

# MEMORANDUM

## OFFICE OF INSPECTOR GENERAL

**To:** Job Applicant  
**From:** Michael Nestor  
**Subject:** **OFFICE OF INSPECTOR GENERAL BACKGROUND INVESTIGATION/  
HIGH-LEVEL AND/OR SENSITIVE POSITIONS**

The Office of Inspector General ("OIG") is responsible for conducting background investigations of job applicants being considered for high-level and/or sensitive positions with The Port Authority of NY & NJ ("Port Authority"). This investigation is separate and apart from the applicant investigation that the Port Authority's Human Resources Department performs.

You are being considered for a high-level and/or sensitive position and, therefore, the OIG will be conducting a background investigation on you. To that end, you are being provided with release forms and a background investigation questionnaire for completion. Please return these documents to the OIG as soon as possible to enable the investigation to commence and be completed timely.

The completed documents may be forwarded to the OIG electronically or by fax to expedite the transmittal. However, the originals must be forwarded and received by the OIG before the investigation can be completed. Once we've had a chance to review the questionnaire, we will need to interview you. An investigator will be contacting you to arrange for the interview.

If you have any questions, please don't hesitate to contact Supervising Police Investigator, Randy Greenstein at 973-565-4312 (email address: [rgreenstein@panynj.gov](mailto:rgreenstein@panynj.gov); fax: 973-565-4307).

Thank you for your anticipated cooperation.

Michael Nestor  
Inspector General

Attachments

**PORT AUTHORITY OF NEW YORK & NEW JERSEY**  
**Office of Inspector General**

**AUTHORIZATION TO RELEASE INFORMATION REQUESTED  
PURSUANT TO BACKGROUND INVESTIGATION BY THE  
PORT AUTHORITY OFFICE OF INSPECTOR GENERAL**

I, \_\_\_\_\_, consent to a complete Background Investigation conducted by the Port Authority of New York & New Jersey ("Port Authority") Office of Inspector General ("OIG") as a condition of my appointment and/or service as an employee/officer of the Port Authority.

I consent to and authorize the disclosure of all information the Port Authority OIG deems relevant to the evaluation of my eligibility to hold a position of public trust. I authorize the disclosure of such information to the Port Authority OIG, including but not limited to, files and records maintained by former and current employers, by educational institutions, by governmental bodies, by professional associations, by credit agencies, and by investigative, disciplinary or grievance bodies as such materials may relate to me.

I hereby waive any privilege of confidentiality with respect to the release of any such information to the Port Authority OIG.

A photocopy of this authorization shall be considered effective and valid, as the original, which shall remain on file at the Port Authority OIG for this, and any future, reports or updates that may be requested.

Further information may be made available upon written request within a reasonable period of time.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
NOTARY

## FEDERAL TAX RELEASE

**TO: Internal Revenue Service,  
Chief, Correspondence Section**

**FROM: Port Authority of New York & New Jersey  
Office of Inspector General**

**This is to authorize the release to the Port Authority of New York & New Jersey, Office of Inspector General, information verifying the filing, and date(s) of filing, of my Federal income tax returns for the three (3) most recently filed years.**

**Very truly yours,**

\_\_\_\_\_  
(Signature)

SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

**Current Address:** \_\_\_\_\_

**Former Address:** \_\_\_\_\_

**Former Last Name(s):** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FORMER SPOUSE'S NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If Filed Jointly)

**This area for Internal Revenue Service  
Release Information**

\* Most recent three (3) years filed

20\_\_\_\_

20\_\_\_\_

20\_\_\_\_

Verified by: (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_

## NEW YORK STATE TAX RELEASE

Ms. Leta Snover  
Assistant Disclosure Officer  
N.Y.S. Department of Taxation and Finance  
CASD/Disclosure Office  
Building 9, Room 381  
W.A. Harriman Campus  
Albany, New York 12227

Dear Ms. Snover:

This is to authorize the release to the Port Authority of New York & New Jersey, Office of Inspector General, all information appearing on my New York State income tax returns, for the three (3) most recently filed years, and all information pertaining to the filing thereof, including date(s) of filing, collection and warrant information.

