# Saint Regis Mohawk Tribal Police Department

Matthew Rourke
Chief of Police
545 State Rt. 37
Akwesasne New York 13655
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To Candidate for the position of Police Officers:

Be advised that this department is now undertaking an investigation of your character and personal history in order to determine your suitability for the position of Police Officer at the Saint Regis Mohawk Tribal Police Department of the Akwesasne Mohawk Territory of the Saint Regis Mohawk Tribe.

Be sure to read the forms and instructions carefully and to fill in the required information of this questionnaire. This questionnaire must be sworn before a Notary Public and be returned to the Saint Regis Mohawk Tribe Human Resources Department by the deadline as posted.

Your prompt and personal attention must be given to this matter, any delay in submitting the required documents will result in a voided application.

## INSTRUCTIONS

Candidate will personally complete all portions of this application. All questions will be answered. If any question does not apply to you, signify by entering N/A (Not Applicable). All information that is requested must be attached to application. The information you supply will be used to determine your suitability for appointment, coupled with the results of our investigation. Answers must be complete and accurate. Failure to comply with these instructions will result in your name being removed from consideration.

Please contact the Saint Regis Mohawk Tribal Police Department if you have any questions.

Upon the filing of the Employment Applications with the Saint Regis Mohawk Tribal Police Department, the procedures listed below are implemented:

1. Extensive background investigation including:
   a. Investigate arrest record;
   b. Investigators visit applicant's neighbors;
   c. Letter forwarded to former employers for verification;
   d. Letters forwarded to references and social companions;
   e. Research high school/college transcripts;
   f. Fingerprints forwarded to F.B.I.
   g. New York State Mental Health check;
   h. Obtain Department of Motor Vehicle Abstract of Driver's license;
   i. Credit check;
   j. Medical history background check.
   k. New York State Police will do extensive background check and interview

2. Set up physical examination, which will include drug testing for applicant at the Saint Regis Mohawk Health Services.

3. Set up Psychological examination for applicant with the Saint Regis Mohawk Health Services.

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to the Saint Regis Mohawk Tribal Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of liens, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospital, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part upon this release, authorization will be considered in determining my suitability for employment by the Saint Regis Mohawk Tribal Police Department and also certify that any person(s), your organization, or others who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s), your organization and others from any and all liability which may be incurred as a result of furnishing such information. I further release the Saint Regis Mohawk Tribal Police Department from any and all liability which may be incurred as a result of collecting such information.

I also understand an am aware that my entire background investigation is to be conducted thoroughly. I hereby authorize and request that any and all of my criminal records whether sealed or not be made available for review by myself and the chief of Police and/or his designee of the Saint Regis Mohawk Tribal Police Department pursuant to Section 160.60-1 subsection d(v) of the Criminal Procedure Law of the State of New York.

Date of Birth:_____

Social Security Number:_____

Given under my hand, this _____ day of _____ , _____

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____

_____ .

_____
Notary Public

_____
Witness

_____
Signature of Applicant

The following documents must be completed in full and returned to the Saint Regis Mohawk Tribal Police Department before you will be considered for employment:

1. Employment Application ( including notarized authorization for release of personal information).
2. 
3. Social Security Card (copy).
4. High School Diploma and Diplomas or Degrees from colleges attended, High School Equivalency Diploma or Armed Forces G.E.D. Certification. (copy)
5. One copy of your high school transcript and college transcripts must be ordered as soon as possible. Female applicants should request the school attach their current name along with the maiden name to the transcripts. They should be sent to the department's address.
6. Motor Vehicle driver's license;
7. an official Birth Certificate;
8. Official record of Change of Name, if applicable.
9. Marriage certificate, if applicable;
10. Record of divorce, Annulment or Legal Separation, if applicable;
11. Certified copy of disposition for all arrests in which you were the defendant, if applicable;
12. Naturalization papers, if applicable;
13. DD-214's (Separation papers for all Military Service, if applicable;
14. Two recent facial photographs. A professional photograph is not necessary. ie, passport photo;
15. Copy of your New York State Pistol Permit. NOTE: Permit is required for all sworn members of the department.

When completing your application, use only black ink. Be sure to follow the instructions provided on the application. Failure to list information on the requested forms will delay your pre-employment investigation and could result in your disqualification. This application must be completed and returned with all required documents within fourteen (14) business days.

