



**WATERFRONT COMMISSION  
OF NEW YORK HARBOR**

**39 BOADWAY - 4TH FLOOR  
NEW YORK, NY 10006  
(212) 742-9280**

**BACKGROUND INFORMATION QUESTIONNAIRE**

**THE WATERFRONT COMMISSION OF NEW YORK HARBOR INVESTIGATIONS ARE DETAILED AND THOROUGH. INFORMATION PROVIDED BY INDIVIDUALS IN THE BACKGROUND QUESTIONNAIRE IS VERIFIED BY THIS DEPARTMENT WITH OUTSIDE AGENCIES. FOR EXAMPLE, CRIMINAL CONVICTIONS RE VERIFIED WITH THE FEDERAL BUREAU OF INVESTIGATION AND/OR THE NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES; TAX FILING DATES ARE VERIFIED WITH THE INTERNAL REVENUE SERVICE AND THE NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE; EDUCATIONAL DEGREES ARE VERIFIED WITH SCHOOLS AND UNIVERSITIES; EMPLOYMENT HISTORY IS VERIFIED WITH PREVIOUS EMPLOYERS, ETC.**

**A FALSE STATEMENT OR INTENTIONAL OMISSION MADE IN THIS QUESTIONNAIRE OR IN CONNECTION WITH THIS BACKGROUND INVESTIGATION MAY RESULT IN THE IMPOSITION OF DISCIPLINARY PENALTIES, INCLUDING TERMINATION OF EMPLOYMENT, OR DISQUALIFICATION FROM FUTURE EMPLOYMENT AND, IN ADDITION, MAY SUBJECT YOU TO CRIMINAL PROSECUTION.**

**THIS COMMISSION WILL NOT APPROVE YOUR TERMS AND CONDITIONS OF APPOINTMENT IF YOU FAIL TO PROVIDE ALL INFORMATION REQUESTED OR OTHERWISE FAIL TO COOPERATE FULLY IN THIS INVESTIGATION.**

**LEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS FOR AT LEAST 10 YEARS**

**THIS BACKGROUND INVESTIGATION QUESTIONNAIRE (BIQ)  
IS NOT A PUBLIC DOCUMENT AND CANNOT BE ACCESSED BY THE  
PUBLIC THROUGH THE FREEDOM OF INFORMATION LAW (FOIL)**

**For WCNYH Use Only**

**Candidate:** \_\_\_\_\_

**Candidate Telephone #:** \_\_\_\_\_

**Investigator:** \_\_\_\_\_

**Background Interview Date:** \_\_\_\_\_

**WCNYH Review Date:** \_\_\_\_\_

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**If Married, provide the information requested below:**

<b>Date of Marriage</b> Month / Day / Year
---

<b>Spouse's Full Name, Including Maiden Name (Last, First)</b>
--

<b>Spouse's Date of Birth</b> Month / Day / Year
---

**If you have a registered Domestic Partnership, provide the information requested below:**

<b>Date of Registration</b> Month / Day / Year
---

<b>Domestic Partner's Full Name, Including Maiden Name (Last, First)</b>
--

<b>Domestic Partner's Date of Birth</b> Month / Day / Year
---

**If Legally Separated, Divorced, or Widowed, provide the information requested below:**

<b>Date of Separation, Divorce, or Death</b> Month / Day / Year
--

<b>Domestic Partner's Full Name, Including Maiden Name (Last, First)</b>
--

<b>Domestic Partner's Date of Birth</b> Month / Day / Year
---

**(If Legally Separated or Divorced, attach to this questionnaire a copy of your separation agreement or divorce decree.)**

**5A. Social Security Number:**

**Self:**     \_\_\_ - \_\_\_ - \_\_\_

**Spouse:**   \_\_\_ - \_\_\_ - \_\_\_

**Domestic Partner:**   \_\_\_ - \_\_\_ - \_\_\_

**5B. Have you ever used, or been issued, a Social Security number other than the one listed above?**

**If "yes," list the other Social Security number(s) used or issued, and provide details, including dates and reasons used or issued, below:**

---

---

---

6A. Are you a citizen of the United States?  YES  NO

If you are not a U.S citizen, state the country of your citizenship:

Country of your citizenship: \_\_\_\_\_

6B. Are you legally present in the United States?  YES  NO

**IF YOU ARE NOT A UNITED STATES CITIZEN, BRING YOUR ORIGINAL IMMIGRATION DOCUMENT(S) AUTHORIZING YOUR ENTRY INTO, AND EMPLOYMENT IN, THE UNITED STATES WITH YOU TO YOUR BACKGROUND INTERVIEW.**

6C. If you are a naturalized U.S. citizen, provide the following information:

Certificate #	Alien Registration #	Date of Issuance Month / Day / Year	Court of Issuance
---------------	----------------------	--	-------------------

**IF YOU ARE A NATURALIZED CITIZEN OF THE UNITED STATES, BRING YOUR ORIGINAL CERTIFICATE OF NATURALIZATION WITH YOU TO YOUR BACKGROUND INTERVIEW.**

**RESIDENCE**

7A. State your present primary residence.

Street address & apartment number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Dates of residence \_\_\_\_\_

7B. List your mailing address, if different than above.

Street address & apartment number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Dates used and reason \_\_\_\_\_

7C. Home telephone number(s) ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Business telephone number(s) ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Fax number(s) ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Cellular telephone number(s) ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Beeper number(s)**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**E-mail address(es)**

\_\_\_\_\_

\_\_\_\_\_

**Web site address(es)  
(personal & business)**

\_\_\_\_\_

\_\_\_\_\_

**7D. Do you currently maintain any other home(s) or residence(s), including vacation homes?**

**YES**     **NO**

**If "yes," provide the following information:**

**Street Address, Apt. Number  
City, State, Zip Code**

**Type of Residence & Amount of  
Time Spent There  
(e.g., weekend, vacation)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7E. List below your previous residences over the past ten (10) years, most recent first, if different than residence listed in Question 7A.**

**If "yes," provide the information requested below:**

**Street Address, Apt. Number**

**City, State, Zip Code**

**Dates of Residence**  
From                      To  
Month / Year              Month / Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7F. List below each period of time you lived outside New York State, for three months or more, while you were an adult, age 18 or over.**

**If attending school, state the name of institution.**

**City, State, (and School)**

**Dates of Residence**  
From                      To  
Month / Year              Month / Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. State below the address at which you are registered to vote.