Very truly yours,

\_\_\_\_\_  
(Signature)

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Former Address: \_\_\_\_\_  
\_\_\_\_\_

Former Last Name(s): \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

FORMER SPOUSE'S NAME: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If Filed Jointly)

This area for New York State Tax  
Release Information

\* Most recent three (3) years filed    20\_\_ \_\_\_\_\_  
20\_\_ \_\_\_\_\_  
20\_\_ \_\_\_\_\_

\_\_\_\_\_  
Verified by: (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# NEW JERSEY STATE TAX RELEASE

State of New Jersey

To whom it may concern:

This is to authorize the release to the Port Authority of New York & New Jersey, Office of Inspector General, all information appearing on my New Jersey State income tax returns, for the three (3) most recently filed years, and all information pertaining to the filing thereof, including date(s) of filing, collection and warrant information.

Very truly yours,

\_\_\_\_\_  
(Signature)

SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Former Address: \_\_\_\_\_  
\_\_\_\_\_

Former Last Name(s): \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FORMER SPOUSE'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If Filed Jointly)

This area for New Jersey State Tax  
Release Information

|                                   |      |       |
|-----------------------------------|------|-------|
| Most recent three (3) years filed | 20__ | _____ |
|                                   | 20__ | _____ |
|                                   | 20__ | _____ |

\_\_\_\_\_  
Verified by: (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY  
OFFICE OF INSPECTOR GENERAL  
Office of Investigations**

5 Marine View Plaza, Suite 502  
Hoboken, NJ 07030  
973-565-4340

**BACKGROUND INVESTIGATION QUESTIONNAIRE**

THE PORT AUTHORITY OF NEW YORK & NEW JERSEY ("PORT AUTHORITY") OFFICE OF INSPECTOR GENERAL ("OIG") BACKGROUND INVESTIGATIONS ARE DETAILED AND THOROUGH. INFORMATION PROVIDED BY INDIVIDUALS IN THE BACKGROUND INVESTIGATION QUESTIONNAIRE ("BIQ") IS VERIFIED BY THE OIG WITH OUTSIDE AGENCIES. FOR EXAMPLE, TAX FILING DATES ARE VERIFIED WITH THE INTERNAL REVENUE SERVICE AND STATE TAX DEPARTMENTS; OUTSIDE BUSINESS INTERESTS ARE VERIFIED AND OUTSTANDING PARKING SUMMONSES ARE IDENTIFIED, ETC.

A MATERIALLY 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 OFFICE WILL NOT RECOMMEND APPROVAL OF YOUR APPOINTMENT IF YOU FAIL TO PROVIDE ALL INFORMATION REQUESTED OR OTHERWISE FAIL TO COOPERATE FULLY IN THIS INVESTIGATION.

PLEASE KEEP A COPY OF THIS QUESTIONNAIRE FOR YOUR RECORDS FOR AT LEAST 10 YEARS.

THIS QUESTIONNAIRE IS NOT A PUBLIC DOCUMENT AND CANNOT BE ACCESSED BY THE PUBLIC THROUGH THE FREEDOM OF INFORMATION LAW ("FOIL").

**FOR PORT AUTHORITY OIG USE ONLY**

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

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

Candidate Tel #: \_\_\_\_\_

Background Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSTRUCTIONS

- All questions must be answered completely and accurately.
- Type or print clearly in blue or black ink.
- If more space is required, attach an addendum and indicate the question number(s) to which the addendum pertains.
- Note in the space provided for your answer on the BIQ that an addendum is attached.
- Indicate if a question is inapplicable to you by entering "N/A".
- This BIQ must be signed and sworn to by you before a Notary Public or Commissioner of Deeds.

Attach here a passport-size photograph taken within the past twelve (12) months.

## PERSONAL INFORMATION

1. Full Name:

|                              |            |             |
|------------------------------|------------|-------------|
|                              |            |             |
| Last Name (Including Maiden) | First Name | Middle Name |

2. Date of Birth:

|       |     |      |
|-------|-----|------|
|       |     |      |
| Month | Day | Year |

3. Social Security Number:

|     |   |
|-----|---|
| -   | - |
| SSN |   |

3a. Have you ever used, or been issued a Social Security Number other than the one listed above?

