

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

Warning: Any misstatement of fact, omissions or attempt to mislead this agency, its investigators or the appointing authority, deliberate or in error, may lead to your disqualification. This application must be type-written and all information filled in. If any requested data does not apply to you, indicate by entering "N/A." Initial the bottom of every page on the right-hand side as you complete that page.

<p style="text-align: center;">Photograph (Taken within last six months)</p>
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1. Name:

Last Name: _____ Date of Birth: _____

First Name: _____ Middle Name: _____

Social Security No. _____ Where Issued: _____

Current Occupation: _____

2. Give any other names you have used or been known by, and attach a statement giving reasons:

3. Current Address: _____
Street City State Zip Code

From: _____ Home Phone: (____) _____
Month Year

Work Phone: (____) _____

4. Place of Birth: _____
City or Town State Country

5. Age: _____ **Sex:** _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

6. Scars & Tattoos: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

7. Do you wear contact lenses or glasses? _____ What kind: _____

CITIZENSHIP

8. Are you a native born or naturalized citizen? Native born: _____ Naturalized: _____

If you are of foreign birth, or are a naturalized citizen, fill in the following:

Country of birth: _____

Port or place of departure to the United States: _____ Date _____

Point of Entry into the United States: _____ Date _____

How were you transported to the United States? _____
(Ship, Plane, Train, etc.)

Name of transport conveyance and/or company you arrived on: _____

If a naturalized citizen, name and address of person who sponsored you on arrival: _____

How did you obtain citizenship? (Give details) _____

Petition number: _____ Date: _____

Court: _____ State: _____ Certificate number: _____

9: List in order, beginning with the most recent, all prior places of residence within the last 20 years:

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With Whom did you reside there: _____

Initials _____

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From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With Whom did you reside there: _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With Whom did you reside there: _____

From : _____ To : _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With Whom did you reside there: _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With Whom did you reside there: _____

If you lived at additional locations, insert information on those residences on a new sheet and attach at the end of this form.

10. If you reside with or have resided with someone other than a spouse or parents list each below providing the required information and indicate at which residence this occurred:

Name: _____ Date of Birth: _____ Relationship: _____

Phone: () _____ Occupation: _____ Soc. Sec. # _____

Place of employment: _____

Current address: _____

Initials _____

Name: _____ Date of Birth: _____ Phone: (____) _____
Occupation: _____ Soc. Sec. #. (if available) _____
Current Address: _____

Name: _____ Date of Birth: _____ Phone: (____) _____
Occupation: _____ Soc. Sec. #. (if available) _____
Current Address: _____

11. List all places where you registered to vote: (If none, so state.)

<u>City</u>	<u>County</u>	<u>State</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If never registered, why not? _____

SOCIAL STATUS

12. Are you Single? __, Married? __ Date: __, Separated? __ Date: __
Divorced? __ Date: __, widowed or widower? __ Date: __

13. Provide the following information regarding marriage or marriages:

Number of times married? __, Where? _____

14. Were you ever divorced or had a marriage annulled? __ How many times? __
Where? _____

Initials _____

15. Were you ever legally or voluntarily separated? _____ How many times? _____
When? _____

16. If separated, annulled or divorced, provide the present address of the spouse(s) from whom you were separated, annulled or divorced.

Name: _____ Phone: (____) _____

Address: _____

Name: _____ Phone: (____) _____

Address: _____

17. If separated, annulled or divorced, indicate which below and provide the date of each action, the Court and State in which the action occurred, the presiding judge, the party initiating the action and the action awarded by the Court.

Initials _____

18. Spouse:

Name: _____ Date of Birth: _____

Maiden Name: _____ Occupation: _____

Place of Employment: _____

Address if different than applicant: _____

19. Were you ever the parent of a child either natural or by legal adoption? _____

20. List below every child either born to you or legally adopted and include step-children:

Name

Sex

Date and Place of Birth

Where and with whom does this/these child(ren) reside? _____

21. Have you ever been involved as a plaintiff _____ or a defendant _____ in a paternity proceeding? _____ If "Yes," state in full detail the date, location, party involved and the outcome of the action. _____

Initials _____

22. If never married, list one or more persons with whom you frequently socialized during the last three years. Provide information as to age, address, occupation, phone number if known, and duration of friendship.

