

**SARATOGA COUNTY SPCA LAW ENFORCEMENT INCORPORATION  
POLICY AND PROCEDURE MANUAL**



## Background Questionnaire

**Applicant must complete all pages of this questionnaire honestly, accurately, and thoroughly. It is the applicant responsibility to obtain all the requested documents. You are being evaluated for attention to detail by means of which you are filling this application.**

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by Law. It is required by this agency as part of the application process. Failure to disclose your Social Security Number will not prohibit your application from being processed. If the agency receives your Social Security Number, we intend to release such information only for reasons required by law or with your

**A. Basic Information**

L.Name: \_\_\_\_\_ F.Name: \_\_\_\_\_ MI: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

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**Physical Address:** (Street Name and Number)

\_\_\_\_\_

City/Town/Village: \_\_\_\_\_ State: \_\_\_\_\_

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**Contact Numbers**

Phone Numbers: Cell # \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

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**Name Change**

Have you ever changed your name? YES / NO

What was your full name: \_\_\_\_\_

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**Place of Birth**

City/Town/Village: \_\_\_\_\_ State: \_\_\_\_\_

**\*Provide Copy of Birth Certificate.**

- 1) Are you a citizen of the United States? YES / NO
- 2) Was you U.S Citizenship obtained by birth or Nationalization? \_\_\_\_\_

If you obtained citizenship through Nationalization, provide applicable information below.

Date of Citizenship: \_\_\_\_\_. USCIS #: \_\_\_\_\_

Nationalization Certificate #: \_\_\_\_\_

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**B. Birth/Family**

**Mother's** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**Father's** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Father's Maiden Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Is your father deceased? **YES / NO**

Is your mother deceased? **YES / NO**

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**Legal Guardian**

L. Name: \_\_\_\_\_ F. Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number, Cell: \_\_\_\_\_ Home: \_\_\_\_\_

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**Siblings**

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

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**C. Marital Status and Relationships**

Are you currently married/seeing a significant partner? **YES / NO**

Wife/Husband/Partner Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Location of Marriage: \_\_\_\_\_

Physical Address of current partner: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Other than your current marriage or relationship:

Have you ever been married before or involved in a relationship with another significant other/partner? **YES / NO**

1) Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Has this separation led to legal actions or family court actions? **YES / NO**

2) Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Has this separation led to legal actions or family court actions? **YES / NO**

3) Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Has this separation led to legal actions or family court actions? **YES / NO**

Explanation:

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Do you have any children? **YES / NO.** How Many Children: \_\_\_\_\_

**List The Names**

1) Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Spouses or significant others name child is in common:

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

2) Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Spouses or significant others name child is in common:

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

3) Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Spouses or significant others name child is in common:

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

4) Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Spouses or significant others name child is in common:

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

5) Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

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Full Address: \_\_\_\_\_

Spouses or significant others name child is in common:

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

6) Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Spouses or significant others name child is in common:

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

7) Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Spouses or significant others name child is in common:

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Are you responsible for making child support payments for any child? **YES / NO**

Have you been overdue, delinquent, nonpayment for child support? **YES / NO**

Are you responsible for alimony, maintenance pay, spousal support? **YES / NO**

Are you responsible for current payments to former partners? **YES / NO**

Have you been subject to legal action for lack of payments? **YES / NO**

**Saratoga County SPCA Law Enforcement Incorporation is not concerned of monetary amount as the matter is personal to you and lifestyle. In addition, the background investigation will not subject the character of interviewed individuals in reference to you as a disqualifier. The investigation is strictly deeming your overall ability in holding the responsibility as a peace officer in the County of Saratoga, State of New York.**

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**D. Residences**

Have you been evicted in the past from any location? **YES / NO**

List locations and reasons:

<b>Location:</b>	<b>Reason:</b>
1) _____	_____
2) _____	_____
3) _____	_____

List residences from current to birth (Not including Military or College, only provide copy of DD-214 and or College Diploma):

<b>Location</b>	<b>Year</b>
1) _____	/ _____
2) _____	/ _____
3) _____	/ _____
4) _____	/ _____
5) _____	/ _____
6) _____	/ _____
7) _____	/ _____
8) _____	/ _____
9) _____	/ _____
10) _____	/ _____

**\* You are required to provide full background from:  
<https://www.beenverified.com/>**

**Current Residence**

Location **(Must be in Saratoga County)**

Address \_\_\_\_\_ City/Town/Village: \_\_\_\_\_

Do you Rent or Own? Answer: **OWN / RENT**

Who is the property manager if rented: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date Occupied: \_\_\_\_\_

If owned, who is the lender: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date Occupied: \_\_\_\_\_

**\*Do not leave any area in this packet blank. Doesn't Apply, then place NA.**

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Who is currently living with you at current residence?

