, list the offense(s) below and provide details.**

Juvenile delinquent or youthful offender adjudications removed to family court should not be disclosed.

Date of Arrest (Month/Year)	Date of Conviction (Month/Year)	Conviction Charge(s) and Sentence	Court of Conviction (Name and Location)

Check here if additional information is provided in the addendum.

Criminal Proceedings

39. Provide details below if you have ever been named or referred to (including as an unindicted co-conspirator) in an indictment or other accusatory instrument, or if you have ever been named in, or were the subject of, a search warrant or court-ordered electronic surveillance. N/A

Date (Month/Year)	Court (Name and Location)	Details

Testimony

40. Provide details below if you have ever been subpoenaed, called as a witness, questioned or interviewed, or have been asked to provide testimony or documents before a federal, state, or local prosecutor or court; a legislative, civil, regulatory, or criminal investigative body (including DOI and its Inspectors General); or grand jury. N/A

Date (Month/Year)	Government Agency or Court	Matter Involved	Your Role

If you were granted immunity in any form, or you entered into a consent decree, in any of the above matter(s), please explain below:

Criminal Associations

41. If you have ever knowingly associated with a person, including a family member, known or reputed to be a member or associate of an organized crime or terrorist group, provide details below. **N/A**

Name of Person	Name of Organized Crime or Terrorist Group	Relationship	Dates of Relationship (Month/Year)
			to
			to

Civil Litigation and Lawsuits

42. If you have been involved as a plaintiff, defendant, or respondent in any civil litigation or lawsuit commenced within the past **five years**, provide details below. **Do not include bankruptcies.** **N/A**

Title of Action and Date Commenced (Month/Year)	Government Agency or Court	Matter Involved	Your Role	Outcome or Status

Administrative Proceedings

43. If you have been involved as a party to, or have been the subject of, an administrative proceeding (e.g., disciplinary proceeding, censure, Conflicts of Interest Board enforcement action) commenced within the past **five years**, provide details below. **Do not include any Equal Employment Opportunity or whistleblower matters you have reported.**

N/A

Disposition (Month/Year)	Name of Government Agency or Company	Matter Involved	Outcome or Status	Fine or Penalty Issued Against You
				<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A

Government Benefits

44. Provide details below if you have ever been informed of an overpayment of, or if you have been requested or required to repay, a federal, state, or local government-issued benefit or payment (e.g., public assistance, food stamps, unemployment insurance, workers' compensation, Medicaid, Social Security, public pension, public housing/Section 8 rent subsidy).

N/A

Benefit-Issuing Entity	Date of Notification (Month/Year)	Basis of Overpayment

ORGANIZATIONAL AFFILIATIONS

Organizations

45. Within the past five years, if you have been a director, officer, principal, partner, or trustee of an organization, or have served in a management capacity for an organization, provide details below, then answer Questions 46 through 53.

N/A (Proceed to Question 54)

For this question, do not provide details of any government employment for which you serve or have served as a manager, director, or officer.

Organization means any firm, company, corporation, union, partnership, joint venture, or other business entity, including not-for-profit and charitable entities.

Doing business with the City of New York includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

Organization #1		
Name of organization		
Address of organization		
City, State, and ZIP Code		
Organization's website		
Dates involved with organization (month/year)	From:	To:
Type of business conducted by organization		
Your position and/or ownership interest		
Description of your duties		
During your involvement with the organization, did it do business with or receive money from the City of New York (or any of its agencies)? If yes, state the City agency, the type of business dealings, and your involvement, if any.		<input type="checkbox"/> N/A

Organization #2		<input type="checkbox"/> N/A
Name of organization		
Address of organization		
City, State, and ZIP Code		
Organization's website		
Dates involved with organization (month/year)	From:	To:
Type of business conducted by organization		
Your position and/or ownership interest		
Description of your duties		
During your involvement with the organization, did it do business with or receive money from the City of New York (or any of its agencies)? If yes, state the City agency, the type of business dealings, and your involvement, if any.		<input type="checkbox"/> N/A

Organization #3		<input type="checkbox"/> N/A
Name of organization		
Address of organization		
City, State, and ZIP Code		
Organization's website		
Dates involved with organization (month/year)	From:	To:
Type of business conducted by organization		
Your position and/or ownership interest		
Description of your duties		
During your involvement with the organization, did it do business with or receive money from the City of New York (or any of its agencies)? If yes, state the City agency, the type of business dealings, and your involvement, if any.		<input type="checkbox"/> N/A

Check here if additional information is provided in the addendum.