23. Family Information--Father, Mother, Brothers, Sisters: If deceased indicate same.

Father: _____ Living? _____ Occupation: _____

Address: _____

Phone: (____) _____

Mother: _____ Maiden Name: _____

Living? _____ Phone: (____) _____ Occupation: _____

Address: _____

Brother/Sister: _____ Occupation: _____

address: _____

Phone: (____) _____ Married? _____ Spouse's maiden name: _____

Brother/Sister: _____ Occupation: _____

address: _____

Phone: (____) _____ Married? _____ Spouse's maiden name: _____

Brother/Sister: _____ Occupation: _____

address: _____

Phone: (____) _____ Married? _____ Spouse's maiden name: _____

Brother/Sister: _____ Occupation: _____

address: _____

Phone: (____) _____ Married? _____ Spouse's maiden name: _____

Brother/Sister: _____ Occupation: _____

Initials _____

address: _____
Phone: () _____ Married? _____ Spouse's maiden name: _____

24. List names of three close friends and/or associates other than references:

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

25. Provide three references with whom you personally are socially or professionally acquainted:

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Initials _____

EDUCATION

26. List chronologically (earliest dates first beginning at first grade) all schools, colleges and training courses you have attended:

School: _____ From: _____ To: _____

Exact Address: _____

Grade Levels Attended: _____

School: _____ From: _____ To: _____

Exact Address: _____

Grades Levels Attended: _____

School: _____ From: _____ To: _____

Exact Address: _____

Grades Levels Attended: _____

School: _____ From: _____ To: _____

Exact Address: _____

Grades: _____

College or Trade Schools

27. College/School: _____ From: _____ To: _____

Exact Address: _____

Full Time: ____ Part Time: ____ Degree or Certification Sought: _____

Degree or Certification Received? ____ If not, why not: _____

College/School: _____ From: _____ To: _____

Exact Address: _____

Initials _____

Full Time: ____ Part Time: ____ Degree or Certification Sought: _____

Degree or Certification Received? ____ If none, why not: _____

College/School: _____ From: _____ To: _____

Exact Address: _____

Full Time: ____ Part Time: ____ Degree or Certification Sought: _____

Degree or Certification Received? ____ If none, why not: _____

If Degree not received, how many credits have you completed? _____

Transcripts of student records must be provided when submitting this applicant form.

28. What professional license(s) do you possess? _____

29. Other than English what language(s) do you speak?: _____

30. List any problems you had while attending school (absenteeism, tardiness, poor grades, other discipline problems)--include college:

School

Date or Year

Problems

Initials _____

MILITARY SERVICE

31. Have you ever served on active duty in any military organization of the United States? ____
If yes, what organization? ____ From: ____ To: ____
Highest rank held?: ____ Type of discharge received?: ____
What was your military specialty?: ____
32. Have you ever served in a Reserve military organization or National Guard Unit? ____
If yes, what organization? ____ From: ____ To: ____
Highest rank held?: ____ Type of discharge received?: ____
What was your military specialty?: ____
33. Have you ever served in a military organization of a foreign government? ____
If yes, what organization? ____ From: ____ To: ____
Highest rank held?: ____ Type of discharge received?: ____
Under what circumstances did this foreign service occur? Give details. ____

34. Did you receive any medals or decorations as a member of the military service? ____
If yes, what were they? ____

35. Were you ever subject to a court martial inquiry, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action? ____

If yes, how many times? ____ If yes, give details of charges, agency concerned, dates and dispositions: ____

Initials _____

EMPLOYMENT HISTORY

36. Present Employer: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Phone: _____ Immediate Supervisor: _____
Date Hired: _____ Duties: _____

37. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member? _____ If yes, give details: _____

38. Has your name ever been submitted or used as a trustee, officer, or in any capacity, of any labor trade union, organization or affiliate? _____ If yes, give details. _____

Initials _____

39. List below chronologically, earliest dates first, each and every place you were previously employed since the age of 16. **OMIT NONE.** Give correct, full addresses. Give dates of idleness between period of employment in proper sequence. (Include all part-time employment.)