☐ Yes ☐ No

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

|  |
|--|
|  |
|  |

4. Place of Birth:

|      |       |         |
|------|-------|---------|
|      |       |         |
| City | State | Country |

5. Primary Residence:

|                |       |                          |
|----------------|-------|--------------------------|
|                |       |                          |
| Street Address |       | Apt. Number, Floor, etc. |
|                |       |                          |
| City           | State | Zip                      |

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

☐ Yes ☐ No

If "yes" provide the following information in the table below:

|  |                          |  |
|--|--------------------------|--|
| Type of Residence<br>(e.g., weekend, vacation) | Amt. of Time Spent There | Full Address<br>(Include City, State, Zip) |
|--|--------------------------|--|

7. Marital Status: (Select One) ☐ Single ☐ Married ☐ Domestic Partner  
☐ Divorced ☐ Widowed ☐ Legally Separated

7a. If Married, provide the information requested below:

|  |  |  |                     |
|--|--|--|---------------------|
| Date of Marriage<br>(Month / Day / Year) | Spouse's Full Name<br>(Last / Maiden, First, Middle) | Spouse's Date of Birth<br>(Month / Day / Year) | Spouse's SSN<br>- - |
|--|--|--|---------------------|

7b. If you have a Registered Domestic Partnership, provide the information requested below:

|  |  |  |                           |
|--|--|--|---------------------------|
| Date of Registration<br>(Month / Day / Year) | Dom. Partner's Full Name<br>(Last / Maiden, First, Middle) | Dom. Partner's Date of Birth<br>(Month / Day / Year) | Dom. Partner's SSN<br>- - |
|--|--|--|---------------------------|

7c. If Legally Separated, Divorced, or Widowed, provide the information requested below:

|  |  |  |                     |
|--|--|--|---------------------|
| Date of Separation,<br>Divorce, or Death<br>(Month / Day / Year) | Spouse's Full Name<br>(Last / Maiden, First, Middle) | Spouse's Date of Birth<br>(Month / Day / Year) | Spouse's SSN<br>- - |
|--|--|--|---------------------|

7d. List the occupation, employment, profession, or business of your spouse or domestic partner and provide the following information:

|                            |  |  |
|----------------------------|--|--|
| Spouse / Dom. Partner Name | Occupation, Employment,<br>Profession, or Business | Name and Address of Business or Employer |
|----------------------------|--|--|

8. Contact Information:

8a. Telephone:

|                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| ( ) -<br>Home Telephone Number     | ( ) -<br>Home Telephone Number (Secondary)     | ( ) -<br>Business Telephone Number |
| ( ) -<br>Cellular Telephone Number | ( ) -<br>Cellular Telephone Number (Secondary) | ( ) -<br>Fax Number                |



**8b. Electronic:**

|   |   |
|---|---|
| Email Address   | Email Address (Secondary)                 |
| Website (Personal)  | Website (Business)                        |
| Social Networking Site / Page<br>(e.g., Facebook, YouTube, MySpace, LinkedIn, etc.) | Social Networking Site / Page (Secondary) |

**FAMILY / HOUSEHOLD INFORMATION**

**9.** In the table below, list the full names of your children, mother, father, sisters, brothers, and any dependents, whether living with you or not, and provide the following information (excluding your spouse or domestic partner identified above in question 7):

| Full Name | Relationship | Date of Birth<br>(Month / Day / Year) | Full Address<br>(Include City, State, Zip) |
|-----------|--------------|---------------------------------------|--|
|           |              |                                       |  |
|           |              |                                       |  |
|           |              |                                       |  |
|           |              |                                       |  |
|           |              |                                       |  |

**10.** In the table below, provide the full names of any person(s), not listed above, who is(are) residing in any residence(s) you maintain, whether related to you or not, and provide the following information (excluding your spouse or domestic partner identified above in question 7):

| Full Name | Relationship | Date of Birth<br>(Month / Day / Year) | Full Address<br>(Include City, State, Zip) |
|-----------|--------------|---------------------------------------|--|
|           |              |                                       |  |
|           |              |                                       |  |

