



# Rockland County Police & Public Safety Academy

Office of Administration  
50 Sanatorium Road, Building G  
Pomona, New York 10970  
845-364-8700

## Pre-Employment - Phase I Application

### Applicant Information

Name \_\_\_\_\_ Age: \_\_\_\_\_  
Last First M.I.

Have you ever been known by any other names? YES NO

List alias names here: \_\_\_\_\_

Address \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) - Email \_\_\_\_\_

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

Gender: \_\_\_\_\_

Are you a citizen of the United States or authorized to work in the United States? YES NO Do you have health insurance? YES NO  
  Attach copy of insurance card – front & back.

Do you have a valid Driver's License? YES NO Have you ever been the respondent or complainant YES NO  
State \_\_\_\_ and Number \_\_\_\_\_   of an Order of Protection?    
Attach copy of Driver's License. Attach copies of court process, disposition and explain in detail on a separate sheet.

Have you ever taken and failed a psychological examination? YES NO  
Attach explanation including for what agency and dates.

Have you ever been arrested? YES NO Have you ever been convicted of traffic violations? YES NO  
  Attach copies of court process, disposition and explain in detail on a separate sheet.    
Attach copies of court process, disposition and explain in detail on a separate sheet.

**ATTACH CURRENT PHOTO HERE**

**2" X 3" Passport Sized Color Photo**

**Date of Photo**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Type all information. Applications must be mailed with a postmark and not dropped off in person no later than December 2, 2024.**

**Education**

**High School:** \_\_\_\_\_ City/State: \_\_\_\_\_

Did you graduate?      YES      NO      Year: \_\_\_\_\_      Do you have a      YES      NO      Year: \_\_\_\_\_  
                  GED?           

**Trade/Other School:** \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES      NO      Degree or  
            Certificate: \_\_\_\_\_  
*Attach Certificate*

**College:** \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES      NO      Major/Degree:  
            Provide GPA \_\_\_\_\_  
*Attach Transcripts*

**College:** \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES      NO      Major/Degree:  
            Provide GPA \_\_\_\_\_  
*Attach Transcripts*

**Educational Disciplinary Record**

Were you ever the subject of any school disciplinary action?      YES      NO  
     

*Explain in detail on a separate sheet.*

**Other Relevant Training**

Detail any other relevant training here (e.g. EMT, Security Guard, etc.):

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

**Other Relevant Training**

*Copy and attach additional pages if needed. Attach supporting documentation where appropriate.*

## References

**List three professional or academic references.**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company/School: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company/School: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company/School: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**List three personal references.**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Previous Employment – (begin with the most recent employment first)**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

*Copy and attach additional pages if needed.*

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Military Occupational Specialties: \_\_\_\_\_ Final Rank: \_\_\_\_\_

Final Unit: \_\_\_\_\_ Honorable Discharge: YES  NO

Attach a copy of DD-214.

On a separate sheet, list and explain in detail any Article 15's and/or NJP's. If discharge was other than Honorable, explain in detail and attach supporting documents.

**Civil Service Status**

If you have taken or are scheduled to take a law enforcement Civil Service Examination - note the jurisdiction, the exam title and exam number, date, include results, and list number if available.

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

Attach supporting documentation: registration, results, etc.

**Pending Law Enforcement Applications**

If you have applied for employment to any law enforcement agencies note the details here. Include any rejections.

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

Attach all supporting documentation.

**Disclaimer and Signature**

**SIGN BEFORE A NOTARY PUBLIC**

I, \_\_\_\_\_, certify that my answers are true and complete to the best of my knowledge. Should this application lead to acceptance, I understand that any misleading information in the application process may result in expulsion.

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year, \_\_\_\_\_, in the County of \_\_\_\_\_, in the State of \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## HOLD HARMLESS AGREEMENT

The applicant agrees to protect, defend, indemnify and hold the County of Rockland, the Rockland County Police and Public Safety Academy, its employees and contractors free and harmless from and against any and all losses, claims, liens, demands and causes of action of every kind and character including the amount of judgments, penalties, interest, court costs and legal fees incurred by the below Signee in defense of same arising in favor of any party, including governmental agencies or bodies on account of taxes, claims, liens, debts, personal injuries including employees and contractors of the County of Rockland, the Rockland County and Public Safety Police Academy, death or damages to property or any other violation of any other applicable statute, ordinance, administrative order, rule or regulation or decree of any Court shall be included in the indemnity hereunder, with the exception of claims, if any caused by the sole negligence of the County of Rockland, the Rockland County Police and Public Safety Academy.

### Disclaimer and Signature

#### SIGN BEFORE A NOTARY PUBLIC

I, \_\_\_\_\_, agree to abide by this Hold Harmless Agreement.

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year, \_\_\_\_\_, in the County of \_\_\_\_\_, in the State of \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## PRE-EMPLOYMENT CANDIDATE ACKNOWLEDGMENT FORM

(Initial the following statements)

The following documents are available publicly [www.rocklandcountypoliceacademy.com/pre-employment-program](http://www.rocklandcountypoliceacademy.com/pre-employment-program)

\_\_\_\_\_ I have reviewed the NYS 9 NYCRR Part 6000.

\_\_\_\_\_ I have reviewed the District Attorney's Model Questionnaire Form.

\_\_\_\_\_ I have reviewed the NYS DCJS Pre-Employment Police Basic Course Student Prerequisite Form.

### Attestation:

I have reviewed the above documents. To the best of my knowledge, I meet all the necessary requirements and would not be barred from the Pre-Employment Program or from being hired as a Police Officer.

### Disclaimer and Signature

#### SIGN BEFORE A NOTARY PUBLIC

I, \_\_\_\_\_, certify that my answers are true and complete to the best of my knowledge. Should this application lead to acceptance, I understand that any misleading information in the application process may result in expulsion.

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year, \_\_\_\_\_, in the County of \_\_\_\_\_, in the State of \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Rockland County Police & Public Safety Academy

## Office of Administration

50 Sanitorium Road, Building G

Pomona, New York 10970

Main Office: 845-364-8700

Fax: 845-364-8926

### PHYSICIAN CERTIFICATION FORM

Dear Examining Physician:

\_\_\_\_\_ (recruit) is a candidate for entry into the Basic Course for Police Officers at the Rockland County Police & Public Safety Academy. The candidate will be required to pass a Cooper Standard Physical Fitness Test and will also be required to conduct regular rigorous physical activity including but not limited to running long distances, strength and agility exercise, as well as functional fitness and martial arts-style exercises.

The Academy requires that a physician examine the candidate to determine that the overall fitness level of the candidate is sufficient to safely attempt physical training that the candidate will be expected to participate in.

Please complete the Physician's Certification along with your office stamp (**signature alone is inadequate**) and return it to the candidate for presentation to the Rockland County Police & Public Safety Academy.

#### Physician's Certification

I, \_\_\_\_\_ (physician), have examined \_\_\_\_\_ (recruit), a candidate for Police Training in the Rockland County Police & Public Safety Academy, and believe that he/she can safely participate in the physically rigorous training that will be conducted at the academy.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**\*Physical examination may not be conducted earlier than July 20, 2024.**

Affix Office Stamp Here