# APPLICANT BACKGROUND INFORMATION

**PLEASE PRINT ALL INFORMATION**
**PROVIDE ZIP CODES WITH ALL ADDRESSES**

**NAME:**_____
Last First Middle

**ADDRESS:**_____
# & Street/Road City State Zip

**NICKNAMES:**_____ **DATE OF BIRTH:**_____

**PLACE OF BIRTH:**_____ **SS#**_____

**TELEPHONE: HOME ( )** _____ **WORK ( )**_____

**LENGTH OF RESIDENCE AT CURRENT ADDRESS:**_____

**HEIGHT:**_____ **WEIGHT:**_____ **EYES:**_____ **HAIR:**_____

## LIST ALL RESIDENCES

_____
Street City State Zip

_____
Street City State Zip

_____
Street City State Zip

_____
Street City State Zip

_____
Street City State Zip

_____
Street City State Zip

## DRIVER LICENSE INFORMATION

**CLIENT ID NUMBER:**_____

**CLASS OF LICENSE:**_____ **EXPIRATION DATE:**_____

**ISSUING STATE/COUNTRY:**_____

## FAMILY INFORMATION

**MARITAL STATUS:**_____ **NUMBER OF CHILDREN**_____

**SPOUSE'S NAME (INCLUDE MAIDEN)**_____

**SPOUSE'S ADDRESS (IF DIFFERENT)**_____

**FATHER'S NAME:**_____ **LIVING: Y ( ) N ( )**

**ADDRESS:**_____

**TELEPHONE NUMBER:**_____

**MOTHER'S NAME:**_____ **LIVING Y ( ) N ( )**

**ADDRESS:**_____

**TELEPHONE NUMBER:**_____

**BROTHERS AND SISTES AND TELEPHONE NUMBERS:**

| NAME | BROTHER/SISTER | TELEPHONE NO |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## EMPLOYMENT

LIST CHRONOLOGICALLY LAST 3 EMPLOYERS. INCLUDE CURRENT EMPLOYMENT AND PART TIME EMPLOYMENT.

**1.** START DATE:_____ END DATE:_____

COMPANY NAME:_____

ADDRESS:_____

TELEPHONE NUMBER:_____ POSITION:_____

SUPERVISOR:_____

REASON FOR LEAVING:_____

**2.** START DATE:_____ END DATE:_____

COMPANY NAME:_____

ADDRESS:_____

TELEPHONE NUMBER:_____ POSITION:_____

SUPERVISOR:_____

REASON FOR LEAVING:_____

**3.** START DATE:_____ END DATE:_____

COMPANY NAME:_____

ADDRESS:_____

TELEPHONE NUMBER:_____ POSITION:_____

SUPERVISOR:_____

REASON FOR LEAVING:_____

## REFERENCES

PROVIDE FIVE (5) REFERENCES. DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS.

1. NAME:_____

   ADDRESS:_____

   CITY:_____ STATE:_____ ZIP:_____

   TELEPHONE NUMBER:_____

2. NAME:_____

   ADDRESS:_____

   CITY:_____ STATE:_____ ZIP:_____

   TELEPHONE NUMBER:_____

3. NAME:_____

   ADDRESS:_____

   CITY:_____ STATE:_____ ZIP:_____

   TELEPHONE NUMBER:_____

4. NAME:_____

   ADDRESS:_____

   CITY:_____ STATE:_____ ZIP:_____

   TELEPHONE NUMBER:_____

5. NAME:_____

   ADDRESS:_____

   CITY:_____ STATE:_____ ZIP:_____

   TELEPHONE NUMBER:_____

## MILITARY SERVICE

BRANCH OF SERVICE:_____ LENGTH:_____

DATES OF ACTIVE DUTY:_____ TO_____

RANK:_____ PRESENT STATUS:_____

TYPE OF DISCHARGE/SEPERATION:_____

HAVE YOU EVER RECEIVED ANY OTHER THAN HONORABLE DISCHARGE FROM THE ARMED FORCES?_____

IF YES, PLEASE EXPLAIN:_____

_____

## EDUCATION

**COLLEGE/UNIVERSITY ATTENDED**:

NAME:_____ CREDITS:_____

TYPE OF DEGREE:_____ MAJOR:_____

YEAR GRADUATED:_____ DATES ATTENDED:_____

NAME:_____ CREDITS:_____

TYPE OF DEGREE:_____ MAJOR:_____

YEAR GRADUATED:_____ DATES ATTENDED:_____

**HIGH SCHOOL**:_____

CITY:_____ STATE:_____ ZIP:_____

YEAR GRADUATED:_____ IF NO, GED?_____

OTHER EDUCATION:_____

SPECIAL INTEREST, ABILITIES OR HOBBIES THAT MIGHT BE APPLICABLE TO POLICE WORK?_____

_____

DO YOU HAVE A PISTOL PERMIT? YES ( ) NO ( )

IF YES, PERMIT NUMBER:_____ COUNTY_____

DO YOU OWN ANY HANDGUNS? YES ( ) NO ( ) IF YES, PLEASE LIST

_____

_____

_____

_____

## CRIMINAL RECORD

SINCE ANY POLICE OFFICER IS REQUIRED TO CARRY A FIREARM, ANSWERS TO THE FOLLOWING QUESTIONS ARE USED TO ESTABLISH ELIGIBILITY TO POSSESS FIREARMS UNDER THE PROVISIONS OF THE PENAL LAW.

HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED ANYWHERE FOR ANY OFFENCE (except traffic infractions)? YES ( ) NO ( )
IF YES GIVE THE FOLLOWING INFORMATION:

| DATE | POLICE AGENCY | CHARGE | DISPOSITION DATE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

ARREST FOR CRIMES WILL BE CAREFULLY EVALUATED AND DOES NOT NECESSARILY ELIMINATE AN APPLICANT.

HAVE YOU EVER HAD A PISTOL PERMIT, DEALER'S LICENSE, GUNSMITH LICENSE OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH LICENSE REVOKED OR CANCELLED? YES ( ) NO ( )
HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT OR OTHERWISE BEEN SUBJECT OF A PROCEEDING IN FAMILY COURT? YES ( ) NO ( )

IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN:_____

_____

_____

_____

HAVE YOU EVER APPLIED FOR ANY POSITION IN A LAW ENFORCEMENT AGENCY?

YES ( ) NO ( ) IF YES, WHICH AGENCY APPLIED TO AND WHEN?_____

_____

_____

_____

HAVE YOU EVER BEEN DENIED EMPLOYMENT BY ANY LAW ENFORCEMENT AGENCY?

YES ( ) NO ( ) IF YES, WHICH AGENCY AND REASON FOR REJECTION:

_____

_____

_____

_____

## MOTOR VEHICLE & ACCIDENT RECORD

HAVE YOU EVER BEEN ARRESTED FOR DRIVING A MOTOR VEHICLE WHILE INTOXICATED OR WHILE YOUR ABILITY TO OPERATE WAS IMPAIRED BY CONSUMPTION OF ALCOHOL OR DRUGS?

YES ( ) NO ( ) IF YES, GIVE DETAILS OF ARRESTS AND DISPOSITION OF CASE:

_____

_____

_____

_____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED:

YES ( ) NO ( ) IF YES, GIVE DETAILS, EFFECTIVE DATE OF SUSPENSION OR REVOCATION AND DATE LICENSE WAS RESTORED:

_____

_____

_____

_____

LIST EACH AUTOMOBILE ACCIDENT YOU HAVE BEEN INVOLVED IN AS AN OPERATOR AND GIVE DETAILED INFORMATION RELATIVE TO EACH ACCIDENT:

_____

_____

_____

_____

WERE YOU EVER ARRESTED (as the operator) AS A RESULT OF ANY ACCIDENT OR WERE YOU EVER CITED FOR GROSS NEGLIGENCE OR ADJUDGED AT FAULT IN THE ABOVE CASES? YES ( ) NO ( ) IF YES, GIVE DETAILS:

_____

_____

_____

**LIST ALL TRAFFIC ARREST/CITATIONS, EXCLUDING PARKING VIOLATIONS:**

| DATE | LOCATION | CHARGE | DISPOSITION |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

*I FULLY UNDERSTAND THAT SHOULD I MAKE A FALSE STATEMENT OF ANY MATERIAL FACT, OR PRACTICE, OR ATTEMPT TO PRACTICE ANY DECEPTION, OR FRAUD IN MY APPLICATION, EXAMINATION, OR ANY OF THE PROCEDURES CONTRACTED WITH MY POSSIBLE APPOINTMENT TO A POSITION WITH THE SAINT REGIS MOAHWK TRIBAL POLICE DEPARTMENT, I WILL NOT BE APPOINTED OR FURTHER CONSIDERED FOR APPOINTMENT, OR DISMISSAL IN THE EVENT THAT I RECEIVE AN APPOINTMENT.*

_____ _____

SIGNATURE OF APPLICANT DATE

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, _____

_____

NOTARY PUBLIC

_____

SIGNATURE OF APPLICANT

_____

WITNESS

# APPLICANT AGREEMENT

## CONDITION TO EMPLOYMENT

**Carefully read each statement below and after having the form notarized, return by the date requested along with your application to the Saint Regis Mohawk Tribal Police Department.**

1. **I certify, under penalty of offenses involving false written statement (Art, 175 of the NYS Penal Law), that the answers given herein on this application to employment are true and complete to the best of my knowledge and belief.**
2. **I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.**
3. **I understand that this application is but one element of the selection process for police officer and that an acceptable background investigation does not guarantee my selection as an officer.**
4. **In the event of employment, I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from further consideration and/or termination from employment by the Police Department.**
5. **I further understand as a condition to employment, I may undergo an extensive background investigation, mandatory and random drug testing, polygraph examination, and a psychological evaluation.**

**SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____**

_____

_____
**Notary Public**

_____
**Signature of Applicant**

_____
**Witness**