



## Cattaraugus County Fire Investigator Background Investigation Questionnaire

Applicant's Name \_\_\_\_\_

READ EACH QUESTION CAREFULLY BEFORE ANSWERING

1. This questionnaire must be completed fully. **EVERY QUESTION MUST BE ANSWERED!** Missing or insufficient information may result in a delay in the processing of your application. If a question does not apply to you, indicate so by using the "N/A" (not applicable) symbol.
2. If you need additional space to answer any question(s), use the space allocated at the back of this packet. If more space is needed, attach additional pages.
3. Print your name on the appropriate line at the top of **each** page.
4. This questionnaire must be completed legibly, in your handwriting, in black ink. Print all information. Illegible responses may delay processing of this application.
5. **ANSWER ALL QUESTIONS TRUTHFULLY AND FULLY!** An applicant will be disqualified if (s)he has intentionally made a material misstatement or has practiced or attempted to practice any deception or fraud in completing his/her eligibility for appointment. A material misstatement of fact, fraud, or omission of material information will disqualify an individual from employment consideration and appointment and may lead to termination of employment.
6. **PLEASE CHECK ALL PHONE NUMBERS FOR ALL CONTACTS AND REFERENCES. FAILURE TO PROVIDE CORRECT INFORMATION WILL REFLECT NEGATIVELY ON YOUR APPLICATION.**
6. You are responsible for returning this completed Background Investigation Questionnaire and all necessary documents by \_\_\_\_\_ to:

Cattaraugus County Fire Investigation Unit  
Cattaraugus County Sheriff's Office  
301 Court Street  
Little Valley, New York 14755

**FAILURE TO RETURN QUESTIONNAIRE BY THIS DATE WILL RESULT IN REMOVAL OF YOUR APPLICATION FOR  
CONSIDERATION.**

Applicant's Name \_\_\_\_\_

You are responsible for providing the Cattaraugus County Sheriff's Office with **copies** of the following documents. (Not all documents will be applicable to all applicants.) These documents are to be submitted with the completed Background Investigation Questionnaire. The copies will not be returned to you.

1. Any license issued to you by a governmental agency \_\_\_\_\_  
(e.g., Pistol, hack, liquor)

Any offer of employment may be contingent upon providing the following documents, if a high school degree or continued education is a pre-requisite for the position:

1. Provide a Copy of High School Diploma or Equivalency Certificate \_\_\_\_\_
2. List of all Fire Investigation Training / Provide Certificates if applicable \_\_\_\_\_

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3. Introduction to Fire Investigation Date Completed: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

**SECTION A: PERSONAL DATA**

1. Your full name: \_\_\_\_\_  
LAST NAME FIRST MIDDLE

2. Your Social Security Number: \_\_\_\_\_

3. Have you ever been known by any other name? \_\_\_\_\_  
If yes give that name and the reason for using that name: (marital?)

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

4. Present residence: \_\_\_\_\_  
Street

\_\_\_\_\_  
Town/City County

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Date Residence Commenced

6. Your telephone number: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

7. Physical characteristics: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

8. Date of Birth: \_\_\_\_\_

9. Residence at Birth: \_\_\_\_\_

10: Are you a United States citizen? \_\_\_\_\_ If other than native-born give details:

\_\_\_\_\_

Applicant's Name \_\_\_\_\_

12. Past residence: List all places where you have resided; begin with you present residence;  
Back the last 15 years.

FROM - TO                      ADDRESS

A) \_\_\_\_\_  
From      To              Street                      Town/City      State      Zip  
\_\_\_\_\_  
Landlord's Name                      Phone  
\_\_\_\_\_  
Address                      Town/City                      State      Zip

B) \_\_\_\_\_  
From      To              Street                      Town/City      State      Zip  
\_\_\_\_\_  
Landlord's Name                      Phone  
\_\_\_\_\_  
Address                      Town/City                      State      Zip

C) \_\_\_\_\_  
From      To              Street                      Town/City      State      Zip  
\_\_\_\_\_  
Landlord's Name                      Phone  
\_\_\_\_\_  
Address                      Town/City                      State      Zip

14. Present marital status: \_\_\_\_\_

16. Family Information regarding your spouse, as applicable.

A) \_\_\_\_\_  
Name                      Date of Birth  
\_\_\_\_\_  
Home Phone                      Cell Phone  
\_\_\_\_\_  
Address                      Town/City                      State      Zip

**SECTION B - CONVICTIONS & JUDICIAL PROCEEDINGS**

1. Have you ever been arrested for or convicted of any violation of the law in any jurisdiction?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If yes, list below. (All traffic offenses should be included in #2 below.)

