



EMPLOYEES ADDRESS INFORMATION

(PLEASE PRINT)

NAME _____

MALE FEMALE

ADDRESS _____

SHIELD NUMBER _____

EXAM NUMBER _____

LIST NUMBER _____

SOCIAL SECURITY # ____-____-_____

ETHNICITY _____

DATE OF BIRTH _____

APPOINTMENT DATE _____

HOME TEL.# (____) _____

WORK TEL.# (____) _____

EMAIL ADDRESS: _____

CELL # (____) _____

MARITAL STATUS S (SINGLE) M (MARRIED) D (DIVORCED) O (OTHER)

NUMBER OF DEPENDENTS: _____

• **PRIOR CITY SERVICE**

Do you work or did you ever work for the City?

YES NO

NYC _____ Department
From: _____
To: _____

• **MILITARY RECORD**

Are you a Veteran?

YES NO

Branch: _____
From: _____
To: _____