**11.** Has any individual listed above ever been employed by the Port Authority?  
☐ Yes   ☐ No

If "yes" provide the following information as to such employment in the table below:

| Full Name | Title / Position | Dates of Employment<br>(Month / Year) – (Month / Year) |
|-----------|------------------|--|
|           |                  |  |
|           |                  |  |
|           |                  |  |

12. Is any individual listed above a director, officer, principal or partner of any organization which does business with the Port Authority (e.g. receives funds from the Port Authority, has any contracts with the Port Authority, provides any materials or services to the Port Authority, has any matters pending before the Port Authority, or holds any franchise, license, permit, or other privileges from the Port Authority)?

☐ Yes ☐ No

If "yes" provide the following information in the table below:

| Full Name | Organization | Nature of Involvement with the Port Authority |
|-----------|--------------|---|
|           |              |   |
|           |              |   |
|           |              |   |

## REAL PROPERTY HOLDINGS

13. List in the table 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:

| Property Address | Date Acquired<br>Month / Year | Acquired<br>From | Approx. Acquisition Cost /<br>Monthly Maintenance | Current Value |
|------------------|-------------------------------|------------------|---|---------------|
|                  |                               |                  | \$  | \$            |
|                  |                               |                  | \$  | \$            |
|                  |                               |                  | \$  | \$            |

14. Do you or your spouse or domestic partner receive rental income from any of the properties listed above?

☐ Yes ☐ No

If "yes" provide the following information in the table below:

| Property Address | Annual Income Received |
|------------------|------------------------|
|                  | \$                     |
|                  | \$                     |

15. Are any of the tenants renting the properties listed above employed by the Port Authority or do they do business with the Port Authority (e.g., receive funds from the Port Authority, have any contracts with the Port Authority, provide any materials or services to the Port Authority, have any matters pending before the Port Authority, or hold any franchise, license, permit, or other privilege from the Port Authority)?

☐ Yes ☐ No

If "yes" provide the following information in the table below:

| Tenant's Name & Property Address | Nature of Involvement | Monthly Rent |
|----------------------------------|-----------------------|--------------|
|                                  |                       | \$           |
|                                  |                       | \$           |

16. List in the table below any property for which you or your spouse or domestic partner pay rent or make lease or sublease payments.

| Property Address | Date of Orig. Lease or Tenancy<br>Month / Year | Name of Owner, Landlord, Primary Tenant, or Mgmt. Co. | Monthly Rent |
|------------------|--|---|--------------|
|                  |  |   | \$           |
|                  |  |   | \$           |

17. Are any of the individuals or entities listed above as receiving rent or lease payments employed by the Port Authority or do they do business the Port Authority (e.g., receive funds from the Port Authority, have any contracts with the Port Authority, provide any materials or services to the Port Authority, have any matters pending before the Port Authority, or hold any franchise, license, permit, or other privilege from the Port Authority)?

☐ Yes ☐ No

If "yes" provide the following information in the table below:

| Name of Owner, Landlord, Primary Tenant, Mgmt. Co. & Address | Nature of Involvement |
|--|-----------------------|
|  |                       |
|  |                       |

## ORGANIZATIONAL / BUSINESS AFFILIATIONS

18. Upon your appointment or employment with the Port Authority, 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

19. Upon your appointment or employment with the Port Authority will you engage in any other employment, profession, business, or other activity from which compensation, direct or indirect, will be derived?

☐ Yes ☐ No

20. Upon your appointment or employment with the Port Authority will you engage in any volunteer activity with a charitable, civic, or community organization?

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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 information requested as to each:

**21a.**

|   |                         |                                    |
|---|-------------------------|------------------------------------|
| Name of Organization                            | Address of Organization | Nature of Business of Organization |
| Position and Nature of Services Rendered by You |                         | Dates of Affiliation with Org.     |

**21a-i.** Did the organization identified in question (21a) do business with, or receive money from the Port Authority during the period of your tenure?