A) \_\_\_\_\_  
 Date \_\_\_\_\_ Charge \_\_\_\_\_ Police Agency \_\_\_\_\_  
 \_\_\_\_\_  
 Court \_\_\_\_\_ Disposition \_\_\_\_\_

B) \_\_\_\_\_  
 Date \_\_\_\_\_ Charge \_\_\_\_\_ Police Agency \_\_\_\_\_  
 \_\_\_\_\_  
 Court \_\_\_\_\_ Disposition \_\_\_\_\_

C) \_\_\_\_\_  
 Date \_\_\_\_\_ Charge \_\_\_\_\_ Police Agency \_\_\_\_\_  
 \_\_\_\_\_  
 Court \_\_\_\_\_ Disposition \_\_\_\_\_

D) \_\_\_\_\_  
 Date \_\_\_\_\_ Charge \_\_\_\_\_ Police Agency \_\_\_\_\_  
 \_\_\_\_\_  
 Court \_\_\_\_\_ Disposition \_\_\_\_\_

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2. List below all Traffic Offenses that you have received.

A) \_\_\_\_\_  
 Date \_\_\_\_\_ Charge \_\_\_\_\_ Police Agency \_\_\_\_\_  
 \_\_\_\_\_  
 Court \_\_\_\_\_ Disposition \_\_\_\_\_

B) \_\_\_\_\_  
 Date \_\_\_\_\_ Charge \_\_\_\_\_ Police Agency \_\_\_\_\_  
 \_\_\_\_\_  
 Court \_\_\_\_\_ Disposition \_\_\_\_\_

C) \_\_\_\_\_  
 Date \_\_\_\_\_ Charge \_\_\_\_\_ Police Agency \_\_\_\_\_  
 \_\_\_\_\_  
 Court \_\_\_\_\_ Disposition \_\_\_\_\_

D) \_\_\_\_\_  
 Date \_\_\_\_\_ Charge \_\_\_\_\_ Police Agency \_\_\_\_\_  
 \_\_\_\_\_  
 Court \_\_\_\_\_ Disposition \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Have you received any Traffic Offenses for which you cannot remember the date, charge, or Location? YES \_\_\_\_\_ NO \_\_\_\_\_ How Many? \_\_\_\_\_

3. Are there any proceedings or charges involving any violation of the law, or any fines or penalties now pending against you that have not been paid? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been called, summoned, or subpoenaed to appear as a witness or in any other capacity before any grand jury, legislative committee, hearing board, referee or administrative agency in any jurisdiction? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Have you ever been finger printed? If Yes, state purpose, requesting agency and date.

\_\_\_\_\_

\_\_\_\_\_

6. Complete the information below concerning current driver's license and vehicle registrations issued to you:

A) \_\_\_\_\_  
Operator's License No.                      Class                      State                      Date Issued/Expired

B) \_\_\_\_\_  
Operator's License No.                      Class                      State                      Date Issued/Expired

C) \_\_\_\_\_  
Plate # and State                      Vehicle Type & Make                      Date Expired

D) \_\_\_\_\_  
Plate # and State                      Vehicle Type & Make                      Date Expired

Applicant's Name \_\_\_\_\_

E) \_\_\_\_\_  
Plate # and State                      Vehicle Type & Make                      Date Expired

**SECTION C – EXPERIENCE**

1. List all employers departments for whom you have worked starting with your present or more recent employer. Include a short description of your duties and responsibilities for each job you list.

A) \_\_\_\_\_  
From      To      Employer / Department  
\_\_\_\_\_  
Street                                      Town/City                      State                      Zip  
\_\_\_\_\_  
Supervisor                      Phone                      Reason for Leaving  
\_\_\_\_\_  
Job Title                      Job Description

B) \_\_\_\_\_  
From      To      Employer / Department  
\_\_\_\_\_  
Street                                      Town/City                      State                      Zip  
\_\_\_\_\_  
Supervisor                      Phone                      Reason for Leaving  
\_\_\_\_\_  
Job Title                      Job Description

C) \_\_\_\_\_  
From      To      Employer / Department  
\_\_\_\_\_  
Street                                      Town/City                      State                      Zip  
\_\_\_\_\_  
Supervisor                      Phone                      Reason for Leaving  
\_\_\_\_\_  
Job Title                      Job Description

D) \_\_\_\_\_  
From      To      Employer / Department  
\_\_\_\_\_  
Street                                      Town/City                      State                      Zip  
\_\_\_\_\_  
Supervisor                      Phone                      Reason for Leaving  
\_\_\_\_\_  
Job Title                      Job Description

Applicant's Name \_\_\_\_\_

2. Were you were fired, terminated, discharged, or asked to resign from any of the aforementioned positions? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give details:

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

3. Has any disciplinary action (i.e., memorandum, suspension), other than referred to above been taken against you in connection with any employment or position that you have held? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give details:

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

5. Has any employer or agency ever conducted a background or character investigation concerning your fitness for a position? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give details:

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

**SECTION E – EDUCATIONAL QUALIFICATIONS**

1. List the requested information concerning all schools, colleges, and universities, which you have attended in chronological order, with the last institution attended listed first.