If you are not registered to vote, check the following box:

Not Registered

Street Address
----------------

City, State, Zip Code
-----------------------

**FAMILY/HOUSEHOLD INFORMATION**

9A. List below the full names of your spouse or domestic partner, children, mother, father, sisters, brothers, and any dependents, whether living with you or not, and provide the following information.

Full Name	Relationship	Date of Birth Month / Day / Year	Street Address, Apt. Number City, State, Zip Code
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____

9B. List below the full names of any person(s) who is(are) residing in any residence(s) you maintain, whether related to you or not, and provide the following information.

Full Name	Relationship	Date of Birth Month / Day / Year	Street Address, Apt. Number City, State, Zip Code
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____

9C. List below the occupation, employment, profession, or business of your spouse or domestic partner and provide the following information.

Spouse/Domestic Partner	Occupation, Employment, Profession or Business	Name and Address of Business or Employer
_____	_____	_____
_____	_____	_____
_____	_____	_____

9D. Is any individual listed in response to Question 9A, 9B or 9C employed by the WCNYH, licensed or registered with WCNYH, doing business with a WCNYH license or registered business entity or a member of a union whose members are licensed or registered by the WCNYH?

YES  NO

Full Name	Employer	Title/Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DRIVING RECORD/MOTOR VEHICLE INFORMATION**

10A. Do you have a driver's license?  YES  NO

If "yes," list below all domestic and foreign driver's licenses:

Name on License	License #/State	Address Recorded with DMV
_____	_____	_____
_____	_____	_____

10B. Have you had a driver's license revoked or suspended within the past ten (10) years?

YES  NO

If "yes," provide the following information:

Date of Revocation or Suspension Month / Day / Year	State of Issuance of License	State Where Revoked or Suspended	Reason or Basis for Revocation or Suspension
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____

11A. Do you or your spouse or domestic partner currently have a motor vehicle(s) registered or leased in either of your names, or in the name of a business in which you or your spouse or domestic partner have an ownership interest?

YES  NO

If "yes," provide the following information:

Year / Make	License Plate #	Name of Owner	Address at Which Registered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**11B. Are there any other vehicles, such as cars owned by an employer or friend, that you regularly drive?**

YES  NO

If "yes," provide the following information:

Year / Make	License Plate #	Name of Owner	Address at Which Registered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**11C. Do you have any summonses outstanding for parking violations?**

YES  NO

If "yes," provide the following information for each outstanding summons:

Date Issued Month / Day / Year	Amount Due	Reason Pending	Jurisdiction
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**Note:** Candidates undergoing a background investigation **MUST** satisfy all outstanding parking summonses either by making payment or by entering into a payment agreement. Attach to this questionnaire your proof of payment (receipt or canceled check) or a copy of your payment agreement.

**11D. Do you have any summonses outstanding for violations of traffic regulations or laws in this or any other jurisdiction?**

YES  NO

If "yes," provide the following information for each outstanding summons:

Date Issued Month / Day / Year	Jurisdiction	Nature of Violation	Amount Due	Reason Pending
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

## **ACADEMIC/EDUCATIONAL INFORMATION**

12. List below all colleges, universities, graduate schools, professional schools, or technical schools you attended. If you have received a degree from a foreign educational institution, attach to this questionnaire a copy of the original degree and a certified translation. If you have not received a college degree, list high school attended and indicate if a diploma or equivalency diploma was awarded.

Name of Institution	Location City	Dates of Residence		Awarded a Degree (Yes/No)	Type of Degree	Date Issued Month / Year
		From Month / Year	To Month / Year			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## **PROFESSIONAL LICENSE AND CERTIFICATIONS**

13A. Have you ever held a professional license or certification (e.g., medical doctor, professional engineer, architect, real estate, certified public accountant, social worker, teacher, attorney [bar admission], etc.)?

YES     NO

**Note:** Attorneys admitted to the New York State Bar must include the Judicial Department of admission and the Judicial Department of their principal place of business.

Type of License or Certification	Date Issued Month / Year	Date Expires Month / Year	Issuing State/Organization/ Department	Identification No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13B. Have you ever been censured, admonished, or disciplined by any licensing or certifying organization?

YES     NO

**13C. Have you ever been denied a professional license or certification, or has your professional license or certification ever been suspended or revoked?**

**YES**     **NO**

**13D. Have you ever surrendered a professional license or certification, or do you currently have any charges pending against you, or are you currently under investigation, in connection with any professional license or certification??**

**YES**     **NO**

**If "yes," to 13B, 13C, or 13D, provide the following information:**

<b>Type of License or Certification</b>	<b>Nature of Action Pending</b>	<b>Date of Action</b> Month / Year	<b>Reason for Action or Status</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# **EMPLOYMENT HISTORY FOR PAST 10 YEARS**

**14. Starting with your current position and working backwards for the past 10 years, list below your current employer and your complete employment history, including internships. Include each period of self-employment or unemployment for a period of three or more months. If self-employed, state the activity in which you were engaged and provide proof of income (e.g., tax returns, W-2 wage statements, 1099 miscellaneous income statements). If unemployed for a period of three or more months, indicate the reason and any source(s) of income during that period (e.g., unemployment insurance, severance pay, savings, public assistance).**

**Note:** Include any previous employment with the City of New York that you may have had at any time, whether within the past ten (10) years or not.

<b>1</b>	<p style="text-align: center;"><b>Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)</b></p> <hr/> <hr/> <hr/> <p>Supervisor: _____</p> <p>Phone: (    )    -   </p>	<p style="text-align: center;"><b>Present Title or Last Position Held</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p style="text-align: center;"><b>Date of Employment, Self-Employed, or Unemployment</b> Month / Year</p> <p><b>From:</b> ____ / ____</p> <p><b>To:</b> ____ / ____</p>
	<p style="text-align: center;"><b>Last Annual Compensation or Source of Income</b></p> <p>\$ _____</p>	<p style="text-align: center;"><b>Reason for Leaving</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

<b>2</b>	<p style="text-align: center;"><b>Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)</b></p> <hr/> <hr/> <hr/> <p>Supervisor: _____</p> <p>Phone: (    )    -   </p>	<p style="text-align: center;"><b>Present Title or Last Position Held</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p style="text-align: center;"><b>Date of Employment, Self-Employed, or Unemployment</b> Month / Year</p> <p><b>From:</b> ____ / ____</p> <p><b>To:</b> ____ / ____</p>
	<p style="text-align: center;"><b>Last Annual Compensation or Source of Income</b></p> <p>\$ _____</p>	<p style="text-align: center;"><b>Reason for Leaving</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