☐ Yes ☐ No

If "yes" describe the nature of the organization's business relationship with the Port Authority and your involvement, if any:

|  |
|--|
|  |
|--|

**21b.**

|   |                         |                                    |
|---|-------------------------|------------------------------------|
| Name of Organization<br>(Additional)            | Address of Organization | Nature of Business of Organization |
| Position and Nature of Services Rendered by You |                         | Dates of Affiliation with Org.     |

**21b-i.** Did the organization identified in question (21b) do business with, or receive money from the Port Authority during the period of your tenure?

☐ Yes ☐ No

If "yes" describe the nature of the organization's business relationship with the Port Authority and your involvement, if any:

|  |
|--|
|  |
|--|

**21c.**

|   |                         |                                    |
|---|-------------------------|------------------------------------|
| Name of Organization<br>(Additional)            | Address of Organization | Nature of Business of Organization |
| Position and Nature of Services Rendered by You |                         | Dates of Affiliation with Org.     |

**21c-i.** Did the organization identified in question (21c) do business with, or receive money from the Port Authority during the period of your tenure?

☐ Yes ☐ No

If "yes" describe the nature of the organization's business relationship with the Port Authority and your involvement, if any:

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**22.** Have you been informed, or do you have reason to believe, that any of the organizations listed above currently are, or have ever been, a target or subject of any investigation or litigation conducted by any federal, state or local prosecutor, court, legislative, civil, regulatory, or criminal investigative body (including the Port Authority OIG), or grand jury, concerning activities which occurred during the period of your tenure?

☐ Yes ☐ No

If "yes" provide the following information in the table below:

| Name of Organization | Body Conducting Inquiry | Matter Involved | Outcome or Status |
|----------------------|-------------------------|-----------------|-------------------|
|                      |                         |                 |                   |
|                      |                         |                 |                   |
|                      |                         |                 |                   |

**23.** During the period of your tenure, have any of the organizations listed above 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:

**23a.** For 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:

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**23b.** The reason(s) for the late or non-filing:

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**24.** Do any of the above organizations 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 in the table below:

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

25. Have any of the organizations listed above been a party to any litigation or administrative proceeding involving the Port Authority during the period of your tenure?

☐ Yes ☐ No

If "yes" provide the following information in the table below:

| Name of Organization | Matter Involved & Date | Outcome or Status |
|----------------------|------------------------|-------------------|
|                      |                        |                   |
|                      |                        |                   |

26. Has any organization listed above 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 a government agency, including the Port Authority, during the period of your tenure or based upon the activities which occurred during the period of your tenure?

☐ Yes ☐ No

If "yes" provide the following information in the table below:

| Date<br>Month / Day / Year | Agency Involved | Nature of Action Taken and Reason |
|----------------------------|-----------------|-----------------------------------|
|                            |                 |                                   |
|                            |                 |                                   |

27. Have any of the organizations listed above 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 in the table below, and attach to this questionnaire a copy of the discharge documents, including a list of creditors:

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

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

| Name of Organization | Position and Nature of<br>Services Rendered | Expected Annual<br>Compensation | Time to be Expended |
|----------------------|---|---------------------------------|---------------------|
|                      |   | \$                              |                     |
|                      |   | \$                              |                     |

29. Do any of the organizations, businesses, or clients listed above do business with the Port Authority (e.g., receive funds from the Port Authority, have any contracts with the Port Authority, provide any materials or services to the Port Authority, have any matters pending before the Port Authority, or hold any franchise, license, permit, or other privilege from the Port Authority)?

☐ Yes ☐ No

If "yes" provide the following information:

|  |                       |
|--|-----------------------|
|  |                       |
| Name of Organization, Business or Client | Nature of Involvement |

## **MOTOR VEHICLE INFORMATION**

**30.** 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 in the table below:

| Year/Make | License Plate # | Name of Owner / Lessee | Address at Which Registered |
|-----------|-----------------|------------------------|-----------------------------|
|           |                 |                        |                             |
|           |                 |                        |                             |
|           |                 |                        |                             |

**31.** 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 in the table below:

| Year/Make | License Plate # | Registrant's Name | Address at Which Registered |
|-----------|-----------------|-------------------|-----------------------------|
|           |                 |                   |                             |
|           |                 |                   |                             |
|           |                 |                   |                             |

**32.** Do you have any summonses outstanding for parking or moving violations with New York City Parking Violations Operations (PVO) or any other government agency?