L.Name	F.Name	M.I.	Contact Number	Relationship to You
1) _____	/ _____	/ _____	/ _____	/ _____
2) _____	/ _____	/ _____	/ _____	/ _____
3) _____	/ _____	/ _____	/ _____	/ _____
4) _____	/ _____	/ _____	/ _____	/ _____
5) _____	/ _____	/ _____	/ _____	/ _____
6) _____	/ _____	/ _____	/ _____	/ _____
7) _____	/ _____	/ _____	/ _____	/ _____
8) _____	/ _____	/ _____	/ _____	/ _____

**E. Animal Knowledge or Awareness**

Do you own Animals? **YES / NO**

Name	Type	Breed	Y/O	Care Clinic	Contact Number
1) _____	/ _____	/ _____	/ _____	/ _____	/ _____
2) _____	/ _____	/ _____	/ _____	/ _____	/ _____
3) _____	/ _____	/ _____	/ _____	/ _____	/ _____
4) _____	/ _____	/ _____	/ _____	/ _____	/ _____
5) _____	/ _____	/ _____	/ _____	/ _____	/ _____

Have you served as a K-9 Handler for any agency? **YES / NO**

Which Agency? \_\_\_\_\_ When? \_\_\_\_\_

Do you have specialized training pertaining animals? **YES / NO**

Provide copies of certifications, training, or seminars with packet.

*\*It is important for Saratoga County SPCA Law Enforcement Incorporation to hire individuals that share love of animals by knowing ownership history or work related to care, handling, or investigations involving animals. Our mission is to investigate and apprehend those in violation of Article 26 Agriculture & Markets (AGM) Chapter 69. Our jurisdiction is the whole county of Saratoga encompassing 844 square miles.*

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**F. Employment**

- List all incidents you collected unemployment.
- List any or all terminations.
- List incidents you were forced resignation.
- List any discipline and demotions.
- List CURRENT employment, full and part-time.

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**Unemployment**

Have you ever collected unemployment? **YES / NO**

1) Dates Received: From \_\_\_\_\_ to \_\_\_\_\_  
Reasons: \_\_\_\_\_

2) Dates Received: From \_\_\_\_\_ to \_\_\_\_\_  
Reasons: \_\_\_\_\_

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**Termination**

Have you been ever Terminated from a job? **Yes / NO**

1) Date terminated: \_\_\_\_\_ Reason: \_\_\_\_\_  
Documentation of termination must be supplied with application.

2) Date terminated: \_\_\_\_\_ Reason: \_\_\_\_\_  
Documentation of termination must be supplied with application.

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**Resignations**

Have you been forced resigned? **YES / NO**

1) Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Documentation of resignation must be supplied with application.

2) Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Documentation of resignation must be supplied with application.

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**Discipline**

Have you been disciplined and demoted? **YES / NO**

1) Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Documentation must be supplied with application.

2) Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Documentation must be supplied with application.

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**List Current Employment**

Are you currently employed?      **YES / NO**

1) Start Date: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Contact #: \_\_\_\_\_

2) Start Date: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Contact #: \_\_\_\_\_

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**Previous Employment**

**Former Employer 1**

Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Location of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Description: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Co-Worker Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Former Employer 2**

Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Location of Employment: \_\_\_\_\_

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Occupation: \_\_\_\_\_ Job Description: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Co-Worker Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Former Employer 3**

Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Location of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Description: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Co-Worker Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Former Employer 4**

Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Location of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Description: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Co-Worker Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Former Employer 5**

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Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Location of Employment: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Description: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Co-Worker Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Former Employer 6**

Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Location of Employment: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Description: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Co-Worker Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Former Employer 7**

Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Location of Employment: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Description: \_\_\_\_\_

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Supervisors Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Co-Worker Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Former Employer 8**

Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Location of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Description: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Co-Worker Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Former Employer 9**

Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Location of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Description: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Co-Worker Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**Former Employer 10**

Date of Employment: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Location of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Description: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Co-Worker Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**G. Military Background**

Service Information

Branch of Military: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

- Active Duty
- National Guard
- Air Guard
- Reserve Component

Date of Entry: \_\_\_\_\_ End of Service Date: \_\_\_\_\_

Military Specialty (only one): \_\_\_\_\_ MOS #: \_\_\_\_\_

Type of Discharge:

- Honorable
- Under-Honorable
- Other-than Honorable
- Dis-Honorable
- Bad Conduct

Are you a Veteran Affairs disabled veteran? **YES / NO**

\*Percentage of disability: \_\_\_\_\_ %

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Are you Medically retired from the military? **YES / NO**  
\*Provide DD-214, RE code will show identification.