Investigation and Litigation History of the Organization(s)

46. Provide details below if you know or believe that an organization listed in response to Question 45 is, or has been, the subject of an investigation or a party to litigation concerning activities that occurred during your time with that organization (but no more than five years ago). This includes investigations or litigation conducted by a federal, state, or local prosecutor, or a legislative, civil, or criminal investigative body (including DOI and its Inspectors General).

N/A

Name of Organization	Government Agency or Court Conducting Inquiry	Date of Inquiry (Month/Year)	Subject Matter and Your Involvement	Outcome or Status

City of New York Litigation Involving the Organization(s)

47. Provide details below if any organization listed in response to Question 45 has been a plaintiff, defendant, or respondent in litigation involving the City of New York (or any of its agencies) during your time with that organization (but no more than five years ago).

N/A

Name of Organization	Date of Action (Month/Year)	City Agency	Subject Matter and Your Involvement	Outcome or Status

City of New York Administrative Proceedings Against the Organization(s)

48. Provide details below if any organization listed in response to Question 45 has been a party to, or has been the subject of, an administrative proceeding involving the City of New York (or any of its agencies) during your time with that organization (but no more than five years ago). N/A

Name of Organization	Date of Action (Month/Year)	City Agency	Subject Matter and Your Involvement	Outcome or Status

Government Agency Action Against the Organization(s)

49. Provide details below if any organization listed in response to Question 45 has been suspended, debarred, disqualified, or found not responsible, or has had a prequalification denied or revoked, or has otherwise been declared ineligible to bid on a contract, by any government agency, including the City of New York (or any of its agencies), during your time with that organization (but no more than five years ago). N/A

Name of Organization	Date of Action (Month/Year)	Government Agency Involved	Action Taken	Reason for Action

Failure of the Organization(s) to File Tax Returns

50. Provide details below if any organization listed **in response to Question 45** failed to file all required federal, state, and local business tax returns, or failed to file by the due date or within a properly obtained extension period, **during your time with that organization (but no more than five years ago)**.

N/A

Name of Organization	Tax Year(s)	Type of Tax Return and Name of Tax Authority	Reason(s) for the Late or Non-Filing	Outcome or Status

Tax Audits of the Organization(s)

51. Provide details below if any tax return filed by any organization listed in response to Question 45 has been the subject of an audit by a tax authority during your time with that organization (but no more than five years ago).

Include a copy of the tax authority's findings with your background paperwork.

N/A

Name of Organization	Tax Year(s)	Tax Authority Conducting Audit	Findings of Audit (Interest and Penalties Assessed and/or Paid)	Outcome or Status

Tax Judgments or Liens Against the Organization(s)

52. If any organization listed in response to Question 45 has tax judgments and/or liens that have not been satisfied, or owes money to a tax authority, and these debts were incurred **during your time with that organization (but no more than 10 years ago)**, provide details below. N/A

Name of Organization	Tax Authority	Tax Year(s)	Date of Judgment or Lien (Month/Year)	Amount	Status (e.g., payment plan)
				Original	
				Outstanding	
				Original	
				Outstanding	
				Original	
				Outstanding	

Bankruptcy Filings by the Organization(s)

53. Provide details below if any organization listed in response to Question 45 filed for bankruptcy, or was the subject of a bankruptcy or reorganization proceeding **during your time with that organization (but no more than five years ago)**. N/A

Petition Filed by	Court	Filed (Month/Year)	Discharged (Month/Year)	Total Debt Discharged	Basis for Filing

POLITICAL PARTY POSITIONS

Note: Pursuant to Personnel Order No. 88/5, management employees in mayoral agencies serving in unclassified, exempt, or non-competitive titles, or serving provisionally in competitive titles, are not permitted to serve as officers of any political party or political organization or as members of any political party committee, including political party district leader (however designated).

In addition, a deputy mayor, agency head, or other public servant charged with substantial policy discretion may not be a member of the national or state committee of a political party, and may not serve as an assembly district leader of a political party, or serve as the chair or as an officer of the county committee or county executive committee of a political party. See City Charter Section 2604(b)(15).

If I hold or intend to hold a political position during my employment with or appointment to the City of New York, I will follow the guidelines for such activities established by my agency, board, or commission and, when necessary, will seek advice from the City's Conflicts of Interest Board.