<b>3</b>	<b>Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)</b>  <hr/> <hr/> <hr/>	<b>Present Title or Last Position Held</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<b>Date of Employment, Self-Employed, or Unemployment</b> Month / Year  <b>From:</b> ____ / ____  <b>To:</b> ____ / ____
<b>Supervisor:</b> _____ <b>Phone:</b> ( ____ ) ____ - ____		<div style="display: flex; justify-content: space-between;"> <div style="width: 25%; padding: 5px;"> <b>Last Annual Compensation or Source of Income</b>   \$ _____ </div> <div style="width: 75%; padding: 5px;"> <b>Reason for Leaving</b>   <hr/> </div> </div>	

<b>4</b>	<b>Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)</b>  <hr/> <hr/> <hr/>	<b>Present Title or Last Position Held</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<b>Date of Employment, Self-Employed, or Unemployment</b> Month / Year  <b>From:</b> ____ / ____  <b>To:</b> ____ / ____
<b>Supervisor:</b> _____ <b>Phone:</b> ( ____ ) ____ - ____		<div style="display: flex; justify-content: space-between;"> <div style="width: 25%; padding: 5px;"> <b>Last Annual Compensation or Source of Income</b>   \$ _____ </div> <div style="width: 75%; padding: 5px;"> <b>Reason for Leaving</b>   <hr/> </div> </div>	

<b>5</b>	<b>Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)</b>  <hr/> <hr/> <hr/>	<b>Present Title or Last Position Held</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<b>Date of Employment, Self-Employed, or Unemployment</b> Month / Year  <b>From:</b> ____ / ____  <b>To:</b> ____ / ____
<b>Supervisor:</b> _____ <b>Phone:</b> ( ____ ) ____ - ____		<div style="display: flex; justify-content: space-between;"> <div style="width: 25%; padding: 5px;"> <b>Last Annual Compensation or Source of Income</b>   \$ _____ </div> <div style="width: 75%; padding: 5px;"> <b>Reason for Leaving</b>   <hr/> </div> </div>	



<b>9</b>	<b>Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)</b>  <hr/> <hr/> <hr/>	<b>Present Title or Last Position Held</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<b>Date of Employment, Self-Employed, or Unemployment</b> Month / Year  <b>From:</b> <hr style="border: none; border-top: 1px solid black;"/> / <hr style="border: none; border-top: 1px solid black;"/>  <b>To:</b> <hr style="border: none; border-top: 1px solid black;"/> / <hr style="border: none; border-top: 1px solid black;"/>
<b>Supervisor:</b> _____ <b>Phone:</b> (    )    -		<div style="border: 1px solid black; padding: 5px;"> <b>Last Annual Compensation or Source of Income</b>          \$ _____       </div> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <b>Reason for Leaving</b>          _____       </div>	

<b>10</b>	<b>Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)</b>  <hr/> <hr/> <hr/>	<b>Present Title or Last Position Held</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<b>Date of Employment, Self-Employed, or Unemployment</b> Month / Year  <b>From:</b> <hr style="border: none; border-top: 1px solid black;"/> / <hr style="border: none; border-top: 1px solid black;"/>  <b>To:</b> <hr style="border: none; border-top: 1px solid black;"/> / <hr style="border: none; border-top: 1px solid black;"/>
<b>Supervisor:</b> _____ <b>Phone:</b> (    )    -		<div style="border: 1px solid black; padding: 5px;"> <b>Last Annual Compensation or Source of Income</b>          \$ _____       </div> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <b>Reason for Leaving</b>          _____       </div>	

<b>11</b>	<b>Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)</b>  <hr/> <hr/> <hr/>	<b>Present Title or Last Position Held</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<b>Date of Employment, Self-Employed, or Unemployment</b> Month / Year  <b>From:</b> <hr style="border: none; border-top: 1px solid black;"/> / <hr style="border: none; border-top: 1px solid black;"/>  <b>To:</b> <hr style="border: none; border-top: 1px solid black;"/> / <hr style="border: none; border-top: 1px solid black;"/>
<b>Supervisor:</b> _____ <b>Phone:</b> (    )    -		<div style="border: 1px solid black; padding: 5px;"> <b>Last Annual Compensation or Source of Income</b>          \$ _____       </div> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <b>Reason for Leaving</b>          _____       </div>	

**15A. Have you ever been disciplined, in any manner, in connection with any employment (e.g., suspended, demoted, reprimanded, fined, penalized, or terminated)?**

**YES**     **NO**

**If "yes," provide the following Information:**

Name of Employer	Date Month / Day / Year	Action	Reason for Action
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**15B. Have you ever resigned from any employment while any charge or disciplinary action was pending against you?**

**YES**     **NO**

**If "yes," provide the following Information:**

Name of Employer	Date Month / Day / Year	Nature of Charge(s) or Disciplinary Action
_____	_____	_____
_____	_____	_____
_____	_____	_____

**15C. Have you ever been asked to resign from any employment?**     **YES**     **NO**

**If "yes," provide the following Information:**

Name of Employer	Date Month / Day / Year	Reason for Resignation
_____	_____	_____
_____	_____	_____
_____	_____	_____

**15D. Have you ever resigned from any employment to avoid being fired or disciplined, or after having been told that you would be fired or disciplined?**

**YES**     **NO**

**If "yes," provide the following Information:**

Name of Employer	Date Month / Day / Year	Anticipated Employer Action
_____	_____	_____
_____	_____	_____
_____	_____	_____

**16A. Have you ever undergone a background investigation by any government agency?**

YES  NO

If "yes," provide the following Information:

Date Month / Year	Agency Conducting Background Information	Position for Which Considered	Outcome or Status of Investigation
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____

**16B. Have you ever been barred or disqualified from appointment to a position with any government agency, or disqualified for employment in any civil service position?**

YES  NO

If "yes," provide the following Information:

Date Month / Year	Agency	Position	Reason for Bar or Disqualification
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____

## **U.S. MILITARY SERVICE**

**17A. Have you ever served in any branch of the Armed Forces of the United States?**

YES  NO

If "yes," attach to this questionnaire a copy of your discharge (Form DD214), provide the following information, and answer Question 19B:

Branch and Period of Service	Type of Discharge
_____	_____

If your discharge was other than an Honorable Discharge, state below the circumstances of the discharge:

\_\_\_\_\_

**17B. For the military service listed in response to Question 17A, were you ever found guilty, after trial or by settlement, in any disciplinary proceeding, including court martial?**

YES  NO

If "yes," provide details of the charges and disposition, including dates, below:

\_\_\_\_\_

# CRIMINAL/INVESTIGATORY HISTORY

**18A. Have you ever been convicted of an offense in any jurisdiction? You must include all offenses, including any offense involving driving while intoxicated or while ability is impaired (or the equivalent in other states).**

**Note: Offenses include felonies, misdemeanors, and violations. A guilty plea, guilty verdict, or plea of nolo contendere is a conviction even if, upon sentencing, you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged, or received a Certificate of Relief from Disabilities. You do not have to disclose any material sealed, expunged, or set aside under Federal or State law, or any juvenile delinquent or youthful offender adjudications. You are not considered a youthful offender simply because of your age at the time of the offense. Only a specific court finding determines youthful offender status. (If you are unsure whether you were determined to be a youthful offender, list the offense(s) below and provide details.)**

**If "yes," provide the following information and attach to this questionnaire a copy of the Certificate(s) of Disposition:**

Date of Arrest Month / Day / Year	Date of Conviction Month / Day / Year	Conviction Charge(s) & Sentence	Court of Conviction (Name and Location)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**18B. Are you currently on probation?     YES     NO**

**18C. Are you currently on parole or supervised release?     YES     NO**

**If "yes" to 18B or 18C, provide details, including dates, below:**

\_\_\_\_\_

\_\_\_\_\_

**19. Have you ever been named, for any reason, or referred to in (including as an unindicted co-conspirator), any indictment or other accusatory instrument, or been named in or the subject of, a search warrant or court-ordered electronic surveillance?**

**If "yes" provide details, including dates, below:**

YES     NO

\_\_\_\_\_

\_\_\_\_\_

**20. Have you been arrested, charged, or indicted in connection with any criminal matter which is still pending in court?**

YES  NO

If "yes" provide the following information:

Date of Arrest, Charge, or Indictment Month / Day / Year	Charge(s)	Court and Location
____	_____	_____
____	_____	_____

**21. Have you ever been subpoenaed, called as a witness, questioned or interviewed, or asked to provide testimony or documents before any federal, state, or local prosecutor, court, legislative, civil, regulatory, or criminal investigative body or grand jury?**

YES  NO

If "yes" provide the following information:

Date Month / Day / Year	Body/Agency	Matter Involved	Role
____	_____	_____	_____
____	_____	_____	_____

If you were granted immunity, in any form, or entered into a consent decree, in any of the above matter(s), please explain:

\_\_\_\_\_

\_\_\_\_\_

**22. Have you ever asserted the Fifth Amendment privilege against self-incrimination or refused to testify before any federal, state, or local prosecutor, court, legislative, civil, or criminal investigative body or grand jury, or been cited for contempt of any court, legislative, civil, or criminal investigative body, or grand jury?**

YES  NO

If "yes" provide the following information:

Date Month / Day / Year	Body / Agency	Matter Involved
____	_____	_____
____	_____	_____

**23. Have you been informed, or do you have reason to believe, that you are under investigation by any federal, state, or local prosecutor, legislative civil, or criminal investigative body or grand jury?**

YES  NO

If "yes" provide the following information:

Body / Agency	Matter Involved & Date	Outcome or Status
_____	_____	_____
_____	_____	_____

24A. Have you been informed, or do you have reason to believe, that you currently are, or have previously been, the subject of an investigation, or of a complaint filed, which alleged child abuse or domestic violence?

YES  NO

24B. Has a Family Court or any other lawful authority ever rendered a finding indicating that you have abused or neglected a child?

YES  NO

If "yes" to 24A or 24B, provide details, including dates, below:

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25. Have you ever knowingly associated with any person known or reputed to be a member or associate of an organized crime group?

YES  NO

If "yes," provide details, including the identity of the person and the nature and dates of your association, below:

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**CIVIL/ADMINISTRATIVE PROCEEDINGS**

26A. Have you been involved as a party to any civil litigation, administrative action, or administrative proceeding commenced within the past ten (10) years, including divorce proceedings? (Bankruptcy proceedings should be disclosed in Question 41.)

YES  NO

If "yes," provide the following information:

Title of Action & Action Commenced	Court or Agency	Subject Matter Involved	Outcome or Status Action
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26B. Have you ever been informed of an overpayment of, or requested or required to repay any federal, state, or local government-issued benefit or payment (e.g., Public Assistance, Food Stamps, Unemployment Insurance, Workers' Compensation, Medicaid, Social Security, public pension, housing/Section 8 rent subsidy, etc.)?

YES  NO

If "yes," provide details, including dates and the reason(s) for the repayment/recoupment, below:

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26C. Have you ever had an order of protection entered against you?  YES  NO

If "yes," provide details, including dates and court of issuance, below:

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## **ORGANIZATIONAL/BUSINESS AFFILIATIONS**

**Note:** Organization means any firm, company, corporation, union, partnership, joint venture, or other business entity, including not-for-profit and charitable entities.

27A. Are you currently, or were you within the past ten (10) years, a director, officer, principal, or partner of any organization.

YES  NO

If "no," proceed to Question 28A.

If "yes," answer 27B through 27H.

27b. List below all organizations with which you currently are, or were within the past ten (10) years, affiliated as a director, officer, principal, or partner, and provide all additional information requested as to each:

1. Name of organization: \_\_\_\_\_

Address of organization: \_\_\_\_\_

Nature of business conducted by organization: \_\_\_\_\_

Position and nature of service rendered by you: \_\_\_\_\_

Dates of affiliation with organization: \_\_\_\_\_

2. Name of organization: \_\_\_\_\_

Address of organization: \_\_\_\_\_

Nature of business conducted by organization: \_\_\_\_\_

Position and nature of service rendered by you: \_\_\_\_\_

Dates of affiliation with organization: \_\_\_\_\_

3. Name of organization: \_\_\_\_\_

Address of organization: \_\_\_\_\_

Nature of business conducted by organization: \_\_\_\_\_

Position and nature of service rendered by you: \_\_\_\_\_

Dates of affiliation with organization: \_\_\_\_\_

27C. Have you been informed, or do you have reason to believe, that any of the organizations listed in response to Question 29B currently are, or have previously been, a target or subject of any investigation or litigation conducted by any federal, state, or local prosecutor, legislative, civil, or criminal investigative body or grand jury, concerning activities which occurred during the period of your tenure?

YES  NO

If "yes," provide the following information:

Name of Organization	Body Conducting Inquiry & Date of Inquiry	Matter Involved	Outcome or Status
_____	_____	_____	_____
_____	_____	_____	_____

27D. Do any of the organizations listed in response to Question 29B have any tax liens and/or judgments outstanding, or otherwise owe any money to any tax authority for the period of your tenure?

