

LAKEWOOD POLICE DEPARTMENT



APPLICATION FOR
PUBLIC SAFETY TELECOMMUNICATOR & RECORDS CLERK

APPLICATION: PUBLIC SAFETY TELECOMMUNICATOR & RECORDS CLERK

Lakewood Police Department

231 3rd Street

Lakewood, NJ 08701

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: ____/____/____ Home Number: _____ Cell Number: _____

Email Address: _____

Do you have a Facebook account? Yes No What is your screen name? _____

Do you have a Twitter account? Yes No What is your screen name? _____

Do you belong to any other social networking sites? Yes No

Please list them:

READ CAREFULLY PRIOR TO FILLING OUT APPLICATION

INSTRUCTIONS

Read every question carefully. Answer every question, leave no blank spaces, if a question does not apply to you, use "Not Applicable", or "N/A". A candidate may be rejected who has intentionally made a false statement of a material fact; and/or practiced, or attempted to practice any deception or fraud in this application or any other application, in an attempt to secure eligibility for appointment.

The candidate shall personally prepare this form. All entries, except the signatures, must be hand written in black ink.

If the space provided for answering any question is insufficient, attach a separate sheet of paper and include the question and question number above the answer or continuation.

Official Use Only --- Do Not Write in this Box

Date Received: ____/____/____

Receiving Officer: _____

Interview: Yes _____ No _____

Approved: Yes _____ No _____

Initials: _____



Lakewood Police Department

231 3rd Street
Lakewood, NJ 08701

AUTHORIZATION RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
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Place of Birth	City	County	State	Country
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This release, when presented by a duly authorized representative of the Lakewood Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Lakewood Police Department; Employment, Educational, Medical, Psychological, Selective Service, Police and Criminal, Motor Vehicle and Driving, Financial and Credit, and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Lakewood Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Lakewood Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Lakewood Police Department. I understand that all materials pertaining to this background investigation become the property of the Lakewood Police Department, and will not be returned to me.

I agree to identify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY: Signature: _____

State of _____; Street Address: _____

County of _____; City, State, Zip Code: _____

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires: _____, Signature of Notary: _____

Initials: _____

FINGERPRINTING INFORMATION

Name: _____

Date of Birth: ____/____/____

Sex: _____ Race: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Place of Birth: _____

Citizenship: _____

Social Security Number: ____ - ____ - ____

Current Address: _____
(Street) (City) (State) (Zip)

Home Phone Number: _____

Cell Phone Number: _____

Employer and Address: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____

Occupation: _____

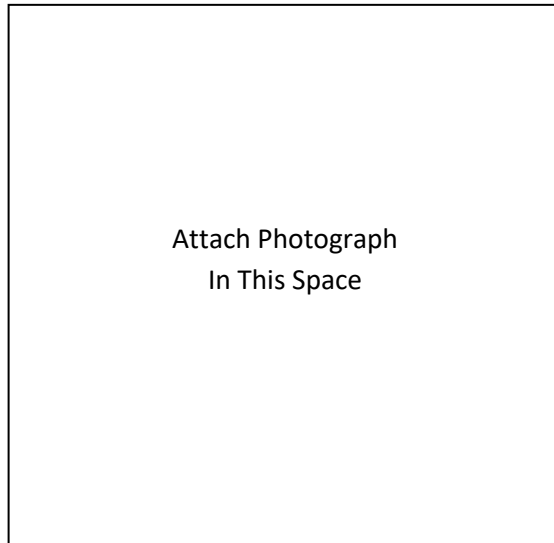
Scars, Marks, Tattoos, Amputations: _____

Alias: _____

Name and Address of Nearest Relative and Relationship: _____

Driver's License Number: _____ State: _____

Initials: _____



1. What is your full name? _____
(Last) (First) (Middle)

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

A. _____ D. _____
B. _____ E. _____
C. _____ F. _____

3. Date of birth: ____/____/____ Age at time of application: ____

Sex: ____ Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____

4. Where were you born? _____
(Hospital) (City) (State)

5. Birth Certificate: _____
(City) (County) (State)

6. Check one of the following:

- Asian
- Black (Non-Hispanic)
- White (Non-Hispanic)
- Hispanic/Latino
- American Indian/Alaskan Native
- Hawaiian Native/Pacific Islander

7. Social Security Number: ____ - ____ - ____ State Issued: _____

8. Do you wear contact lenses or glasses? Yes No

Initials: _____

If yes, explain: _____

CITIZENSHIP

9. Are you a native born or naturalized citizen? Native Born Naturalized Other

If you are of foreign birth or are a naturalized citizen, complete the following. If you are native born, enter N/A for the following questions.

