



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 Police Commissioner