

APPLICANT QUESTIONNAIRE

Answer Yes or No to the following questions:

**AN AFFIRMATIVE RESPONSE WILL NOT NECESSARILY SERVE,
IN AND OF ITSELF, AS A DISQUALIFICATION FOR EMPLOYMENT**

NAME: _____
(please print)

- _____ 1. Have you ever used, sold, or given away any illegal drugs?
- _____ 2. Are you, or have you ever been, delinquent with respect to the filing of Federal or State income tax returns?
- _____ 3. Have you ever had a license to possess a firearm in this state or any other state?
- _____ 4. Have you ever gambled illegally?
- _____ 5. Have you ever been terminated from any employment?
- _____ 6. Have you ever been convicted of a criminal offense?
- _____ 7. Have you been convicted of any traffic violations within the past five (5) years?
- _____ 8. Has any state ever suspended or revoked your driver's license?

If your answer to any of these questions is yes, please set forth the question number and an explanation:

We ask all applicants to provide the following information:

Social Security No.: _____

Date of Birth: _____

DATE: _____

SIGNATURE: _____

**Return to: District Attorney's Office
Administration
262 Old Country Road
Mineola, NY 11501**