Country of Birth: _____

Port or place of departure to 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? _____

Port or place of entry into the United State: _____ Date: ____/____/____

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

Name: _____

Address: _____

First address after arrival: _____

How did you obtain citizenship? (Give Details) _____

Petition Number: _____ Date: ____/____/____ Court: _____

State: _____ Certificate Number: _____

Initials: _____

SOCIAL STATUS

15. Are you: Single Married Divorced Separated Widow/Widower

16. Give the following information regarding marriage(s)

Number of times married: _____

Spouse's Maiden Name	Dates Married	By Whom	Location Married

17. If separated, state reason: _____

18. If separated or divorced, list the current address of that person? _____

19. How many times were you legally or voluntarily separated? _____

20. If you were ever separated, annulled, or divorced, indicate which below and fill in required information:

Separated Annulled Divorced Date: ____/____/____ By Whom: _____

Where Issued: _____

Offending Party Decreed by law: _____

Reason: _____

21. Were you ever the parent of any children (Including deceased)? Yes No

Name	D.O.B.	Place of Birth	With whom and where does the child live?

Initials: _____

22. Are you now supporting all children born to you including adopted and stepchildren? Yes No

If no, give full details: _____

23. Have you ever been subject to court ordered child support or any other type of child support? Yes No

If yes, explain where and when: _____

24. Have you ever been arrested for violating this order, or have any warrants for your arrest been issued?

Yes No (If yes, explain below)

Name of Charge, Arrest, or Conviction	Date of Arrest	Name & Address of Police Agency & Court	Disposition of Sentence

25. Have you ever been arrested for domestic violence? Yes No (If yes, explain below)

Name of Charge, Arrest, or Conviction	Date of Arrest	Name & Address of Police Agency & Court	Disposition of Sentence

26. Have you ever been served with a Domestic Violence Restraining Order? Yes No

If yes, list location, dates, and whether or not the order is still in effect:

Location	Date(s)	Is the order still in effect?

What was the final disposition? _____

27. Have you ever been involved as a plaintiff or defendant in a paternity proceeding or any other criminal or civil proceeding? Yes No

Initials: _____

If yes, give full details: _____

28. List all past or present girlfriends or boyfriends:

Name	Address	Date of Birth	Occupation	Phone

29-A. Give the name of your father, mother (maiden name), guardian, sisters, brothers, and spouse (if deceased, so indicate)

Relation	Name	Address	Phone

29-B. Family Information Continued: Complete the following information about the above listed individuals:

Name	Date of Birth	Place of Birth

29-C. Family Information Continued: Complete the following information about the above listed individuals:

Name	Occupation	Employer Name and Address	Work Phone

Initials: _____

30. Give four references (not relatives, former employers, or school teachers) that are responsible adults or reputable standing in their communities, such as householders, property owners, business or professional men and women, who have known you well during the past FIVE (5) years, excluding officers working for the Lakewood Police Department.

Attach letters of recommendation from each of the below to THIS application.

A. Complete Name: _____ Number of Years Acquainted: _____
 Address: _____ Phone #: _____
 Occupation: _____
 Employer Name: _____ Work Phone: _____
 Employer Address: _____

B. Complete Name: _____ Number of Years Acquainted: _____
 Address: _____ Phone #: _____
 Occupation: _____
 Employer Name: _____ Work Phone: _____
 Employer Address: _____

C. Complete Name: _____ Number of Years Acquainted: _____
 Address: _____ Phone #: _____
 Occupation: _____
 Employer Name: _____ Work Phone: _____
 Employer Address: _____

D. Complete Name: _____ Number of Years Acquainted: _____
 Address: _____ Phone #: _____
 Occupation: _____
 Employer Name: _____ Work Phone: _____
 Employer Address: _____

31. List the names of police officers employed within this County with whom you are personally acquainted:

Name	Department	Badge #	Address	Phone #

Initials: _____

EDUCATION

32. List chronologically (earliest dates first) all schools, colleges, and training courses you have attended:

School	Exact Address	Dates From To	# of Years Attended	Type of Degree	Graduated? Yes / No