While in the military, were you Court Martialed? **YES / NO**

While in the military, did you receive article 15? **YES / NO**

Have you ever received NJP in military service? **YES / NO**

Have you received Captains Mast? **YES / NO**

Did you complete full contract with the Military? **YES / NO**

Handwrite your military biography:

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Make sure your initials are on the bottom left page of ever page supplied for application process.

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**H. Education**

The Saratoga County SPCA Law Enforcement Incorporation doesn't require college credits or completion. It is preferred that applicant has an education background. Beginning with the most recent, list all colleges attended:

1) College/University: \_\_\_\_\_

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Date Start: \_\_\_\_\_ to Date End/Completed: \_\_\_\_\_ Credits: \_\_\_\_\_

College Address: \_\_\_\_\_

Type of Degree (Circle One): **AA AS BA BS**

Major: \_\_\_\_\_

2) College/University: \_\_\_\_\_

Date Start: \_\_\_\_\_ to Date End/Completed: \_\_\_\_\_ Credits: \_\_\_\_\_

College Address: \_\_\_\_\_

Type of Degree (Circle One): **AA AS BA BS**

Major: \_\_\_\_\_

3) College/University: \_\_\_\_\_

Date Start: \_\_\_\_\_ to Date End/Completed: \_\_\_\_\_ Credits: \_\_\_\_\_

College Address: \_\_\_\_\_

Type of Degree (Circle One): **AA AS BA BS**

Major: \_\_\_\_\_

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**I. Police or Peace Officer Certification**

Are you certified as a Police Officer, New York State? **YES / NO**

Are you certified as a Peace Officer, New York State? **YES / NO**

Are you certified as a police Officer, Other State? **YES / NO**

\*Which State are you certified? \_\_\_\_\_

A equivalency review request will be submitted to NYS DCJS

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Date completed Police/Peace Officer Training? \_\_\_\_\_

What was your last active date as Police/Peace Officer? \_\_\_\_\_  
\*NYS DCJS will require applicants to attend training after 2 years of inactive status.

What is your NYS DCJS # (NAME-DOB-Last Four): \_\_\_\_\_  
Provide copy of your basic certification.

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**J. Financial Information**

Have you ever filed for bankruptcy? **YES / NO**

Do you own a business that filed for bankruptcy? **YES / NO**

Have you ever defaulted on any loan? **YES / NO**

Have you ever had property repossessed? **YES / NO**

Have you ever had property foreclosed? **YES / NO**

Has there ever been a lien placed against you? **YES / NO**

Do you have/had a business that a lien was placed? **YES / NO**

Has a collection agency ever been in contact with you? **YES / NO**

Have you ever had judgement filed against you? **YES / NO**

Have you ever had wages garnished? **YES / NO**

If you answered yes to the above, provide an explanation:

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Do you have a checking's account?      **YES / NO**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a mortgage?      **YES / NO**

Lender Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have student loans?      **YES / NO**

Lender Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have vehicle loans?      **YES / NO**

Lender Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have personal loans?      **YES / NO**

Lender Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**K. SPCA Law Enforcement Acquaintances**

Do you have any acquaintances in the SPCA?      **YES / NO**

<u>Name of person</u>	<u>How you know them</u>	<u>Number of Years</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**L. Other Law Enforcement Acquaintances**

Do you have any other Law Enforcement Acquaintances?      **YES / NO**

<u>Name of person</u>	<u>How you know them</u>	<u>Number of Years</u>
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1. \_\_\_\_\_

Contact Number: \_\_\_\_\_

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2. \_\_\_\_\_

Contact Number: \_\_\_\_\_

3. \_\_\_\_\_

Contact Number: \_\_\_\_\_

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**M. Character References**

Provide three social acquaintances you know well, NOT relatives.

<u>Name of person</u>	<u>How you know them</u>	<u>Number of Years</u>
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1. \_\_\_\_\_

Contact Number: \_\_\_\_\_

2. \_\_\_\_\_

Contact Number: \_\_\_\_\_

3. \_\_\_\_\_

Contact Number: \_\_\_\_\_

4. \_\_\_\_\_

Contact Number: \_\_\_\_\_

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**N. Professional References**

List other job references NOT law Enforcement.

