



**CITY OF NEW YORK  
DEPARTMENT OF CORRECTIONS  
DECLARATION OF INCARCERATED ASSOCIATIONS**

Are you related to or associated with anyone who was ever incarcerated or is currently incarcerated? If yes, provide the information below. Be sure to include the person's full name, your relationship to the person and date and place of incarceration (if known). Have you ever had contact with any incarcerated individual, for example: phone calls, sending mail/ e-mail, depositing money into an account or visited any inmate in any city, state or federal prison? If yes, provide the information below.

<u>INDIVIDUAL'S NAME</u>	<u>RELATIONSHIP</u>	<u>DATE &amp; PLACE OF INCARCERATION</u>	<u>TYPE OF CONTACT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 1151.90 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND 210.45 OF THE PENAL LAW MAKES IT A CRIME TO KNOWINGLY FALSIFY INFORMATION ON THIS FORM. ANY APPLICANT WHO KNOWINGLY FALSIFIES ANY SUCH INFORMATION MAY BE PUNISHED BY A FINE, IMPRISONMENT OR BOTH. IN ADDITION, KNOWINGLY FALSIFYING ANY INFORMATION ON THIS DOCUMENT WILL AUTOMATICALLY CAUSE YOU TO BE DISQUALIFIED FROM EMPLOYMENT.**

**DECLARATION (BY APPLICANT)**

I hereby attest that all of the statements herein are true under the penalty of perjury and its related offenses pursuant to Section 210 of the Penal Law.

Name: \_\_\_\_\_ Exam #: \_\_\_\_\_ List #: \_\_\_\_\_

Position Sought: CORRECTION OFFICER S.S#: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public / Commissioner of Deeds

\_\_\_\_\_