Town of Manlius Police Department

Application for Civilian Employment

An Equal Opportunity Employer

Instructions to Applicant

This office will be conducting an evaluation of your character and personal history in order to determine your suitability for appointment with the Town of Manlius Police Department. Be sure to read the forms and instructions carefully and to fill in the required information on this application. Answers must be complete and accurate. The information you supply will be subject to confirmation by a background investigation to determine your suitability for appointment. Your prompt and personal attention must be given to this matter. Any delay in completing the application, incomplete information or false statements may result in your appointment being withheld or in disqualification. When completed, this application will be reviewed, and your signature will be witnessed by a Town of Manlius Police Department employee. Bear in mind that:

1. The applicant must personally complete all portions of this form.

2. The answers to all questions must be printed in blue ink.

3. All questions must be answered as completely and truthfully.

4. If any question does not apply, signify so by entering "N/A" (Not Applicable).

5. As you complete each page of this questionnaire, put your initials in the lower right hand corner of each page.

6. Two supplemental forms are included in the application. These sheets are located at the end of the application. If necessary, additional supplemental sheet(s) will be provided.

In the presence of a Law Enforcement officer, you will sign below acknowledging you have read and fully understand these instructions.

Witness's Signature/Date/Time	Candidate's Signature/Date/Time

New York State Civil Service Law, Section 50 states: " A candidate may be rejected who has intentionally made a false statement of a material fact, or practices, or attempts to practice, any deception or fraud in his application, in his examination, or in securing his eligibility for employment."

NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY, OR MARITAL STATUS.

THE TOWN OF MANLIUS POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

If you have any questions regarding any matters pertaining to this form, please contact:

The State Division of Human Rights
100 New Street
Syracuse, New York 13202

Town of Manlius Police Department
Selection Process for Applicants

The selection process for civilian candidates normally requires two months to complete. Applicants for appointment should not terminate their present employment until after the steps in the selection process have been completed and they have received a notice of appointment from the Department. Applicants for appointment to positions within the Town of Manlius Police Department will be processed as follows:

1. Applicants must be eligible for appointment pursuant to the New York State Civil Service Law and the Onondaga County Department of Personnel's Rules for Classified Service.

2. Applicants must truthfully complete and submit the Town of Manlius Police Department's "Application for Employment". New York State Civil Service Law states, " A candidate may be rejected who has intentionally made a false statement of a material fact, or practices, or attempts to practice, any deception or fraud in his application, in his examination, or in securing his eligibility for employment."

3. Applicants will be subjected to an oral interview by a panel of police department personnel. Applicants will be asked to respond to a series of standardized questions and their responses will be scored in a uniform manner.

4. Applicants may be required to submit to a sample of blood or urine that will be screened by a laboratory for use of unlawful drugs.

5. Applicants will be the subject of a thorough background investigation for the purpose of confirming the applicant's credentials, criminal history, and suitability for appointment.

6. Applicants will be required to take a polygraph examination that may cover some or all of the following areas:

   - Identity
   - Residency
   - Driving Record
   - Employment History
   - Military Service
   - Marital History
   - Integrity
   - Citizenship
   - Education
   - Criminal History
   - Financial History
   - Social History
   - Drug Use
   - Alcohol Use
   - References

7. Applicants who have successfully completed the previously described steps may be offered appointment on the condition that they successfully pass medical and psychological examinations conducted by licensed professionals. Applicants who are not selected for appointment will be notified in writing. Applicants not selected on the basis of a single element of the selection process will be informed as to which area they were deficient and will receive instructions for reapplication.

8. Applicants who are appointed to civilian positions will have probationary status for twelve (12) months from the date of their appointment.

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1. Personal Information And History

Last Name	First Name	Middle Name

Current Address	City	State	Zip Code

Mailing Address (if different from current address)	City	State	Zip Code

Home Phone Number	Cell Phone Number	Work Phone Number	Email Address

Social Security Number	Date of Birth	City of Birth	County of Birth	State of Birth	US Citizen? ☐ YES ☐ NO

2. Aliases List all other names that you are or have been known by (Include aliases, nicknames, maiden or married names, etc.)