Initial and date:

Details of Your Political Party Positions

54. Provide details below if you hold any of the following positions:

- officer of any political party or political organization;
- member of any political party committee, including political party district leader (however designated);
- member of the national or state committee of a political party;
- assembly district leader of a political party; and/or
- chair or officer of the county committee or county executive committee of a political party.

N/A

Name of Political Organization	Title or Position Held	Term of Office (Month/Year)	Date of Intended Resignation (Month/Year)
		to	<input type="checkbox"/> I do not intend to resign
		to	<input type="checkbox"/> I do not intend to resign

Check here if additional information is provided in the addendum.

Public Office

55. If you have ever been elected or appointed to public office, provide details below. N/A

Title of Office	Government Body	Location (City, State)	Term of Office (Month/Year)
			to
			to

Public Office Record

56. If you have ever been disciplined or removed (e.g., censured, expelled, recalled, impeached) from any public office listed in response to Question 55, provide details below. N/A

Government Body and Title of Office	Type of Action	Date of Action (Month/Year)	Reason for Action and Outcome

ADDITIONAL INFORMATION

Gifts

57. Provide details if, within the **past 12 months**, you or your spouse or domestic partner has received a gift from a person, entity, or donor who is employed by the City of New York, or who does business with the City of New York.

Gift means anything of value for which a person pays nothing or less than fair market value. A gift may be in the form of money, service, forgiveness of debt, travel, entertainment, hospitality, a promise, a loan, a discount, or any other form. This includes gifts of securities or real estate, as well as wedding gifts (except from a relative).

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

N/A

Name of Gift Giver	Name(s) of Gift Recipient(s)	Gift Giver's City Agency or Nature of Business with the City	Description of Gift	Value of Gift

Potential Conflicts of Interest

58. Provide details of any potential conflicts of interest which may not have been fully addressed by your previous answers in this questionnaire. N/A

Details of Potential Conflict	Plan to Resolve the Conflict (e.g., advice from COIB, resignation, divestiture, recusal)

Potential Issues

59. Provide details of any fact, issue, or other circumstance not covered in this background questionnaire, which may be a problem or concern regarding your appointment or employment with the City of New York. N/A

Details

CERTIFICATION AND SIGNATURE

**This Questionnaire must be signed and sworn to by you before a
Notary Public or Commissioner of Deeds.**

I, _____, being duly sworn, state that I have read and I understand all of the questions and answers contained in the foregoing 38 pages of this questionnaire and the _____ page(s) of the addendum that I have attached hereto; that I have supplied full and complete information in answer to each question herein to the best of my knowledge, information and belief; and that all information I have supplied is true.

I further understand that a false statement or intentional omission made in this report or in connection with this background investigation may result in the imposition of disciplinary penalties, including but not limited to termination of employment or removal from appointment, disqualification from future employment or appointment, and criminal prosecution.

Candidate's Signature

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public or Commissioner of Deeds

ADDENDUM

Question _____ Page _____

Question _____ Page _____

Question _____ Page _____

Last Name: _____ Last four digits of SSN: _____ Date: _____

Supplemental Background Investigation Questionnaire Document Checklist

Use this checklist to help you organize your background investigation paperwork prior to submitting it to DOI.

Include your resume or curriculum vitae. Include copies of the other documents listed below only if they apply to you.

<input type="checkbox"/>	Foreign degree, certified translation, and evaluation (Question 23)
<input type="checkbox"/>	High School Equivalency Diploma, if you took the High School Equivalency Test or Test Assessing Secondary Completion in New York State before 1982 (Question 24)
<input type="checkbox"/>	Documentation or correspondence from the professional licensing authority regarding your professional license record (Question 26)
<input type="checkbox"/>	Resume or curriculum vitae – should be submitted by all candidates (Question 27)
<input type="checkbox"/>	Proof of self-employment income (e.g., Form W-2, Form 1099, Schedule K-1) (Question 27)
<input type="checkbox"/>	Government agency's findings regarding disqualification or debarment from appointment to a position, or disqualification from a civil service position (Question 29)
<input type="checkbox"/>	Tax filing documentation (Question 34)
<input type="checkbox"/>	Order(s) of protection (Question 37)
<input type="checkbox"/>	Certificate(s) of Disposition (Question 38)
<input type="checkbox"/>	Certificate(s) of Relief from Disabilities (Question 38)
<input type="checkbox"/>	Tax authority's findings of any audit of an organization (Question 68)