



Garden City Special Police



P.O. Box 52
Garden City, New York 11530

Name (Last/First/Middle) _____ Home # _____ Cell # _____

Address _____

Applicant's Occupation _____ Name of Employer _____

Business Address _____ Business Phone _____ Name of Owner / Supervisor _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Date of Birth _____

Do you possess a valid NYS driver's license? _____ No _____ Yes ID# _____

Have you ever been convicted of a crime? _____ No _____ Yes If yes, give details below

Do you have any disabling condition which would prevent you from performing in a reasonable manner the essential functions of this position? _____ No _____ Yes If yes, give details below

Have you ever served in the U.S. Armed Forces? _____ No _____ Yes If yes, give details below

Branch _____ Rank _____ Serial No. _____ Honorable Discharge? _____ No _____ Yes

Do you claim Veteran Disability? _____ No _____ Yes If yes, state facts on back of form

Are you a member of any Military Reserve Organization? _____ No _____ Yes

If so, give details on the back of this form

List three persons, not related to you, to whom you have known at least one (1) year:

Name _____ Address _____ City/State/Zip _____ Phone # _____

Signature of Applicant

APPOINTING AUTHORITY INFORMATION

Interviewed by _____

Date _____

Examined by Dr. _____

Date _____

Accepted

Rejected

Recommended for membership by _____

Administrated Oath of Office on: _____

Signature of Chief of Special Police _____