A) \_\_\_\_\_  
From To Name of Educational Institution  
\_\_\_\_\_  
Street Town/City State Zip  
\_\_\_\_\_  
Grades Attended Graduated YES \_\_\_ NO \_  
\_\_\_\_\_  
Type of Degree/Diploma Date

B) \_\_\_\_\_  
From To Name of Educational Institution  
\_\_\_\_\_  
Street Town/City State Zip  
\_\_\_\_\_  
Grades Attended Graduated YES \_\_\_ NO \_



Applicant's Name \_\_\_\_\_

\_\_\_\_\_  
Type of Degree/Diploma Date

C) \_\_\_\_\_  
From To Name of Educational Institution

\_\_\_\_\_  
Street Town/City State Zip

\_\_\_\_\_  
Grades Attended Graduated YES \_\_\_ NO \_

\_\_\_\_\_  
Type of Degree/Diploma Date

2. Do you possess a high school equivalency or a G.E.D. diploma? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give details:

Date \_\_\_\_\_ Number \_\_\_\_\_ Issuing Agency \_\_\_\_\_

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

3. List the information requested below concerning persons who may attest to your character, integrity, and fitness for the position of \_\_\_\_\_. List three personal and three business references (supervisors & co-workers). Do not include relatives for personal references.

**Personal**

A) \_\_\_\_\_  
Name Phone (Residential)

\_\_\_\_\_  
Phone (Business) Phone (Cell)

\_\_\_\_\_  
Street Town/City State Zip

B) \_\_\_\_\_  
Name Phone (Residential)

\_\_\_\_\_  
Phone (Business) Phone (Cell)

\_\_\_\_\_  
Street Town/City State Zip

Applicant's Name \_\_\_\_\_

C) \_\_\_\_\_  
Name Phone (Residential)

\_\_\_\_\_  
Phone (Business) Phone (Cell)

\_\_\_\_\_  
Street Town/City State Zip

**Fire Department Personnel References**

A) \_\_\_\_\_  
Name Phone (Residential)

\_\_\_\_\_  
Phone (Business) Phone (Cell)

\_\_\_\_\_  
Street Town/City State Zip

B) \_\_\_\_\_  
Name Phone (Residential)

\_\_\_\_\_  
Phone (Business) Phone (Cell)

\_\_\_\_\_  
Street Town/City State Zip

C) \_\_\_\_\_  
Name Phone (Residential)

\_\_\_\_\_  
Phone (Business) Phone (Cell)

\_\_\_\_\_  
Street Town/City State Zip

Applicant's Name \_\_\_\_\_

9. Do you hold or have you ever held a pistol permit or any similar authorization to carry a firearm in this state or any other? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If yes, give details:

<u>Date Issued</u>	<u>Issuing Authority</u>	<u>Certificate Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Has any such application by you been denied for such a permit? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

Applicant's Name \_\_\_\_\_

In your own handwriting, copy the following paragraphs in the space provided. Then sign the form in the appropriate place, having your signature witnessed by a NOTARY PUBLIC. Your signature affixed in the indicated location is an endorsement of your agreement with the contents of the handwritten paragraphs:

"I hereby acknowledge that I have read the instructions contained in the foregoing application and have completed the application in accordance with the instructions. I affirm that I have completed the application fully, truthfully, and to the best of my knowledge. I am aware that any deception or any attempt to deceive by me in the completion of this application, or in the subsequent background investigation to be conducted by the Cattaraugus County Office of the Sheriff Fire Investigation Team, may result in a rejection of my application from consideration for the position for which I am applying. I acknowledge that a material misstatement or fraud may disqualify me from employment or lead to termination of employment.

I authorize the Cattaraugus County Sheriff's Office to conduct a background investigation in order to assess my eligibility for this position. I authorize all persons who may have information relevant to this investigation to disclose it (including photocopies where requested). I release all persons from liability on account of such disclosure and investigation, including but not limited to, prior employees of the Cattaraugus County Sheriff's Office or their agents. I understand that the investigation may include verification of past employment, education, residential history, criminal record check, and references.

