DEPARTMENT OF HUMAN RESOURCES
DIVISION OF CIVIL SERVICE
65 Niagara Square, Room 1001 City Hall
Buffalo, New York 14202-3370

INVESTIGATION SHEET

TITLE:	**DEPARTMENT**

EVERY QUESTION ON THE APPLICATION AND ON THE INVESTIGATION SHEET MUST BE COMPLETELY ANSWERED. THE TRUTH OR FALSITY OF YOUR ANSWERS WILL BE VERIFIED BY INVESTIGATION. **ANY** FALSE STATEMENT MADE BY AN APPLICANT MAY BE CAUSE FOR DISQUALIFICATION.

FAILURE TO ANSWER ALL QUESTIONS WILL DELAY THE PROCESSING OF YOUR APPLICATION.

1. Print your full name

2. What, if any, other name have you been known?

3. Social Security Number (For identification only) ___ ___ ___ — ___ ___ — ___ ___ ___ ___

4. Where do you reside?	Street Address:	Telephone:
City:	State:	Zip Code:

5. Name under which above phone is listed:

6. How Long have you resided in Buffalo? **Since what year?**

7. Are you a registered voter from the above address: YES ☐ NO ☐

8. Are licensed to operate a motor vehicle in New York State? YES ☐ NO ☐

9. Do you or your spouse own a motor vehicle registered in New York State? YES ☐ NO ☐ **10. License Plate Number:**

11. State the names and addresses of schools attended:	Name:	Address:
	Name:	Address:

12. Your Parents Names with (Mother's Maiden) **Father:** _____ **Mother:** _____ **13. Your Spouse's Name with (Maiden)**

14. Are you: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

15. Names of children attending school and the name and location of schools.	Name:	School/Location:
	Name:	School/Location:
	Name:	School/Location:

16. State your residence for the five years preceding the date of this form. You must be prepared to prove your residence by means of voting records, utility receipts or other evidence determined as acceptable by Civil Service Administration.

Failure to fully complete this portion will result in a delay in the processing of your application.

FROM	TO	ADDRESS	CITY	Name and present address of Landlord. If you own your own home, so indicate.