<u>Name of person</u>	<u>How you know them</u>	<u>Number of Years</u>
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1. \_\_\_\_\_

Contact Number: \_\_\_\_\_

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2. \_\_\_\_\_

Contact Number: \_\_\_\_\_

3. \_\_\_\_\_

Contact Number: \_\_\_\_\_

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**O. Motor Vehicle History**

Accidents, tickets, and traffic arrests will be carefully evaluated and will not necessarily eliminates an applicant.

*\*Provide drivers abstract with application.*

Do you have a current NYS Drivers License? **YES / NO**

What is your client identification number? \_\_\_\_\_

Do you have another state drivers license? **YES / NO**

Has either license ever been suspended? **YES / NO**

Reason for suspension: \_\_\_\_\_

Have you been involved in a motor vehicle accident? **YES / NO**

If so, how many accidents? \_\_\_\_\_ , List dates: \_\_\_\_\_

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

Was anyone injured during any of the accidents? **YES / NO**

Have you ever been arrested for DWI/DWAI? **YES / NO**

1) List date: \_\_\_\_\_ Location: \_\_\_\_\_

2) List date: \_\_\_\_\_ Location: \_\_\_\_\_

3) List date: \_\_\_\_\_ Location: \_\_\_\_\_

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Have you ever received a traffic ticket? YES / NO

If you answered yes, please answer the following:

#	Date of UTT	Location	Violation	Disposition
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Do you currently have any vehicles registered in NYS? YES / NO

Do you have vehicles registered in another State? YES / NO

List all vehicles you have registered:

#	State	Plate	Vehicle Year	Vehicle Make	Model
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Has any registration of any vehicle been suspended? YES / NO

List the suspension dates:

#	Date	Plate	Reason of the Suspensions of any vehicle
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1) \_\_\_\_\_

2) \_\_\_\_\_

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3) \_\_\_\_\_

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**P. Criminal History**

Have you ever been detained or taken into custody by any law enforcement agency, even if you were arrested or not?

**YES / NO**

As an adult or juvenile, have you ever been arrested, indicted, received a criminal court appearance ticket or criminal summons for any offense?

**YES / NO**

Have you ever been questioned or interviewed by law enforcement regarding incidents or crimes even if you were not a suspect, AT ANY AGE?

**YES / NO**

If you answered yes to the above questions, please provide the requested information below for each incident.

1) Date of Occurrence: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Additional Information: \_\_\_\_\_

2) Date of Occurrence: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Additional Information: \_\_\_\_\_

3) Date of Occurrence: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Status: \_\_\_\_\_

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Additional Information: \_\_\_\_\_

4) Date of Occurrence: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Additional Information: \_\_\_\_\_

5) Date of Occurrence: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Additional Information: \_\_\_\_\_

6) Date of Occurrence: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Additional Information: \_\_\_\_\_

7) Date of Occurrence: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Do you currently have or ever been listed on any order of protection as a defendant, plaintiff, protected party, or respondent?

**YES / NO**

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you ever been the complainant, defendant, plaintiff, or respondent for any civil case?

**YES / NO**

If yes, please supply additional information below:

**1)** Date of Occurrence: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**2)** Date of Occurrence: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**3)** Date of Occurrence: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Status: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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**Q. Firearm History**

Have you ever had any weapon application denied? **YES / NO**

Have you ever had any weapon permit denied? **YES / NO**

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a current pistol permit? **YES / NO**

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Issuing State: \_\_\_\_\_ Issuing County: \_\_\_\_\_ Permit # \_\_\_\_\_

Do you own handguns? **YES / NO**

#	Make	Model	Caliber	Serial Number	On Permit
1.					YES / NO
2.					YES / NO
3.					YES / NO
4.					YES / NO
5.					YES / NO
6.					YES / NO
7.					YES / NO
8.					YES / NO
9.					YES / NO
10.					YES / NO

Please provide a copy of your permit with application packet.

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**R. Personal Biography (Understanding History of You)**

In the space provided please provide a small history/biography of/about you:

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End of Biography.

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**S. Short Essay on why you want to join (Writing Skills and Assessment of Writing and Grammar)**

Write in the space below reasons why you want to be part of the Saratoga County SPCA Law Enforcement Incorporation:

End of Essay.

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**T. Notary of Application**

# Notary

I, \_\_\_\_\_, the applicant named on this background packet, agree and allow the background investigator to use the information within reason to determine supplied information as being accurate.