33. What college degree(s) do you possess?

Type of Degree	School	Date Obtained	Major	G.P.A.	Total Credits

34. Other than English, what language(s) do you speak or understand?

Enter the language, and then in the following four categories enter your proficiency level:

Use either: *Fluent, Good, Poor, or N/A*

Language	Speak	Understand	Read	Write

(Please note that you will be tested on your secondary language ability before appointment)

35. List any problems with school (absenteeism, tardiness, poor grades, or other discipline problems – including college)

School	Date(s)	Problems	Explanation

Initials: _____

36. List the name and phone number of at least one of your college professors that knew you:

(Name)	(Phone Number)	(College/University)
(Name)	(Phone Number)	(College/University)

EMPLOYMENT

37. Present Employer: _____

Address: _____

Date Hired: ____/____/____

Describe Job Duties: _____

38. Are you now engaged in any business as an owner (active or silent, partner, stockholder, or corporate member?)

Yes No

If yes, explain: _____

39. Has your name ever been submitted or used as a trustee, officer, or in any capacity, of any labor or trade union, organization, or affiliate? Yes No

If yes, explain: _____

40. List below chronologically, earliest dates first, each and every place you were previously employed since the age of 13. OMIT NONE. Give correct, full addresses. Give dates of idleness between periods of employment in proper sequence. Include all part-time employment.

From Mo./Yr.	To Mo./Yr.	Name, Address and Phone Number of Employer	Position Held	Immediate Supervisor	Reason for Leaving

Initials: _____

41. Were you ever discharged or asked to resign from employment? Yes No

If yes, give an explanation and details of discharge or forced resignation below:

Employer	Address	Date	Supervisor	Reason

42. Were you ever subjected to disciplinary action in connection with any employment? Yes No

If yes, explain: _____

43. Have you ever received unemployment insurance or other federal, state, or local benefits or assistance?

Yes No Type: _____

Local Office: _____

Address: _____

Give Periods:

From Date	To Date

44. Have you ever received any allowances or benefits to which you were not entitled? Yes No

Initials: _____

If yes, explain: _____

45. Have you ever made application with this or any other law enforcement organization in New Jersey or any other State? (*Law Enforcement Organization in this application means police departments, Sheriff's departments, prosecutor's office, security agencies, corrections, courts, and federal agencies*). If you are not sure if it is applicable, still include the information. Yes No

Department/Agency: _____ Date: ____/____/____
 Present status of application: _____

Department/Agency: _____ Date: ____/____/____
 Present status of application: _____

46. Have you ever been rejected by another law enforcement organization for employment in this state or any other state? Yes No

Department/Agency: _____ Date: ____/____/____
 Present status of application: _____

Department/Agency: _____ Date: ____/____/____
 Present status of application: _____

47. Were you ever a member of a social, labor, or fraternal organization? Yes No

If yes, list below every such organization:

From Mo./Yr.	To Mo./Yr.	Name	Address	Type

Initials: _____

GENERAL

48. It is imperative that applicants possess good judgment and an even temper necessary to perform the essential job functions listed in the New Jersey Department of Personnel. Questions regarding your psychological background are necessary to determine your ability to perform job related functions.

List below every psychiatrist or psychologist you have ever consulted:

A. _____
 (Name) (Address) (City) (State) (Phone)

(Reason for consultation) (Dates)

B. _____
 (Name) (Address) (City) (State) (Phone)

(Reason for consultation) (Dates)

49. Have you ever been examined or treated for a nervous or mental disorder by a private physician or at a clinic, hospital, sanitarium, or other institution or while in the military service? Yes No

If yes, explain: _____

50. Have you ever received psychiatric or psychoanalytic treatment? Yes No

If yes, explain: _____

51. Have you ever used any narcotics, such as, but not limited to: marijuana, ecstasy, sleeping pills, barbiturates, cocaine, hashish, PCP, LSD, steroids? Yes No

Initials: _____

If yes, give extent of use and a specific explanation: _____

52. Have you any loan, debt, garnishee, wage assignment, or judgment pending against you? Yes No

If yes, explain below:

Type: Loan, Garnishee, Judgment	With Whom Name and Address	Date	Original Amount	Present Amount	Monthly Amount	Amount of Arrear