Name	Type	Reason

3. Emergency Notifications

Name	Address	Home Phone	Cell Phone	Relationship

4. Family Information

Father's Full Name	Alive? ☐ YES ☐ NO
Street Address	
City / State / Zip Code	

Home Phone Number	Work Phone Number
Occupation	Employer

Mother's Full Name	Alive? ☐ YES ☐ NO
Street Address	
City / State / Zip Code	

Home Phone Number	Work Phone Number
Occupation	Employer

Step-Father's Full Name	Alive? ☐ YES ☐ NO
Street Address	
City / State / Zip Code	

Home Phone Number	Work Phone Number
Occupation	Employer

Step-Mother's Full Name	Alive? ☐ YES ☐ NO
Street Address	
City / State / Zip Code	

Home Phone Number	Work Phone Number
Occupation	Employer

4.   Family Information Continued

Sibling Full Name	Alive? ☐ YES ☐ NO
Street Address	Relationship
City / State / Zip Code	
Home Phone Number	Work Phone Number
Occupation	Employer

Sibling Full Name	Alive? ☐ YES ☐ NO
Street Address	Relationship
City / State / Zip Code	
Home Phone Number	Work Phone Number
Occupation	Employer

Sibling Full Name	Alive? ☐ YES ☐ NO
Street Address	Relationship
City / State / Zip Code	
Home Phone Number	Work Phone Number
Occupation	Employer

Sibling Full Name	Alive? ☐ YES ☐ NO
Street Address	Relationship
City / State / Zip Code	
Home Phone Number	Work Phone Number
Occupation	Employer

Sibling Full Name	Alive? ☐ YES ☐ NO
Street Address	Relationship
City / State / Zip Code	
Home Phone Number	Work Phone Number
Occupation	Employer

Sibling Full Name	Alive? ☐ YES ☐ NO
Street Address	Relationship
City / State / Zip Code	
Home Phone Number	Work Phone Number
Occupation	Employer

Sibling Full Name	Alive? ☐ YES ☐ NO
Street Address	Relationship
City / State / Zip Code	
Home Phone Number	Work Phone Number
Occupation	Employer

Sibling Full Name	Alive? ☐ YES ☐ NO
Street Address	Relationship
City / State / Zip Code	
Home Phone Number	Work Phone Number
Occupation	Employer

5.   Persons Currently Living With You

Name	Relationship	Age

6. List All Prior Addresses (Please list in order of most current first)

Date From	Date To	Address (Include city, state country)	Rent / Own	Landlord Name / Phone

7. Hobbies, Sports and Interests

8. Education, Training, Business, Specialty Courses, etc.(Please list in order of most current first)

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? ☐ YES ☐ NO	Major (If any)	Degree

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? ☐ YES ☐ NO	Major (If any)	Degree

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Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? ☐ YES ☐ NO	Major (If any)	Degree

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Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? ☐ YES ☐ NO	Major (If any)	Degree

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Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? ☐ YES ☐ NO	Major (If any)	Degree

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? ☐ YES ☐ NO	Major (If any)	Degree

Were you ever suspended or expelled from any school? ☐ YES ☐ NO (If yes, please explain:)

_____

_____

9. Special Skills Knowledge and Abilities

Skill Description (e.g., Computer skills and software, languages spoken, etc.)	Skill Level

10. Military Service (Including ROTC, Reserves, Coast Guard)

Have you ever served in the US Military? ☐ YES ☐ NO   Military ID Number (If Applicable): _____

Have you ever served in the military of another nation? ☐ YES ☐ NO

Current Military Status	Highest Rank Held	Rank When Separated	Current Selective Service Status	Type of Military Discharge

If discharge was not "honorable" please explain:

_____

_____

11. List All Duty Stations

Date From	Date To	Branch	Station	Specialty	Highest Rank	Status

12. List Any Commendations And Or Decorations Received

Date	Commendation	Reason

13. List All Discipline Received (Include Demotions, Courts Martial, Etc.)

Date	Discipline	Reason

14. Employment History (Please list in order of most current first)

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

Date From	Employer		Position		Reason For Leaving	
Date To	Mailing Address	Phone Number	Supervisor		Final Salary	Were You Discharged? ☐ YES ☐ NO