FROM		TO		Name & Address of Employer	Immediate Supervisor	Reason For Leaving
Mo.	Year	Mo.	Year			

40. Were you ever discharged or asked to resign from employment? _____ If yes, how many times? _____ Give details of discharge or forced resignations below.

Employer

Date

Supervisor's Reason

41. Were you ever subjected to disciplinary action in connection with any employment? _____ If yes, give details.

Employer

Date

Supervisor's Reason

Initials _____

42. Have you or your spouse, or any corporation or partnership of which you or she was an officer, director, or partner, ever possessed a license or permit (excluding driver's license and learner's permit) issued by any governmental agency? _____ If Yes, give details: _____

43. Have you or your spouse, ever possessed a professional or occupational license, permit or certification? _____ If yes, give details: _____

44. Has any license or permit, including driver's license or learner's permit, issued by any city, state or federal agency ever been denied to you, your spouse, or to any corporation or partnership of which you or your spouse was an officer, director, or partner? _____ Has any such license or permit ever been revoked, canceled or suspended? _____ If yes, give details: _____

45. Have you ever sponsored, vouched for, served as a character witness for, or made any recommendations for or concerning any person or premises to any municipal, state or federal agency in connection with the issuance, revocation, or suspension of any license or permit or for any other reason? _____ If yes, give details: _____

Initials _____

46. Have you ever received unemployment insurance or other federal, state or local benefits or assistance? _____ If yes, give details as to when, from whom, what kind, and for how long.

47. Have you ever received any public assistance to which you were not entitled? _____ If yes, explain: _____

48. Have you previously made application for employment with this or any other law enforcement agency? _____ If yes, give full details as to the agency (is), when and the status of that application(s). _____

49. Have you ever been rejected by another police department for employment? _____ If yes, give full details as to when, where and why: _____

Initials _____

50. Are you currently on an employment list, or have you taken any tests for potential employment with any other law enforcement agency? _____ If yes, what agency? When?

51. Were you ever or are you a member of a labor, or fraternal organization? _____ If yes, list below every such organization.

FROM		TO		Name of Organization	Type	Address
Mo.	Year	Mo.	Year			

GENERAL

52. Do you smoke cigarettes, cigars or a pipe? _____ If yes, how frequently? _____
53. Do you consume any alcoholic beverage? _____ If yes, how frequently? _____
Quantity; _____ How would you describe your use of alcoholic beverages?

FINANCIAL

You must include a TRW or similar type financial report with this completed form in addition to providing the following financial information.

54. Have you ever filed for bankruptcy, had a debt garnishment or wage assignment or judgment held against you or currently pending against you? _____ If yes, give details:

Initials _____

Have you ever defaulted on a loan, had property of any kind repossessed? _____

If yes, give details: _____

55. Current outstanding debt:

TYPE Loan, Credit Card	With Whom Name, Address & Account Number	Date Incurred	Original Amount	Present Amount	Monthly Payment	Amount Past Due

56. Have you ever received a student loan from a governmental or private agency? ____ If yes,

Initials _____

give details: _____

57. Did you ever default on such loan or are you in now or in the past in arrears more than three months on the scheduled repayments? _____ If yes, give details: _____

58. Are you a co-maker on an outstanding loan? _____ If yes, give details: _____

59. Have you ever been bonded? _____ If yes, give complete details with respect to each bond as to reason it was required, by whom it was required, from whom was it obtained and the amount and date it was obtained: _____