YES  NO

If "yes," provide the following information:

Name of Organization	Tax Authority	Amount Owed	Year Imposed/ Status
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

27E. During the period of your tenure, has any of the organizations listed in response to Question 29B failed to file all required federal, state, and local business tax returns, or failed to file by the due date or within a properly obtained extension period?

YES  NO

If "yes," provide the following information:

The year(s) in which the organization failed to file, or failed to file by the due date or within a properly obtained extension period. Indicate the specific federal, state, or local business tax return(s) you are referring to:

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

The reason(s) for the late or non-filing:

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

**27F. Has any tax return filed by any of the organizations listed in response to Question 296 been the subject of an audit by any tax authority within the past ten (10) years?**

YES  NO

If "yes," provide the following information:

If "yes," give details, including findings of audit and any Interest and penalties assessed and/or paid. In addition, attach to this questionnaire a copy of the tax authority's findings.

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**27G. Has any of the organizations listed in response to Question 27B been suspended, debarred, disqualified, or found not responsible, or had a prequalification denied or revoked, or otherwise been declared ineligible to bid on a contract, by any government agency, including the City of New York (and any of its agencies), during the period of your tenure or based upon activities which occurred during the period of your tenure?**

YES  NO

If "yes," provide the following information:

Date Month / Day / Year	Gov't / Agency Involved	Nature of Action Taken and Reason
_____	_____	_____
_____	_____	_____

**27H. Has any of the organizations listed in response to Question 29B filed for bankruptcy, or been the subject of a bankruptcy or reorganization proceeding, during the period of your tenure?**

YES  NO

if "yes," provide the following information and attach to this questionnaire a copy off the discharge documents, including a list of creditors:

Petition Filed By	Date Filed Month / Day / Year	Court	Date Discharged Month / Day / Year	Total Amt. of Debt	Reason for Filing
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____

**28A. Upon your appointment or employment with the WFC, will you serve as a director, officer, principal, or partner of any for-profit, not-for-profit, or charitable corporation, institution, or other entity?**

YES  NO

**28B. Upon your appointment or employment with the WFC, will you engage in any other employment, profession, business, or other activity from which compensation, direct or indirect, will be derived?**

YES  NO

**28C. Upon your appointment or employment with the WFC, will you engage in any volunteer activity with a charitable, civic, or community organization?**

YES  NO

If "yes" to 28A, 28B, or 28C, answer 28D; otherwise, proceed to Question 29A.

**28D. List below the organization(s) in which you will serve or engage in volunteer activity, and/or the business(es) or activity(ies) from which you will derive compensation:**

Name of Organization, Business, Client, or Type of Activity	Position and Nature of Services Rendered	Expected Annual Compensation	Time to be Expended
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**SOURCES OF INCOME**

**29A. State the total amount of gross income that you and your spouse or domestic partner earned or received in the prior calendar year from each of the following sources:**

If you did not have income in any of the categories listed below, state "NONE."

Calendar Year: 20 \_\_\_\_\_

SOURCE	APPLICANT	SPOUSE OR DOMESTIC PARTNER
<b>Salary earned as an officer or employee of the WFC</b>	_____	_____
<b>Other Salary</b> (Itemize sources) _____	_____	_____
<b>Business or Profession Income</b> (including self-Employed)	_____	_____
<b>Honoraria/Royalties</b>	_____	_____
<b>Bank Interest</b>	_____	_____
<b>Bond Interest</b> (whether taxable or not)	_____	_____
<b>Dividends</b> (whether taxable or not)	_____	_____
<b>Sale or redemption off stocks, bonds, or other securities</b>	_____	_____
<b>Sale or exchange of real property</b>	_____	_____
<b>Interest or principal repayments received on loans made to others</b>	_____	_____
<b>Real estate rents received</b>	_____	_____
<b>Inheritances</b>	_____	_____

SOURCE	APPLICANT	SPOUSE OR DOMESTIC PARTNER
<b>Gifts - monetary or other</b> (Itemize sources)		
<b>Pension Benefits</b> (Itemize sources)		
<b>All other income</b> (Itemize sources, e.g., alimony, child support, gambling winnings, public assistance)		
<b>TOTAL</b>	\$	\$

**29B. State the total amount of gross income that you and your spouse or domestic partner earned or received this calendar year, from January 1st to the date of your completion of this questionnaire, from each of the following sources:**

**If you did not have income in any of the categories listed below, state "NONE."**

**Calendar Year: 20**     

SOURCE	APPLICANT	SPOUSE OR DOMESTIC PARTNER
<b>Salary earned as an officer or employee of the WFC</b>		
<b>Other Salary</b> (Itemize sources)		
<b>Business or Profession Income</b> (including self-Employed)		
<b>Honoraria/Royalties</b>		
<b>Bank Interest</b>		
<b>Bond Interest</b> (whether taxable or not)		
<b>Dividends</b> (whether taxable or not)		
<b>Sale or redemption off stocks, bonds, or other securities</b>		
<b>Sale or exchange of real property</b>		
<b>Interest or principal repayments received on loans made to others</b>		
<b>Real estate rents received</b>		
<b>Inheritances</b>		

SOURCE	APPLICANT	SPOUSE OR DOMESTIC PARTNER
Gifts - monetary or other (Itemize sources)		
Pension Benefits (Itemize sources)		
All other income (Itemize sources, e.g., alimony, child support, gambling winnings, public assistance)		
<b>TOTAL</b>	\$ _____	\$ _____

## **NET WORTH TABLE**

30. State below the assets and liabilities of yourself and your spouse or domestic partner. Provide the approximate market value of each category of asset and liability as of the date of your completion of this questionnaire.

If you do not have an asset or liability in any of the categories listed below, State "NONE."

**Note:** You must itemize certain categories of assets and liabilities in Questions 31 - 45 on the following pages (those which require itemization are indicated below). Make sure that the total amount entered in the asset or liability category below matches the total amount of the assets or liabilities itemized in the questions on the following pages. Where not specifically requested to do so, you need not itemize.

