

Cynthia Brann, Commissioner

Dr. Larry Johnson, Assistant Commissioner

Applicant Investigation Unit

Bulova Corporate Center

75-20 Astoria Blvd

East Elmhurst, NY 11370



Tel: 718 • 546 • 3238

Fax: 718 • 278 • 6071

Date:

[Empty rectangular box for address]

THIS IS AN INQUIRY CONCERNING: EXAM/LIST #: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS NAME

\_\_\_\_\_  
FROM / TO POSITION HELD

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE OF BIRTH

\_\_\_\_\_  
SUPERVISORS NAME & PHONE NUMBER

In accordance with the privacy Act of 1975, I hereby give my written consent and authorize you to turn over any and all employment records relating to my employment. I acknowledge by this authorization that I release you from any obligation or liability in the disclosure of the contents of such files and the professional observations or opinions contained therein. I further request that such records be forwarded to the Correction Department Investigator, named below.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

The above named person is an applicant for the position of Correction Officer in the City of New York Department of Correction and states that he/she was employed by you during the period(s) shown above.

I have been assigned by the Correction Commissioner to investigate the character and records of this applicant in order to determine his/her eligibility for the position.

You can assist this department in its effort to appoint competent persons of good character if you would furnish the information requested on the reverse side of this letter. All information will be treated as confidential. Your cooperation and prompt reply will be greatly appreciated.

TELEPHONE # 718- \_\_\_\_\_ - \_\_\_\_\_ Name/Rank: \_\_\_\_\_

NAME OF FIRM OR AGENCY

TYPE OF BUSINESS OR FUNCTION OF AGENCY

DATE

EMPLOYED

PART TIME /

FROM/TO

FULL TIME

TITLE

S.S #

IF NOT PRESENTLY

EMPLOYED BY YOU, INDICATE MANNER OF LEAVING YOUR EMPLOYMENT

(PLEASE, CHECK ONE)

RESIGNED VOLUNTARILY (state reason given) \_\_\_\_\_

WAS APPROPRIATE NOTICE GIVEN IN ADVANCE OF RESIGNATION: \_\_\_\_\_

RESIGNED IN LIEU OF TERMINATION: \_\_\_\_\_

TERMINATED,  
LAID-OFF,  
OTHER

} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CANDIDATE'S EMPLOYMENT RECORD (Check Yes or No. If you desire to elaborate, do so in "Detail")

|                           |           |                              |           |                           |                   |      |                      |              |     |
|---------------------------|-----------|------------------------------|-----------|---------------------------|-------------------|------|----------------------|--------------|-----|
| Honest?<br>No             | Yes       | Amenable<br>To Orders?<br>No | Yes       | Late?                     | Excessively<br>No | Yes  | Ever<br>Disciplined? | Was he<br>No | Yes |
| Able to get<br>Along With | Yes<br>No | Excessively:<br>Absent       | Yes<br>No | Injured or<br>Given First | Yes<br>No         | Aid? | Sober?               | Yes<br>No    |     |
|                           | Others?   |                              |           |                           |                   |      |                      |              |     |

IS SUBJECT CONSIDERED ELIGIBLE FOR REHIRE? Yes No

WOULD YOU PREFER A PERSONAL INTERVIEW TO DISCUSS CANDIDATE? Yes No

DETAIL OR ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS WHILE UNDER YOUR EMPLOYMENT \_\_\_\_\_ / \_\_\_\_\_

NAMES AND

ADDRESSES OF PREVIOUS EMPLOYERS \_\_\_\_\_ /

\_\_\_\_\_

SIGNATURE & TITLE OF EMPLOYER: \_\_\_\_\_ Tele. # \_\_\_\_\_

