## **Nassau County**



## **Police Department**

BRUCE A. BLAKEMAN COUNTY EXECUTIVE

1490 FRANKLIN AVENUE MINEOLA, NEW YORK 11501 (516) 573-8800

PATRICK J. RYDER COMMISSIONER

## **CRIMINAL HISTORY REPORT**

FOLLOWING APPLICANT MUST HAVE A NAME CHECK FOR ANY PREVIOUS CRIMINAL HISTORY OR OUTSTANDING ARREST WARRANTS WITH THIS DEPARTMENT

ATTENTION APPLICANT PRINT LEGIBLY IN BLACK INK ONLY

	TEST N	UMBER			
CHECK ONLY ONE: POLICE OFFICER	CORRI	ECTION OFFICER	(	OTHER	
FULL NAME:					
	ame)	(First Name)	(Middle	Enitial)	
MAIDEN NAME/ALIAS:			DATE OF	BIRTH:	
ADDRESS:					
(Number & Street)		(City, State, Zip Code)			
SOCIAL SECURITY NUMBI	ER:	PLACE OF BIRT	H:		
SEX: RACE:	Н	AIR COLOR:	PHO	)NE#	
YE COLOR: HEI		HT: WEIGHT:			
SCARS:		TATOOS:			
(Type & Location)			(Type & Location)		
AMPUTATION (Type & Lo	cation):				
CURRENT EMPLOYER: _					
	(Name)	(Address)			
CURRENT OCCUPATION:					
		(Applicant's Signature	in Full)	(Date)	
RESULT OF WARRANT CHECKS:		RI	ESULT OF RECORD CHECK:		
N.C.I.C. / D.C.J.S. NEG CHIEF CHECK NEG		RIAL# RIAL#			