60. Have you ever been refused a bond? _____ If yes, by whom and reason: _____

61. Were you or your spouse ever summoned or subpoenaed to court in a civil action or proceeding in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction? _____ If yes, indicate below every civil action or proceeding in

Initials _____

which you or your spouse were a party to or likely to become a party thereto. Give dates, type of action or proceeding, whether plaintiff, defendant, petitioner or witness, court and disposition. _____

INCOME & FINANCIAL HISTORY

62. What is your present salary or wage? _____
What is your spouse's salary or wage? _____
What was your average yearly income over the past three years? _____
63. Do you have income from any source other than your principal occupation? ____ If yes, how much? _____
The source? _____ How often? _____
64. Do you own any real estate? ____ If yes, what is its value? _____
Location: _____

65. Do you own any bonds, government or other? ____ If yes, what is their current value? _____
66. Do you own any corporate stock? ____ If yes, what is their value? _____
67. Do you have a bank account? ____ If yes, complete the following:

Savings account

Bank

Number

Average balance(s)

Initials _____

Checking Account

Bank

Number

Average balance(s)

Money Market and/or NOW account

Number(s)

Average balance(s)

Name and address of bank(s)

ARRESTS, SUMMONS, ETC.

68. Have you ever been arrested for or charged with Juvenile Delinquency? _____ If yes, complete the following:

Date: _____ Age: _____ Violation charged _____

Location: _____ Police agency : _____

Court Disposition: _____

Sentence: _____

Date: _____ Age: _____ Violation charged _____

Location: _____ Police agency : _____

Court Disposition: _____

Sentence: _____

Date: _____ Age: _____ Violation charged _____

Location: _____ Police agency : _____

Initials _____

Court Disposition: _____

Sentence: _____

Date: _____ Age: _____ Violation charged _____

Location: _____ Police agency : _____

Court Disposition: _____

Sentence: _____

69. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state or federal agency, committee or other investigative body? _____
If yes, give complete details: _____

70. Have you ever received a summons for any violation of the fish and game laws? _____ If yes, complete the following:

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

71. Have you ever been arrested for, or charged with, a violation of the disorderly persons act or city ordinance? _____ If yes, insert the information required below.

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Initials _____

Penalty: _____ Police Agency involved: _____

72. Have you ever been arrested, indicted, or convicted for any violation of the criminal law? _____ If yes, complete the information required below:

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

73. Have you ever had a criminal or arrest record expunged? _____ If yes, give complete details below. _____

74. Have you ever been held as a material witness? _____ If yes, insert the information below.

Date: _____ Violation: _____

Location: _____ Court Disposition: _____

Your Age: _____ Police agency: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

75. Have you ever been held as a suspicious person or investigated by any law enforcement or

Initials _____

private security agency for any reason? _____ If yes, give details below. _____

76. Have you ever been fingerprinted for any reason prior to submitting your application for employment with this agency? _____ If yes, complete the following:

When

Where

Purpose

SUBVERSIVE AFFILIATIONS

77. Are you now, or have you ever been, a member of any organization, association, movement or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means; or who's purpose and intent is to unlawfully deny or circumvent the civil rights of any person in the United States or this State? _____

78. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in question 77 above? _____

79. Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any organization or groups described in question 77 above? _____

80. Have you ever signed or solicited others to sign any petition sponsored or issued by any

Initials _____

organization or group described in question 77ve, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organizations or groups described in question 77 above? _____

81. Have you ever participated in any of the following activities:
- a. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, or project sponsored or organized by any organization or group described in question 77 above? _____
 - b. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 77 above? _____
 - c. Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in question 77 or by any of its agents? _____
 - d. Purchased or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 77 or any of its agents? _____

82. If you answered " YES" to any of the above questions, explain: _____

Initials _____

MOTOR VEHICLE HISTORY

83. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (Exclude Parking Violations) _____ If yes, insert the required information below.