SOURCE	APPLICANT
Cash and bank, brokerage, and investment accounts. (Including, but not limited to, savings, checking, money market, mutual funds, certificates of deposit, credit union accounts, etc.)  \$ _____	Amount outstanding on mortgages. (Itemize in Question 38)  \$ _____
Stocks not held in brokerage accounts and bonds that are not government-issued. (Itemize in Question 32)  \$ _____	Amount outstanding on any other loan, whether secured or unsecured. (Itemize in Question 38)  \$ _____
Government-issued bonds, notes, and bills (e.g., savings and municipal bonds, and treasury notes).  \$ _____	Amount outstanding on judgments entered in court against you or your spouse or domestic partner. (Itemize in Question 40)  \$ _____

SOURCE	APPLICANT
<b>Annuities and retirement accounts.</b> (Including, but not limited to, IRAs, deferred compensation, Keoghs, 401(k) accounts, etc.) (Itemize in Question 33) \$ _____	<b>Amount outstanding on tax liens entered against you or your spouse or domestic partner by any tax authority.</b> (Itemize in Question 43) \$ _____
<b>Other financial interest in any entity, whether or not income has been received.</b> (Itemize in Question 34) \$ _____	<b>Amount owed to any tax authority which is past due, other than liens.</b> (itemize in Question 44) \$ _____
<b>Value of real property interests.</b> (Itemize in Question 35A) \$ _____	<b>Credit card balances in excess of \$1,000 per card.</b> (Itemize in Question 45) \$ _____
<b>Loans and notes held (money owed to you).</b> (Itemize in Question 36A) \$ _____	<b>TOTAL LIABILITIES</b> \$ _____
<b>Other assets (excluding) persona clothing and household furniture).</b> (Itemize in Question 37) \$ _____	<b>TOTAL ASSETS</b> \$ _____
<b>TOTAL ASSETS</b> \$ _____	<b>- TOTAL LIABILITIES</b> \$ _____
	<b>= TOTAL NET WORTH</b> \$ _____

## **ITEMIZATION OF ASSETS**

31. For every bank, brokerage, and investment account (including, but not limited to, savings, checking, money market, mutual funds, certificates of deposit, and credit union accounts) currently maintained by you or your spouse or domestic partner, provide the information requested below. If you have more than one account at any branch, list each account separately.

Name and Address of Entity Where Account is Maintained	Name(s) of Account Holder(s)	Account Type	Current Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**32. List below all stocks that are not held in a brokerage account, and bonds that are not government-issued, held by you or your spouse or domestic partner, and provide the information requested below.**

Name of Issuer/Entity	Name of Shares or Face Value of Bonds Held	Current Approximate Market Value of Holding	Dividend or Interest Income Earned Prior Calendar Year
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

**33. List below all annuities and retirement accounts (including, but not limited to, IRAs, deferred compensation, Keoghs, pension and 401(k) accounts) held by you or your spouse or domestic partner, and provide the information requested below.**

Name and Address of Entity Where Account is Maintained	Name(s) of Account Holder(s)	Account Type	Account Balance
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

**34. List below any interest, direct or indirect, which you or your spouse or domestic partner have in any business, firm, entity, or other organization, other than through ownership of publicly-traded stocks or bonds. include partnership interests. include all interests whether or not you have received income from them.**

Name of Entity	Nature of Interest	Date Acquired Month / Year	Current Approx. Market Value of Interest	Income Earned Prior Calendar Year
		____ / ____	\$ _____	\$ _____
		____ / ____	\$ _____	\$ _____
		____ / ____	\$ _____	\$ _____
		____ / ____	\$ _____	\$ _____
		____ / ____	\$ _____	\$ _____
		____ / ____	\$ _____	\$ _____

**35A. List below each interest in real property, including any ownership interest, direct or indirect, currently held by you or your spouse or domestic partner. Include homes, other houses, condominiums, shares in cooperative apartments, commercial properties, investment properties, and time shares in vacation properties. If you or your spouse or domestic partner rent, lease, or sublease your residence or any other property, list them in Question 35D.**

Property Address	Date Acquired Month / Year	Person or Entity From Whom Acquired	Approximate Acquisition Cost/Monthly Maint.	Current Value
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

**35B. Do you or your spouse or domestic partner receive rental income from any of the properties listed in response to Question 35A?**

YES  NO

If "yes," provide the following information:

Property Address	Annual Income Received
	\$ _____
	\$ _____

**35C. Are any of the tenants renting the properties listed in response to Question 3B employed by the WFC (or any of its agencies) or do they do business with the WFC or hold any franchise, license, permit, or other privilege from the WFC)?**

YES  NO

If "yes," provide the following information:

Tenants Name & Property Address	Nature of Involvement	Monthly Rent
		\$ _____
		\$ _____

**35D. List below any property for which you or your spouse or domestic partner pay rent or make lease or sublease payments.**

YES  NO

Property Address	Date of Original Lease or Tenancy Month / Year	Name of Owner, Landlord, Primary Tenant, Management Company	Rent Paid
			\$ _____
			\$ _____

**35E. Are any of the individuals or entities listed in response to Question 35D as receiving rent or lease payments employed by the WFC (or any of its agencies) or do they do business with the WFC (or any of its agencies) (e.g., receive funds from the Commission, have any contracts with the Commission, provide any materials or services to the Commission, have any matters pending before the Commission, or hold any franchise, license, permit, or other privilege from the Commission)?**

YES  NO

If "yes," provide the following information:

Name of Owner, Landlord, Primary Tenant, Mgmt. Company, etc., & Property Address	Nature of Involvement

**35F. If you or your spouse or domestic partner neither own nor rent, lease, or sublease the premises at which you reside, explain below.**

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**36A. List below all monies (e.g., loans and notes) currently owed to you or your spouse or domestic partner.**

Name, Address and Relationship of Debtor	Original Amount & Date of Loan	Terms of Loan & Security, if Any	Balance Outstanding
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

**36B. Are any of the debtor(s) listed in response to Question 3A employed by the WFC (or any of its agencies) or do they do business with the WFC (or any of its agencies) or hold any franchise, license, permit, or other privilege from the Commission)?**

YES  NO

If "yes," provide the following information:

Name of Debtor	City Agency Involved

37. List below each asset with a value in excess of \$5,000 (other than those previously itemized) which is held directly or indirectly by you or your spouse or domestic partner. You may exclude personal clothing and household furniture, but must include the cash surrender value of a life insurance policy, motor vehicles, watercraft, aircraft, jewelry, art, and collectibles.

Item	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

## **ITEMIZATION OF LIABILITIES**

38. List each creditor to whom you or your spouse or domestic partner is currently indebted in an amount of \$5,000 or more. Debts to be listed include real estate mortgages, home equity loans, lines of credit, student loans, car loans/leases, and any other secured or unsecured debts or obligations made, guaranteed, or co-signed by either you or your spouse or domestic partner. (Credit card debt should be listed in Question 45.)