☐ Yes ☐ No

If "yes" provide the following information for each outstanding summons in the table below:

| Date Issued<br>Month / Day / Year | Amount Due | Reason Pending |
|-----------------------------------|------------|----------------|
|                                   | \$         |                |
|                                   | \$         |                |
|                                   | \$         |                |
|                                   | \$         |                |

*Note: Candidates undergoing a background investigation MUST satisfy all outstanding parking or moving summonses with all government agencies, 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.*

## COMPLIANCE INFORMATION

33. 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 of Action<br>(Month / Day / Year) | Type of Action | Reason for Action |

34. Have you ever resigned from any employment while any charge or other disciplinary action was pending against you?

☐ Yes ☐ No

If "yes" provide the following information:

|                  |  |   |
|------------------|--|---|
|                  |  |   |
| Name of Employer | Date of Action<br>(Month / Day / Year) | Nature of Charge or Disciplinary Action |

35. Have you ever been asked to resign from any employment?

☐ Yes ☐ No

If "yes" provide the following information:

|                  |   |                        |
|------------------|---|------------------------|
|                  |   |                        |
| Name of Employer | Date of Resignation<br>(Month / Day / Year) | Reason for Resignation |

36. 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 of Resignation<br>(Month / Day / Year) | Anticipated Employer Action |

37. Have you ever undergone a background investigation by any government agency, including the Port Authority (Excluding the current background investigation)?

☐ Yes ☐ No

If "yes" provide the following information below:

|                        |                   |                         |                   |
|------------------------|-------------------|-------------------------|-------------------|
|                        |                   |                         |                   |
| Date<br>(Month / Year) | Government Agency | Position Considered For | Outcome or Status |



**38.** 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<br>(Month / Year) | Agency | Position | Reason for Bar or<br>Disqualification |
|------------------------|--------|----------|---------------------------------------|
|                        |        |          |                                       |

**39.** 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?

☐ Yes ☐ No

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

|  |
|--|
|  |
|  |

**40.** 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 (including the Port Authority OIG), or grand jury?

☐ Yes ☐ No

If "yes" provide the following information:

| Date<br>(Month / Year) | Body or Agency | Matter Involved | Role |
|------------------------|----------------|-----------------|------|
|                        |                |                 |      |

**40a.** If you were granted immunity, in any form, or entered into a consent decree, in any of the above matter(s), provide explanation below:

|  |
|--|
|  |
|  |

**41.** 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, regulatory, or criminal investigative body (including the Port Authority OIG), or grand jury?

☐ Yes ☐ No

If "yes" provide the following information:

| Date<br>(Month / Day / Year) | Body or Agency | Matter Involved |
|------------------------------|----------------|-----------------|
|                              |                |                 |

**42.** Have you been informed, or do you have reason to believe, that you are under investigation by any federal, state or local prosecutor, court, legislative, civil, regulatory, or criminal investigative body (including the Port Authority OIG), or grand jury?

☐ Yes ☐ No

If "yes" provide the following information:

|                |                 |                   |
|----------------|-----------------|-------------------|
|                |                 |                   |
| Body or Agency | Matter Involved | Outcome or Status |

43. 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 a complaint filed, which alleged child abuse or domestic violence?

☐ Yes ☐ No

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

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44. 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" provide details, including dates, below:

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45. 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**

46. 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?

☐ Yes ☐ No

If "yes" provide the following information in the table below:

| Title of Action & Date Commenced | Court or Agency | Matter Involved | Outcome or Status |
|----------------------------------|-----------------|-----------------|-------------------|
|                                  |                 |                 |                   |
|                                  |                 |                 |                   |
|                                  |                 |                 |                   |

47. 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, public 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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48. Have you ever had an order of protection against you?