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>Court Disposition</u>	<u>Police Agency</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

84. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever revoked? _____ Suspended? _____ If yes, which license? _____
When? _____, Where? _____
_____, Why? _____

Was your Registration Certificate or Driver's License ever restored? _____

When? _____

Where? _____

85. Have you ever been involved in a motor vehicle accident either as a registered owner, operator, passenger or pedestrian, which resulted in property damage or personal injury to you or someone else? _____ If yes, give details: _____

Initials _____

86. Do you currently or have you ever possessed any of the following? If yes, provide the following information:

Motor Vehicle Operator's License: State: _____ License Number: _____

Date Issued: _____ Expires: _____ Conditions placed upon license: _____

Name issued to if different from applicant's current name: _____

Commercial Vehicle Operator's License: _____ Type: _____

State: _____ License Number: _____ Date Issued: _____

Expires: _____ Conditions placed upon license: _____

Name issued to if different from applicant's current name: _____

Motor Boat Operator's License: _____ State: _____ Date Issued: _____

Expires: _____ License Number: _____ Conditions placed upon license: _____

Name issued to if different from applicant's current name: _____

FAA Pilot's License: _____ Type: _____ Date Issued: _____

License Number: _____ Is this license current? _____

Bi-annual due: _____ Conditions placed upon license: _____
Year

Name issued to if different from applicant's current name: _____

87. Do you currently or have you within the past five years owned a motor vehicle, power boat or aircraft of any kind? _____ If yes, provide the following information:

Type Registration Number State Make & Model Year Presently Owned?

Initials _____

88. List name and address of company (is) which carries your auto or other type craft insurance:

89. Has your auto or other type craft insurance ever been revoked or refused? _____ If yes, give details: _____

90. List below all professional, civic and social organizations of which you have been a member within the last five years. (Other than labor or fraternal)

91. What volunteer or community activities have you engaged in within the last five years?

Provide the name and address of the sponsoring organization or group and a description of the activities performed. _____

Initials _____

92. Do you possess expertise or competence in a particular trade, skill or technology? _____
If yes, briefly describe your level of experience and competence. _____

93. What hobbies and sports do you engage in? _____

94. You have been provided with a list of the essential functions for the position of police officer in this municipality. You are to read those and if you have any questions concerning any of them you are to contact the office of the chief of police. Having read those essential functions, and having had all of your questions answered, do you believe that you can perform satisfactorily all of those essential function once you receive basic training at a Police Training Commission approved police academy? _____

Note: If there is other information which may be relevant, directly or indirectly, that this agency should have knowledge of in order to conduct a thorough background investigation of you, as a candidate for employment in this agency, or insufficient space was provided above for complete answers, you are required to add this additional information on a separate sheet(s). Indicate the question number the added information applies to. Attach any additional pages at the back of this form. Indicate below the number of additional pages attached. You are reminded that any false or deliberate misstatement of facts can result in your disqualification for employment by this agency.

Additional pages attached: _____

Initials _____

STATE OF NEW JERSEY

COUNTY OF _____

I, _____ being duly sworn, depose and say I am the above named person. I personally read and entered answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Applicant's Signature: _____ Date signed: _____

Sworn before me this _____ day of _____

Signature

(Seal)

DO NOT WRITE BELOW THIS LINE

SIGNATURE OF APPLICANT SIGNED IN PRESENCE OF INVESTIGATOR

Investigator: _____ Agency: _____
Signature

NOTE: The applicant must provide three references from reputable citizens who have personally known the applicant for more than three years and who will vouch for the honesty, reputation and ability of the applicant. **REFERENCES MAY NOT BE MEMBERS OF THIS DEPARTMENT NOR PERSONS LISTED IN ANY OTHER SECTION OF THIS APPLICATION. Completed references are to be mailed by the reference directly to this agency.**

Initials _____

APPLICANT REFERENCE REQUEST

REFERENCE FOR : _____ who is seeking
employment with the _____ as a _____
NAME Agency Position

I, the above named applicant requests that _____ serve
Reference's Name

as a personal reference for me and to provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing the following form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if it that information might unfavorably impact upon my application with the above named law enforcement agency.