53. Have you ever received a student loan from a government or private agency? Yes No

If yes, explain: _____

54. Have you ever defaulted on any loan? Yes No

If yes, explain: _____

55. Are you a co-maker on an outstanding loan? Yes No

If yes, explain: _____

56. 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? Yes No

If yes, indicate below every civil action or proceeding in which you or your spouse was a part and also the contingent possibilities as described above:

Initials: _____

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, Respondent, or Witness	Court Disposition

FINANCIAL HISTORY

57. What is your present salary or wage? _____ per _____

What is your spouse's current salary or wage? _____ per _____

58. Do you have income from any other source other than your principal occupation? Yes No

If yes, how much? _____ how often? _____

From what source? _____

59. Do you own any real estate? Yes No Value: _____

Location: _____

60. Do you own any bonds, government or other? Yes No Value: _____

61. Do you own any corporate stock? Yes No Value: _____

62. Provide the following information on your bank accounts:

	Current Balance	Name of Bank	Address of Bank	Account Number
Savings Account 1				
Savings Account 2				
Checking Account 1				
Checking Account 2				
Other Account				

63. Financial Obligations: Give the names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any debts and payments. Include account numbers where applicable.

Initials: _____

Type	Name and Address	Reason for Debt or Item Purchased	Account Number	Total Balance	Monthly Payment
Totals					

ARRESTS, SUMMONSES, ETC.

64. Have you ever been arrested for or charged with Juvenile Delinquency in this state or any other state?

Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

65. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, or federal agency, committee or other investigative body? Yes No

If yes, explain: _____

66. Have you ever been arrested for anything in this state or any other state? Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

Initials: _____

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67. Have you ever been arrested for or charged with a violation of the disorderly persons act or any city ordinance in this state or any other state? Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

68. Have you ever been arrested, indicted, or convicted for any violation of the criminal law in this state or any other state? Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

69. Have you ever had a criminal or arrest record expunged? Yes No

If yes, explain: _____

70. Have you ever been held as a material witness? Yes No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

71. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason in this state or any other state? Yes No

If yes, complete the following:

Initials: _____

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

72. Have you ever been fingerprinted? (Exclude only present application with this department) Yes No
 If yes, complete the following:

Location	Date	Purpose

SUBVERSIVE AFFILIATIONS

73. Are you now, or have you ever been a member of any Communist, Communist front, or other subversive 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? Yes No

74. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in question #104? Yes No

75. 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 #73? Yes No

76. Have you ever signed or solicited others to sign any petition, sponsored or issued, by any organization or group, described in question #104, 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 #104? Yes No

77. 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 #104?
 Yes No

B. Payment or collection of any money, dues, contributions or donations to any organization or group described in question #104?
 Yes No

Initials: _____

C. Sale or distribution of any written or printed matter prepared, reproduced, or published, by any group or organization described in question #104?

Yes No

78. If you answered YES to any of the above questions, explain below:

MOTOR VEHICLE HISTORY

79. Have you ever received a summons or a violation of the Motor Vehicle Laws in this state or any other state? (Exclude overtime parking violations) Yes No

If yes, complete the following?

Date	Offense	Location	Court Disposition	Your age (at time)	Police Agency

80. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever revoked in this state or any other state? Yes No

If yes, which license? _____ Date: ____/____/____

Location: _____ Reason: _____

81. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever suspended in this state or any other state? Yes No

If yes, which license? _____ Date: ____/____/____

Location: _____ Reason: _____

Initials: _____

82. If the answer to either of the two above questions was YES – was such Registration Certificate or Driver’s License ever restored? Yes No

Date: ____/____/____

Location: _____

83. Have you ever been involved in a motor vehicle accident whether as a registered owner, operator, passenger, or pedestrian, which resulted in any personal injury or property damage to you or anyone else?

Yes No

If yes, explain: _____

84. If you possess any of the following, complete the information below:

Motor Vehicle Registration

Plate #	State	Year	Make	Model	VIN #	Expiration

Passenger Vehicle Driver’s License (New Jersey and all other states)

Driver’s License Number	State	Expiration Date

Operator’s License for any other vehicle

Type of Vehicle	Driver’s License #	Expiration Date

Initials: _____

85. Did you ever possess a chauffeur's or operator's license issued by any state other than New Jersey?

Yes No

If yes, give city and state: _____

86. List the name and address of the company that carries your auto insurance:

Company	Address	Phone Number	Policy Number	Expiration

87. Has your auto insurance ever been revoked or refused? Yes No

If yes, explain: _____

STATE OF NEW JERSEY

)ss.