14.   Employment History Continued

Explain any disciplinary action(s) or termination(s) connected with any of the above employment.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Are you now, or have you ever been an owner or officer of any business engaged in the sale of alcoholic beverages?
☐ YES   ☐ NO (If yes, please explain:)

_____

_____

Have you ever been bonded? ☐ YES   ☐ NO

Bonded By: _____   Reason for bonding: _____

What type of employment have you found the most satisfying? Why?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

15. Civil Service Exams Taken

Exam Title	Location	Test Date

16. Other Police Agencies Applied To

Agency Name	Position Applied For	Date of Application	Are You Currently Under Consideration?
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

17. Personal References

List all friends and relatives who are or were police officers.

Name	Address	Phone Number	Relationship To You

17.   Personal References Continued

List three (3) personal references.

Name	Address	Phone	Relationship To You

List five (5) persons, not listed above, with whom you have associated with in the past five (5) years.

Name	Address	Phone	Relationship To You

List additional persons, not listed already, that you have associated with in the past ten (10)years.

Name	Address	Phone	Relationship To You

18.   Financial History

Have you ever been summoned to a civil court for non-payment of debts?   ☐ YES ☐ NO (If yes, please explain)

_____

Are there any monetary judgments against you outstanding and unpaid?   ☐ YES ☐ NO (If yes, please explain)

_____

Has a lien or attachment ever been served upon you?   ☐ YES ☐ NO (If yes, please explain)

_____

Have your wages ever been garnished?   ☐ YES ☐ NO (If yes, please explain)

_____

Have you ever filed for bankruptcy?   ☐ YES ☐ NO (If yes, please explain)

_____

19. Firearms

Other than for arrest, have you ever been fingerprinted? ☐ YES ☐ NO (If yes, please explain)

_____

Do you possess a pistol permit? ☐ YES ☐ NO Type: ☐ Carry ☐ Other Permit Number _____

Have you ever been denied a pistol permit? ☐ YES ☐ NO (If yes, please explain)

_____

List all firearms that you own or possess.

Make	Model	Caliber	Serial Number

20. Criminal History

Have you ever been arrested? ☐ YES ☐ NO (If yes, please explain)

_____

_____

_____

_____

List all convictions for crimes and offenses, other than traffic, include any Federal and out-of-state.

Police Agency	Location	Crime/Offense	Disposition	Date

Have you ever possessed or used illegal drugs? ☐ YES ☐ NO (If yes, please explain)

_____

_____

_____

_____

Date	Location	Circumstances

21. Driving Record

Driver License Number	Class	State	Restrictions

Please list all traffic related violations and arrests.

Date	Violation	Disposition	Police Agency	Location of Violation

Has your driver's license ever been suspended or revoked?   ☐ YES ☐ NO (If yes, please explain)

_____

_____

_____

Have you ever been refused a drivers license by any state?   ☐ YES ☐ NO (If yes, please explain)

_____

_____

_____

List all motor vehicles that you own or operate.

Year	Make	Model	Color	Registration Number

List all motor vehicle accidents that you have been involved in.

Date	Investigating Agency	Were you the driver?	Were there injuries?	Were you at fault?
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

22. Application Supplemental Form For All Responses Requiring Additional Space.

Page #	Heading	Supplemental Response

22. Application Supplemental Form For All Responses Requiring Additional Space.

Page #	Heading	Supplemental Response

23. Interest In Law Enforcement

Use the space below to briefly explain your interest in Law enforcement.

24. Review

Review this form and make certain that all questions are answered completely. List any question that you were unable to answer on the supplemental page, and explain why you were unable to answer that question. This form must be signed in the presence of a Town of Manlius Police Department employee. **Do Not** sign this form until you are instructed to do so.

State of New York
County of Onondaga   }
Town of Manlius

I, _____ , being duly sworn depose and say that I have personally completed in my own hand this Application for Employment consisting of _____ pages in total for the Town of Manlius Police Department. Furthermore, I swear that the facts contained herein are true and correct to the best of my knowledge. I also understand that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

_____	_____
Witness's Signature/Date/Time	Candidate's Signature/Date/Time