Signature of Applicant Date: _____

TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other the information you provide in regarding the above applicant who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person declare that I am over eighteen (18) years of age, that I have personally known of the applicant for at least three years, that I have read the foregoing and all the statements and information provided herein by me is true to the best of my knowledge, and I am not related in any way to the applicant. I will, upon request, give further facts concerning the applicant as I may possess. I understand that my response will be considered to be confidential and not provided to the applicant.

(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)

VOUCHER:

Name: _____ Soc. Security No. _____

Home Address: _____

Initials _____

Phone: _____ Business Address: _____
(Optional)

Phone: _____

OCCUPATION: _____

How long have you personally known the applicant? _____

In your opinion would the applicant make a good law enforcement officer? _____

If you were in danger, would you want the applicant to be the officer assigned to assist you?

_____. Why _____

In your opinion, do most persons who know the applicant as well as you agree with your
assessment of the applicant? _____ Why? _____

What do you believe the applicant's most significant attributes are? _____

In your opinion, what deficiencies should the applicant work to improve upon and how would
that improvement help the applicant to be a successful law enforcement officer?

Initials _____

Do you personally know of any reason why the applicant should not be hired as a law enforcement officer? _____

On a scale from one to ten, where would you place the applicant as an individual who possesses all of the character, qualities, personality and mental ability necessary to be a good and successful law enforcement officer? _____

On a scale from one to ten, where do you place your level of comfort and willingness to serve as a reference for this applicant, knowing that this agency will give significant weight to your responses in determining whether or not to employ this applicant as a law enforcement officer? _____

Signature Date

PLEASE MAIL THIS FORM DIRECTLY TO:

Chief: _____

Agency

Address _____

Initials _____



RIDGEWOOD POLICE DEPARTMENT

131 N. Maple Avenue
Ridgewood, New Jersey 07450



Village of Ridgewood Police Department Authorization to Release Information

I hereby authorize any Police Officer or authorized representative of the Village of Ridgewood Police Department bearing this release, or copy thereof, to obtain from any agency of the Government of the United States, and/or any other agency, person, firm or corporation holding records concerning me that are considered confidential, any and all information requested that involves me in any way relevant to the performance of the position of police officer, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the Village of Ridgewood Police Department. This further includes the furnishing of copies of pertinent documents about my background as required.

Such records may pertain to my employment records or educational records including but not limited to achievement, attendance, personal history, disciplinary records, medical records, reasons for termination of employment, reason for discharge from military service, job performance, complete history of injuries suffered, including any disability remaining, criminal history and other personal information relevant to the performance of the position of police officer upon request of the bearer. This release is executed with full knowledge and understanding that the information provided is for the official use of the Village of Ridgewood Police Department. I further understand that any information which may be obtained about me from whatever source will be obtained upon an assurance of confidentiality by the Village of Ridgewood Police Department and form a part of the complete Background Investigation File, to which I will not have access at any time.

I hereby release you as the custodian of such records and as an employer, educational institution, physician, hospital or other repository of medical records, or other agency or entity, and including all of your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time be incurred by me, my heirs, family, or associates arising out of compliance or the attempt to comply with this authorization or any request to release information.

PRINT NAME: _____ SIGNATURE: _____

DATE: _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20 ____
BY _____ WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING
IDENTIFICATION: _____

NOTARY PUBLIC SEAL OF OFFICE
SIGNATURE OF NOTARY PUBLIC: _____
NOTARY PUBLIC, PRINT NAME: _____



RIDGEWOOD POLICE DEPARTMENT

131 N. Maple Avenue
Ridgewood, New Jersey 07450



CRIMINAL INQUIRY WAIVER AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize the release of any and all information of any criminal record that law enforcement agencies may have in their files concerning the undersigned.