I authorize that a photocopy of my signature may be used to obtain information regarding the investigation. This authorization is valid for a period on one (1) year.




Applicant's Name \_\_\_\_\_



**AUTHORIZATION AND RELEASE  
FOR EMPLOYMENT / DEPARTMENT RECORDS**

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize and instruct any person, firm, company, agency, or organization of which I am a present or former employee, or to which I made application for employment or unemployment benefits, to release and deliver to the Sheriff of Cattaraugus County or his designated representative, upon production of this document, or a copy of it, any and all information or records relating to said employment/unemployment or application, including, but not limited to:

1. My original application;
2. My punctuality records;
3. Any performance or quality of work evaluation;
4. Records relating to any disciplinary actions related to my employ;
5. Records relating to the reasons for termination from said employment or for rejection of my application for employment;
6. Unemployment records or information concerning application, rejection, benefits entitled/received, dates/period of receipt, reason for termination or judicial action taken or contemplated;
7. Any other information concerning my character, integrity, maturity, or capabilities contained in any file maintained by such person, agency, firm, company, or organization for any purpose whatsoever.

This authorization shall include the right of inspection and copying of any document contained in said records or files, by the Cattaraugus County Sheriff's Office or its designated representative. This authorization shall further supersede and make ineffective any restriction, letter, document, instruction or authorization previously filed by me or with any person on my behalf with any such person, firm, company, agency, or organization, if such document would limit or restrict the grant of power hereunder.

I hereby further authorize the Cattaraugus County Sheriff's Office to make copies of this authorization and release, to give such a copy to any person, firm, company, agency, or organization requesting same from whom the above information has been requested.

Dated: \_\_\_\_\_  
Applicant's Signature

On \_\_\_\_\_, before me, the subscriber came \_\_\_\_\_, known to me  
Date

and known to me to be the person described in the foregoing instrument and who executed same, and (s)he duly acknowledged that (s)he executed the same.

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

Applicant's Name \_\_\_\_\_



**WAIVER FOR CRIMINAL HISTORY  
AND DRIVING RECORD**

The criminal record and driving history checks are crucial to the Sheriff's Office hiring decisions. If you choose not to authorize such checks, your application will not be further processed.

( ) I do authorize the Cattaraugus County Sheriff's Office to conduct a check of my criminal record and driving history.

( ) I do not authorize the Cattaraugus County Sheriff's Office to conduct a check of my criminal record and driving history.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby authorize and instruct any law enforcement agency to release and deliver to the Sheriff of Cattaraugus County or his designated representative, upon production of this document, or a copy of it, any and all information relating to any arrests or information pertaining to criminal activity. For the purpose of this check, I am providing the following information:

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

On \_\_\_\_\_, before me, the subscriber, came \_\_\_\_\_ known to me to be the  
Date  
person described in the foregoing instrument and who executed same, and (s)he duly acknowledged that (s)he executed the same.

\_\_\_\_\_  
Notary Public/Commissioner of Deed

Applicant's Name \_\_\_\_\_



**AUTHORIZATION AND RELEASE  
OF PERSONAL INFORMATION**

To Whom It May Concern:

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agent of the Cattaraugus County Sheriff's Office, 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 the records of educational records, employment records, any fire department records or any other information concerning my training, character, integrity, maturity, or capabilities contained in any file maintained by such person, agency, firm, or institution, for any purpose whatsoever.

I reiterate and emphasize that the intent of this authorization is to provide a full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Cattaraugus County Sheriff's Office to consider in determining my suitability for the Fire Investigator Apprentice Program by that Office.

It is my specific intent to provide access to personal information, however, personal or confidential it may appear to be, and the sources of information specifically enumerated above us not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation that 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 Cattaraugus County Sheriff's Office. I have had it explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a biases for rejection of my application.

This authorization shall include the right of inspection and copying of any document contained in said records or files, by the Cattaraugus County Sheriff's Office or its designated representative. This authorization shall further supersede and make ineffective any restriction letter, document, instruction, or authorization previously filed by me or with any person on my behalf with any such person, agency, firm, or institution, if such document would limit or restrict the grant of power hereunder.

A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

Dated: \_\_\_\_\_  
Applicant's Signature

On \_\_\_\_\_ before me, the subscriber, came \_\_\_\_\_, known to me and known to me to be the person described in the foregoing instrument and who executed same, and (s)he duly acknowledged that (s)he executed the same.

\_\_\_\_\_  
Notary Public/Commissioner of Deeds