COUNTY OF

I, _____ being duly sworn, depose and say I am the above named person. I signed the forgoing statement. I personally read and printed by hand, 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.

“Under Penalty of Law”, a person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a statement previously made, when he does not believe the statement to be true, is guilty of a crime of the fourth degree in violation of 2C:28-2.

(Applicant sign here)

Sworn to before me this _____
Day of _____ Year of _____

(Notary Public or Commissioner of Deeds)

Initials: _____

SPECIAL NOTE: Should you be arrested and have charges pending or receive a criminal summons for any reason other than appearing as a witness or a traffic summons, you must report that arrest to Detective Lieutenant Allaire immediately. Your application will be in an inactive status until your case is heard. All charges must be dismissed in order for you to be considered for employment as at the Lakewood Police Department. Failure to follow this procedure will result in an immediate dismissal from employment for falsifying your records.

Signature of Applicant Date

Signature of Witness Date

LAKEWOOD POLICE DEPARTMENT AFFIDAVIT OF UNDERSTANDING

Print Last Name, First Name

____-____-____
Social Security Number

Have you ever been arrested, indicted, charged with or convicted for any violation of the criminal laws in this State or in any other State? Yes No

Since you are applying for a law enforcement position, you must list all arrests, convictions and expunctions, even if you have been advised by your attorney, a judge or a prosecutor, etc., that there is no record. Juvenile and expunged records are sealed, and most employers will not have access to these records. Law enforcement agencies, such as the Lakewood Police Department, have access to these records. All juvenile arrests, convictions and expunctions will surface during the background investigation.

Note: Failure to disclose the required information may result in your name being removed from the eligible hiring list for falsifying your application or may cause serious delay in the successful completion of pre-employment processing.

Also, if you were arrested and found “not guilty”, your arrest will always appear on your record. **Remember**, the question on the application states that you **list all arrests**. Arrests are different from convictions. Words such as “conviction, not guilty or dismissal” are the result of the arrest and should be listed in the column labeled: “Disposition.” You must list the original, chargeable offense for which you were arrested. **For example:**

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence
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Initials: _____

Arrested for Aggravated Assault	7/30/2014	Lakewood Police 231 3 rd Street, Lakewood NJ	Convicted of Assault
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In this example, the original arrest was aggravated assault. You must list “aggravated assault” not “assault” in the charge column. The conviction for assault is the result of the downgraded charge and should be listed in the “Disposition” column. Dates and names of the arresting authority must be accurate. Do not abbreviate. If you are not sure of any of the charge dates, arrest, etc., mark “Not Sure” on your application. The correct information can be submitted within five working days.

I have read the above and I acknowledge that all the information has been explained to me by a Department member. I fully understand the information that is required of me and that failure to supply all the correct information will be considered willful falsification, which is adequate cause for removal from the Lakewood Police Department eligible hiring list.

Signature of Applicant

Date

Signature of Witness

Date

PHOTOCOPIES REQUIRED

1. Copy of New Jersey Driver’s License(s)
2. Copy of Motor Vehicle Registration(s)
3. Copy of Vehicle Insurance Card(s)
4. Copy of Social Security Card(s)
5. Copy of Birth Certificate
6. Copy of Naturalization Papers (if applicable)
7. Copy of Voter Registration Card(s)
8. Copy of High School Diploma or GED
9. Copy of College Courses and Diploma(s)
10. Copy of Marriage Certificate and/or Divorce Records
11. Copy of Military Records, Discharge Papers (DD214) (if applicable)
12. Copy of any Municipal, County, or State Court Disorderly Persons of Criminal Charges where the applicant was a Defendant
13. Copy of Federal and State Income Tax Returns for the previous two years

“Under Penalty of Law”, A person commits a crime of the fourth degree if he/she makes a written false statement which he/she does not believe to be true, on or pursuant from bearing notice, authorized by law, to the effect that statements made therein are punishable in violation of NJS 2C:28-3.

Initials: _____