I HEREBY RELEASE THE Village of Ridgewood and any law enforcement agency receiving this request, their members and employees from any liability or damage which may result from furnishing the information requested.

FULL NAME (print): _____

DATE OF BIRTH: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE: STATE: _____ EXPIRES: _____

LICENSE NUMBER: _____

SIGNATURE: _____ DATE: _____

AFFIDAVIT:

STATE OF _____ COUNTY OF _____ CITY OF _____

Before me personally appeared the said _____

Who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

SWORN AND SUBSCRIBED TO IN MY PRESENCE
THIS _____ DAY OF _____, 200 _____

NOTE: THE CRIMINAL INQUIRY WAIVER MUST BE NOTARIZED PRIOR TO SUBMISSION.



RIDGEWOOD POLICE DEPARTMENT

131 N. Maple Avenue
Ridgewood, New Jersey 07450



DOMESTIC VIOLENCE DISCLOSURE

1. Have you ever been convicted of a Domestic Violence related crime? ("Domestic Violence" means the occurrence of one or more of the following acts inflicted upon a person by their spouse, former spouse, or any other person who is a present or former household member, or any person with whom the victim has a child in common, or any person with whom the victim has had a dating relationship: assault, homicide, terroristic threats, kidnapping, criminal restraint, false imprisonment, sexual assault, criminal sexual contact, lewdness, criminal mischief, burglary, criminal trespass, harassment, stalking.) YES ☐ NO ☐
2. Have you ever been a party to a Domestic Violence Injunction or Petition? ☐ YES ☐ NO
3. Have you ever been involved in any Domestic Violence incident where the police responded and a written police report of the incident was completed? ☐ YES ☐ NO

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN THE CIRCUMSTANCE AND ATTACH ANY SUPPORTING DOCUMENTATION. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT IF NECESSARY.

PRINT NAME: _____ SIGNATURE: _____

DATE: _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20____
BY _____ WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE
FOLLOWING IDENTIFICATION: _____

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC: _____

NOTARY PUBLIC, PRINT NAME: _____



RIDGEWOOD POLICE DEPARTMENT

131 N. Maple Avenue
Ridgewood, New Jersey 07450



EQUAL OPPORTUNITY EMPLOYER DATA

The Village of Ridgewood is an equal opportunity employer and it complies with government regulations with regard to equal employment opportunity. To assist in the Village's continuing effort to do so, this data is compiled on an ongoing basis. **However, your cooperation in completing the following is voluntary. Inclusion or exclusion of any data will not affect any employment decision.** This form is removed from the application upon submittal to the Village of Ridgewood and is kept in a separate file.

DATE OF APPLICATION: _____

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

POSITION APPLIED FOR: _____

RACE:

- ☐ White (non-Hispanic)
- ☐ Black
- ☐ Hispanic
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaskan Native

SEX:

- ☐ Male
- ☐ Female

VETERAN:

- ☐ Yes
- ☐ No

DISABLED:

- ☐ Yes
- ☐ No

REFERRAL SOURCE:

- ☐ Newspaper Advertisement
- ☐ Village Job Announcement
- ☐ Village Employee
- ☐ Correspondence
- ☐ Walk-In
- ☐ New Jersey State Job Service
- ☐ Other (Please Specify)



RIDGEWOOD POLICE DEPARTMENT

131 N. Maple Avenue
Ridgewood, New Jersey 07450



RESIDENCE AFFIDAVIT

Date: _____

STATE OF NEW JERSEY
COUNTY OF BERGEN

I _____ the undersigned, being duly sworn, depose and say:

1. I reside at _____, County of Bergen and the State of New Jersey.
2. I have known the applicant _____ to have resided at the following:

ADDRESS

FROM

TO

Signature

SWORN TO BEFORE ME THIS
____ DAY OF _____, 200__

Notary Public



RIDGEWOOD POLICE DEPARTMENT

131 N. Maple Avenue
Ridgewood, New Jersey 07450



RESIDENCE AFFIDAVIT

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Notary Public