

New York State Law Enforcement and Community Council

Council Investigation Division (CID) Personnel Questionnaire Form

Please complete the following questionnaire to provide us with your law enforcement background and training details. This form helps us better understand your qualifications and experience.

Personal Information:

Full Name: _____

Date of Birth: _____

Contact Number: _____

Email Address: _____

Law Enforcement Experience:

1. Have you worked in law enforcement before? (Yes/No)

If yes, please specify the agency name(s): _____

2. What type of training have you received?

3. What was your rank or position? _____

4. How many years of service did you complete? _____

5. Reason for leaving the agency: _____

Additional Information:

1. Do you have any special skills or certifications? (Yes/No)

If yes, please specify: _____

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2. Are you willing to undergo a background check? (Yes/No)

3. Please provide any additional details you believe are relevant:

Signature:

I certify that the information provided in this form is accurate to the best of my knowledge.

Signature: _____

Date: _____