		CREDITOR 1	CREDITOR 2	CREDITOR 3
<b>(1)</b>	Name and address of creditor	_____	_____	_____
<b>(2)</b>	Original amount of debt	\$ _____	\$ _____	\$ _____
<b>(3)</b>	Date Incurred	_ / _ / _	_ / _ / _	_ / _ / _
<b>(4)</b>	Nature of Indebtedness	_____	_____	_____
Terms of repayment:				
	Interest rate ->	_____ %	_____ %	_____ %
<b>(5)</b>	Length of loan ->	_____	_____	_____
	Frequency of payments ->	_____	_____	_____
	Amount of each payments ->	\$ _____	\$ _____	\$ _____
<b>(6)</b>	Nature of security, if any (e.g., house for mortgage or car for auto loan)	_____	_____	_____
<b>(7)</b>	Date loan matures or is due	_ / _ / _	_ / _ / _	_ / _ / _
<b>(8)</b>	Approximate outstanding balance as of date of this report	\$ _____	\$ _____	\$ _____

		CREDITOR 4	CREDITOR 5	CREDITOR 6
(1)	Name and address of creditor			
(2)	Original amount of debt	\$ _____	\$ _____	\$ _____
(3)	Date Incurred	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
(4)	Nature of Indebtedness			
	Terms of repayment:			
	Interest rate ->	_____ %	_____ %	_____ %
	Length of loan ->	_____	_____	_____
	Frequency of payments ->	_____	_____	_____
	Amount of each payments ->	\$ _____	\$ _____	\$ _____
(6)	Nature of security, if any (e.g., house for mortgage or car for auto loan)			
(7)	Date loan matures or is due	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
(8)	Approximate outstanding balance as of date of this report	\$ _____	\$ _____	\$ _____

39. Are any of the creditors listed in response to Question 38, other than a commercial lending institution, employed by the WFC or do they do business with the WFC or hold any franchise, license, permit, or other privilege from the Commission?

YES  NO

If "yes," provide the following information:

Name of Creditor	Nature of Involvement with Commission
_____	_____
_____	_____

40. List below any civil judgments entered in any court against you or your spouse or domestic partner which are outstanding.

Judgement Entered Against	Date/Court in Which Entered Month / Day / Year	Name of Judgment Creditor	Original Amt. of Judgment	Amount Outstanding
_____	___ / ___ / ___	_____	\$ _____	\$ _____
_____	___ / ___ / ___	_____	\$ _____	\$ _____
_____	___ / ___ / ___	_____	\$ _____	\$ _____
_____	___ / ___ / ___	_____	\$ _____	\$ _____

**41. Have you or your spouse or domestic partner filed for bankruptcy, or been the subject of a bankruptcy or reorganization proceeding, within the past ten (10) years?**

**YES**     **NO**

**If "yes," provide the following information and attach to this questionnaire a copy of the discharge documents, including a list of creditors:**

<b>Petition Filed By</b>	<b>Date Filed</b> Month / Day / Year	<b>Court</b>	<b>Date Discharged</b> Month / Day / Year	<b>Total Amt. of Debt</b>	<b>Reason for Filing</b>
_____	_____	_____	_____	\$ _____	_____

**42A. Are you currently obligated to make child support payments?**     **YES**     **NO**

**If "yes," provide the following information:**

Full Name of Child (Last, First)	Date Obligation Commenced Month / Day / Year	Amount/Frequency of Payments	Person to Whom Payments are to be Made	Date and Amount of Most Recent Payment			
				Month / Day / Year			\$
_____	_____	\$ _____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	\$ _____

**If you have been ordered by any court to make child support payments, provide the following information:**

Name and Location of the Court, (e.g., Supreme Court of the State of New York, New York County, or Family Court of the State of New York)	Name (Caption) and Index Number of the Case	Amount/Frequency of the Payments Ordered by the Court	Date of the Most Recent Order of the Court Month / Day / Year
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**42B. Are you in arrears on any child support payments?**     **YES**     **NO**

**If "yes," provide a full explanation, including the current amount of arrears and the time period in which you have been in arrears.**

\_\_\_\_\_

\_\_\_\_\_

**43. List below any liens, judgments, or warrants entered within the past ten (10) years against you or your spouse or domestic partner by any tax authority, even if previously satisfied. (Attach to this questionnaire copies of payment or installment agreements or other proof of payment, if applicable.)**

Entered Against	Date Entered Month / Day / Year	Name of Tax Authority	Original Amount	Amount Outstanding
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**Note: Candidates undergoing a background investigation MUST satisfy all outstanding liens, judgments or warrants with the appropriate tax authority, either by making payment or by entering into a payment agreement. Attach to this questionnaire your proof of payment (receipt or canceled check) or a copy of your payment agreement.**

**44. List any monies currently owed by you or your spouse or domestic partner to tax authorities other than those listed in response to Question 45. Indicate the status of the matter (e.g., the date by which you will make payment, whether the tax authorities have instituted proceedings against you, etc.). Attach to this questionnaire copies of any relevant documentation.**

Date Month / Day / Year	Debtor Name	Name of Tax Authority	Amount	Status
____	_____	_____	\$ _____	_____
____	_____	_____	\$ _____	_____
____	_____	_____	\$ _____	_____

**45. List below all credit cards issued to you or your spouse or domestic partner, regardless of balance, and provide the information requested. Include bank, retail, and travel and entertainment credit cards.**

Name of Card/Issuer	Name(s) on Account: Self/Spouse/Joint/ Domestic Partner	Balance (only More Than \$1,000)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

# **TRUSTS/BENEFICIAL INTERESTS**

**46. Is there a trust or other fiduciary relationship in which you or your spouse or domestic partner currently hold a beneficial interest of \$5,000 or more? (This category includes, but is not limited to, trust/custodial accounts for children or others, services as executor of an estate in which you or your spouse or domestic partner hold a beneficial interest, or service as a fiduciary of a pension plan in which you have an interest as a participant. It also includes life insurance policies in which you are named as a beneficiary and the insured is a non-family member\*; or policies insuring you in which the beneficiary is a non-family member\*.)**

**\* Non-family member is defined as a person other than your spouse or domestic partner, children, parents, siblings, and any dependents.**

**YES**     **NO**

**If "yes," list below the name and/or description of the trust, account, beneficial interest, or other fiduciary relationship, and the amount of the beneficial interest held by you or your spouse or domestic partner.**

Self/Spouse/ Domestic Partner	Amount of Beneficial Interest	Name and/or Description of Trust, Account Beneficial Interest or Other Fiduciary Relationship
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

## **TAX INFORMATION**

**Note:** Review your tax records and provide precise filing information. This Commission verifies with the tax authorities whether tax returns were filed and the dates of filing. Copies of your tax returns must be provided upon request.