☐ Yes ☐ No

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

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49. List in the table below any civil judgments entered in any court against you or your spouse or domestic partner, which are outstanding.

| Judgment Entered Against | Date Entered<br>Month / Day / Year | Court | Judgment Creditor | Original Amt. of Judgment | Amount Outstanding |
|--------------------------|------------------------------------|-------|-------------------|---------------------------|--------------------|
|                          |                                    |       |                   | \$                        | \$                 |
|                          |                                    |       |                   | \$                        | \$                 |

50. 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," in the table below, provide the following information and attach to this questionnaire a copy of the discharge documents, including a list of creditors:

| Petition Filed By | Date Filed<br>Month / Day / Year | Court | Date Discharged<br>Month / Day / Year | Total Amt. Of Debt | Reason for Filing |
|-------------------|----------------------------------|-------|---------------------------------------|--------------------|-------------------|
|                   |                                  |       |                                       | \$                 |                   |
|                   |                                  |       |                                       | \$                 |                   |

51. Are you currently obligated to make child support payments?

☐ Yes ☐ No

If "yes" provide the following information in the table below:

| Name of Child<br>(Last, First) | Date Obligation Commenced<br>Month / Day / Year | Amount / Frequency of Payments | Payee | Date and Amt. of Most Recent Payment<br>Month / Day / Year |
|--------------------------------|---|--------------------------------|-------|--|
|                                |   | \$                             |       |  |
|                                |   | \$                             |       |  |

52. If you have been ordered by any court to make child support payments, provide the following information in the table below:

| Name and Location of Court<br>(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<br>Month Day Year |
|--|---|---|--|
|  |   | \$  |  |
|  |   | \$  |  |

53. 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.

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## **TAX / FINANCIAL INFORMATION**

54. List in the table 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 any copies of payment or installment agreements or other proof of payment, if applicable.)

| Entered Against | Date Entered<br>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.*

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

| Date<br>Month / Day / Year | Debtor Name | Name of Tax Authority | Amount | Status |
|----------------------------|-------------|-----------------------|--------|--------|
|                            |             |                       | \$     |        |
|                            |             |                       | \$     |        |
|                            |             |                       | \$     |        |

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.

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

*Note: For the following questions, review your tax records and provide precise filing information. The Port Authority 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.*

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?

☐ Yes ☐ No

If "no" provide the following information:

**56a.** 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 following), 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 you federal or state return, or to both:

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

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

The reason(s) for the late filing.

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

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

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

## CONFLICT OF INTEREST

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57. Are there any matter 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 expansion of how you propose to resolve such conflict(s) (e.g., resignation, divestiture, recusal, etc):

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## POLITICAL PARTY POSITIONS

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58. 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

59. 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" provide the following information:

|                                |                        |                |
|--------------------------------|------------------------|----------------|
|                                |                        |                |
| Name of Political Organization | Title or Position Held | Term of Office |

60. Upon your appointment or employment with the Port Authority, do you intend to resign from any of the positions listed above?

☐ Yes ☐ No

If "yes" explain below:

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61. Do you hold, or have you ever held, an 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 |

## MISCELLANEOUS

62. 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:

| Issuing Body | License/Permit<br>#/Type | Basis for<br>License/Permit | Date Issued<br>Month / Day / Year | Date Expired<br>Month / Day / Year |
|--------------|--------------------------|-----------------------------|-----------------------------------|------------------------------------|
|              |                          |                             |                                   |                                    |
|              |                          |                             |                                   |                                    |

63. 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 to carry a firearm denied?

☐ Yes ☐ No

If "yes" provide the following information:

|   |              |   |
|---|--------------|---|
|   |              |   |
| Date of Revocation,<br>Suspension or Denial<br>(Month / Day / Year) | Issuing Body | Reason or Basis for Revocation, Suspension, or Denial |

64. Is there any additional fact, issue, or other circumstances 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?

☐ Yes ☐ No

If "yes" explain below:

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## **CERTIFICATION & SIGNATURE**

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NOTE: 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 \_\_\_\_\_ 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 disqualification from future employment, termination of employment, and, in addition, may subject me to criminal prosecution.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

Subscribed and sworn to before me

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

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