



APPLICANT RECORDS CHECK
 PD 407-161 (Rev. 02-17)

CAS-29

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Exam No.	List No.	Date
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COMPUTER INQUIRY:

SUFFOLK AUXILIARY POLICE SECTION
 NASSAU FAMILY/ASSOCIATE CHECK _____

Request that a record check be conducted for the following named Applicant for possible appointment to this Department:

Last Name	First	M.I.	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Occupation
Alias/Maiden Name			Social Security No.		
Height Ft.	In.	Weight	Race	Date of Birth	Place of Birth

PRESENT AND FORMER RESIDENCES:

UNTIL	STREET ADDRESS	CITY	STATE	ZIP
Present				

ALSO REQUEST RECORD OF THE FOLLOWING NAMED RELATIVES AND/OR ASSOCIATES:

LAST NAME	FIRST NAME	ADDRESS	RACE/D.O.B.	RELATIONSHIP

INVESTIGATOR _____ SQUAD NO. _____