Candidates undergoing a background investigation who were required by law to file a federal and/or state income tax return for a previous year, and who have not filed as of yet, **MUST** file all outstanding tax returns. To avoid delaying the completion of your background investigation, promptly file any outstanding return(s) **IN PERSON**, and attach to this questionnaire a copy of the return(s), stamped as having been received by the tax authority, as proof of filing.

Question 47 applies to **EVERY** year within the past ten (10) years. "Due date" means April 15th of the following year, or other date established by governing statute. "Properly obtained extension" is an extension period granted by the tax authority upon filing a timely application in accordance with applicable law and/or regulations.

47. Have you filed your federal and state income tax returns by the due date or within a properly obtained extension period for each of the past ten (10) years?

If "yes," proceed to Question 48. If "no," provide the following information:

During the past ten (10) years, if you have **NOT** filed a return for any year, or have not filed a return for any year by the due date or within a properly obtained extension period, provide the information requested below. If you were not required to file (e.g., you were unemployed or earned less than the amount required for filing), so state below.

The year(s) in which you did not file, or did not file by the due date or within a properly obtained extension period. Indicate whether you are referring to your federal or state return, or to both:

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The address(es) where you lived during the year(s) in question:

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The date(s), if any, when you filed each year's return:

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The reason(s) for the late or non-filing:

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Any interest or penalties assessed for the year(s) in question:

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Were you due a refund or did you owe money for the year(s) in question? If you owed money, state the amount(s):

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**Note:** Attach to this questionnaire a copy of any statement of settlement, consent decree, or other dispositive document issued by the tax authority regarding the above return(s).

48. Has any tax return filed by you been the subject of an audit by any tax authority within the past ten (10) years?

YES  NO

If "yes," give details, including findings of audit and any interest or penalties assessed and/or paid. In addition, attach to this questionnaire a copy of the tax authority's findings.

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49. Provide the address(es) of the tax residence(s) you reported on your return(s) for the past ten (10) years:

Tax Year	Street Address, Apt. Number City, State, Zip Code
<hr/>	<hr/>

## **CONFLICTS OF INTEREST**

50. Are there any matters which may involve a conflict of interest in connection with your appointment to the position for which you are being considered which are not fully covered by your answers to this questionnaire?

YES  NO

If "yes," state below the pertinent facts, including an explanation of how you propose to resolve such conflict(s) (e.g., resignation, divestiture, recusal, etc.):

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51A. Do you serve as an officer of any political party or political organization, or as a member of any political party committee, including political party district leader (however designated)?

YES  NO

**51B. Are you a member of the national or state committee of a political party, or do you serve as an assembly district leader of a political party, or as the chair or as an officer of the county committee or county executive committee of a political party?**

**YES**     **NO**

**If "yes" to 53A or 53B, provide the following information and answer 53C; otherwise, proceed to Question 54.**

Name of Political Organization	Title or Position Held	Term of Office
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**52. Have you ever held elective or appointive public office?**     **YES**     **NO**

**If "yes," give the title of the office held and the dates of your service in office:**

Title of Office	Date(s) in Office
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**53. Have you ever been involved in any activity, such as a political campaign, in which you were required to file for yourself, or on behalf of another party, reports or statements which are open to public inspection?**

**YES**     **NO**

**If "yes," indicate nature of materials filed, circumstances under which filed, date(s) filed, and locaton(s) where filed:**

\_\_\_\_\_

\_\_\_\_\_

## **MISCELLANEOUS**

**54A. Do you have a license or permit to possess or carry a firearm?**     **YES**     **NO**

**If "yes," provide the following information and attach to this questionnaire a copy of the license or permit:**

<b>Issuing Body</b>	<b>License/Permit #/Type</b>	<b>Basis for License / Permit</b>	<b>Date Issued</b> Month / Day / Year	<b>Date Expires</b> Month / Day / Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**54B. Have you ever had a license or permit to possess or carry a firearm revoked or suspended, or an application for a license or permit to possess or carry a firearm denied?**

**If "yes," provide the following information:**

**YES**     **NO**

<b>Date of Revocation, Suspension or Denial</b> Month / Day / Year	<b>Issuing Body</b>	<b>Reason or Basis for Revocation, Suspension or Denial</b>
_____	_____	_____
_____	_____	_____

**55. Have you ever been refused or denied a bond or surety, or had a bond or surety revoked or suspended?**

**If "yes," provide the following information:**

**YES**     **NO**

<b>Bond/Surety Agency</b>	<b>Date</b> Month / Year	<b>Reason Refused or Denied, Revoked, or Suspended</b>
_____	_____	_____
_____	_____	_____

**56. Is there any fact, issue, or other circumstance not covered in this background questionnaire, which you feel may be relevant to your fitness to perform the duties of the position for which your background is being investigated?**

**If "yes," provide the following information:**

**YES**     **NO**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**56. Attach to this questionnaire a copy of the resume you submitted to the hiring or appointing authority in connection with the position for which your background is being investigated.**

**Resume Attached?**

**YES**     **NO**

**CERTIFICATION AND SIGNATURE**

**THIS QUESTIONNAIRE MUST BE SIGNED AND SWORN TO BY YOU  
BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS**

I, \_\_\_\_\_ being duly sworn, state that I have read and understand all the questions and answers contained in the foregoing 39 pages of this questionnaire and the page(s) of the addendum which I have appended thereto; that I have supplied full and complete information in answer to each question therein to the best of my knowledge, information, and belief; and that all the information supplied therein is true.

I further understand that a false statement or intentional omission made in this questionnaire or in connection with this background investigation may result in the imposition of disciplinary penalties, including termination of employment, or disqualification from future employment and, in addition, may subject me to criminal prosecution.

\_\_\_\_\_  
**Signature**

**Subscribed and sworn to before me**

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
**Notary Public or Commissioner of Deeds**

**THIS BACKGROUND INVESTIGATION QUESTIONNAIRE  
IS NOT A PUBLIC DOCUMENT**

# **ADDENDUM TO BIQ**

**MAKE ADDITIONAL COPIES OF THIS ADDENDUM PAGE AS NEEDED**

**QUESTION** \_\_\_\_\_ **PAGE** \_\_\_\_\_

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**QUESTION** \_\_\_\_\_ **PAGE** \_\_\_\_\_

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**QUESTION** \_\_\_\_\_ **PAGE** \_\_\_\_\_

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**NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_\_