My signature below authorizes the Saratoga County SPCA Law Enforcement Incorporation to deem me as qualified for employment and found medically, psychologically, and professionally capable to be conducting the duties as a Peace Officer.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date Signed  
I certify under penalty of perjury that the foregoing is true and correct.  
\_\_\_\_\_  
Notary of Republic

Name of Notary: \_\_\_\_\_


Date: \_\_\_\_\_ Location Signed: \_\_\_\_\_,

before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Space below is allowed for Notary to stamp:



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	<h2 style="margin: 0;">Form M, Medical Questionnaire Application Process</h2>
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**\* This Form is provided to medical provider for review.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Int: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Cell#: \_\_\_\_\_

List prescriptions and over-the-counter medications:

\_\_\_\_\_

\_\_\_\_\_

Do you have allergies? **YES / NO** , Please identify allergy:

\_\_\_ Medication      \_\_\_ Pollens      \_\_\_ Food      \_\_\_ Insects

\_\_\_ Gluten      \_\_\_ Latex      \_\_\_ Other, Explain \_\_\_\_\_

**Do you carry Epi-Pen? YES / NO.      Do you carry Inhaler? YES / NO**


#.	General Question.	Y.	N.	#.	General Question.	Y.	N.
1	Do you have ongoing illness?			18	Unexplained headaches?		
2	Ever admitted to a hospital?			19	Unexplained dizziness?		
3	Any Surgery?			20	Any skin conditions?		
4	Any heart related conditions?			21	Unexplained fatigue?		
5	Passed out during exercise?			22	Night sweats?		
6	Heart Surgery?			23	Inability to sleep complete?		
7	Family history, heart conditions?			24	Diabetes?		
8	History of seizures			25	Anxiety?		
9	Injury to bones, ligaments, tendon?			26	Depression?		
10	Broken, fractured, dislocations?			27	PTSD?		
11	Do you use braces or devises?			28	Panic attacks?		
12	Arthritis?			29	Eye problem, vision?		
13	Cough or wheeze during exercise?			30	Eye injury?		
14	Asthma?			31	Corrected Lenses?		
15	COPD?			32	Hearing Loss?		
16	Head Injury?			33	Cancer?		
17	Mononucleosis?			34	Other Medical Not Mentioned? Wright on the back of sheet.		

The answers above are complete and correct.

**Doctors Signature:** \_\_\_\_\_

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

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	<h2>Form N, Physical Examination Form Application Process</h2>
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Applicant Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**Examination**

HT: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Vision: R 20/\_\_\_\_ L 20/\_\_\_\_

Medical	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Nose		
Lymph nodes		
Heart		
Pulse		
Lungs		
Abdomen		
Genitourinary (Males Only)		
Skin		
Neurologic		

Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulders		
Elbows		
Wrists		
Hips/Thighs		
Knees		
Legs/Ankles		
Feet/Toes		

Assessment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ **MD/DO/NP/PA**

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**Form O, Medical Certification Form  
Application Process**

Patient: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

On the below date, I, a duly licensed medical physician, has examined the above applicant of the Saratoga County SPCA Law Enforcement Incorporation.

It has been brought to my attention that applicants during their duties may engage in physical activity such as, but not limit to, apprehending suspects, conduct warrant services, conduct investigations during inclement weather and or be subject to rough terrain.

My interview with the applicant during the examination deemed him/her as physically capable / not physically capable to perform duties as a Peace Officer.

In addition, it is believed from my assessment that the applicant is mentally capable of performing duties as a Peace Officer.

**Date of Examination:** \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_ License #: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

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**Form P, Psychological Review  
Application Process**

Patient: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

On the below date, I, a duly licensed psychologist, has examined the above applicant of the Saratoga County SPCA Law Enforcement Incorporation.

I am aware that the applicant, during their duties, will conduct investigations of animal cruelty. These cases may expose the applicant to situations related to criminal investigations leading to potential secondhand trauma.

My interview with the applicant during the examination deemed him/her as mentally capable / not mentally capable to perform duties as a Peace Officer.

**Date of Examination:** \_\_\_\_\_

Psychologist Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_ **License #:** \_\_\_\_\_

Psychologist Signature: \_\_\_\_\_



**Form Q, Lautenberg Amendment  
Application Process**

The Lautenberg Amendment was passed which states anyone convicted of a misdemeanor crime of domestic violence will not be allowed to carry a gun.

In the performance of their duties, Saratoga County SPCA Law Enforcement Incorporation Investigators carry a firearm.

Therefore, read the question below and check the appropriate box. Once completed you will sign and date this form.

**Have you ever been convicted of a misdemeanor or felony crime of domestic violence?**

**Yes** \_\_\_      **No** \_\_\_      **Not Certain** \_\_\_

I hereby certify that the information provided is true, correct, complete, and made in good faith.

Applicants Name: \_\_\_\_\_

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

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