



# POLICE DEPARTMENT TOWNSHIP OF CHERRY HILL

820 Mercer Street  
P.O. Box 5002  
Cherry Hill, NJ 08034-0358

Emergency Phone  
856/665-1200

Fax Number  
856/661-4785

Police Information:  
856/488-7828

**William P. Monaghan**  
Chief of Police

Dear Applicant,

Thank you for your interest of employment with the Cherry Hill Police Department for the position of Police Officer. Please familiarize yourself with the below listed dates as they pertain to critical events for the hiring process:

February 9-10, 2019 Written Examination

March 19-21, 2019 Physical Ability Test

March 23, 2019 – Interview Information Session (optional)

All above listed components of the police officer selection process are by invitation only! You must provide all required/provided documentation in order to participate.

The Cherry Hill Police Department's Physical Ability Test follows the NJ Police Training Commission's basic law enforcement standards. Below are the standards you must meet in order to successfully pass the Physical Ability Test:

Sit-ups (28 repetitions in one minute)  
300 Meter run (70.1 seconds or less)  
Push-up (24 repetitions in one minute)  
1.5 Mile run (15:55 minutes or less)

It is your continued responsibility to notify the Cherry Hill Police Department of any change of information. Failure to do so could result in your elimination from the process. A Notice of Change form has also been included with this correspondence for you.

Do not contact the police department for status updates or test results. You will receive electronic notification for each phase of the Police Officer Hiring Process.



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**William P. Monaghan**  
Chief of Police

Dear Applicant,

Thank you for your interest of employment with the Cherry Hill Police Department. There are three (3) documents attached for your review. Please read the attached informational letter carefully as it includes very important testing dates. **Complete and submit the Module I Preliminary Employment Application.** Be sure to sign and date the form in order for it to be considered complete. **All applications must be received by the Cherry Hill Police Department no later than January 18, 2019 at 4pm.** Applications received after the January 18<sup>th</sup> date, will not be accepted. It is your continued responsibility to notify the police department if your contact information changes. Failure to do so could result in you being eliminated from the hiring process.

Applications can be submitted in the follow way:

Electronically: [dcampbell@cherryhillpolice.com](mailto:dcampbell@cherryhillpolice.com)

In Person - Cherry Hill Police Department Records Unit

Mail:  
Cherry Hill Police Department  
Attention: Applicant Processing Unit  
820 Mercer Street  
Cherry Hill, NJ 08002

Thank you for your interest.

Respectfully,

Donna Campbell  
Training Coordinator  
Cherry Hill Police Department  
Office: (856) 488-7814  
Fax: (856) 661-4785  
[dcampbell@cherryhillpolice.com](mailto:dcampbell@cherryhillpolice.com)





# CHERRY HILL POLICE DEPARTMENT

## MODULE 1

### PRELIMINARY EMPLOYMENT APPLICATION

This Preliminary Application Form will be used to record applicants for employment with the Cherry Hill Police Department. The qualifications for each position do vary in terms of educational requirements and age limits. See qualification attachment for the position you are seeking prior to completing form.

**CONTROL#** \_\_\_\_\_

**CHECK POSITION FOR WHICH YOU ARE APPLYING:**

**Cherry Hill Police Officer** .....

**Special Law Enforcement Officer** .....

**Dispatcher** .....

**Civilian Employee (specify)** \_\_\_\_\_ .....

**Other (specify)** \_\_\_\_\_ .....

**ANSWER ALL QUESTIONS**

**NOTE!** It is the continuing responsibility of the applicant to notify Cherry Hill Police Department in writing of any changes.

**Name:** What is your name? (please print)

**Date of Birth:**

\_\_\_\_\_  
LAST NAME                                      FIRST NAME                                      MIDDLE NAME                                      MONTH / DAY / YEAR

**Domicile:** Legal address, actual location where you reside

\_\_\_\_\_  
STREET NUMBER                                      STREET NAME

\_\_\_\_\_  
APARTMENT NUMBER                                      CITY/TOWN

\_\_\_\_\_  
COUNTY                                      STATE                                      ZIP CODE

**How long have you lived at the above address**      Years: \_\_\_\_\_ Months: \_\_\_\_\_

**What is your Social Security Number:** \_\_\_\_\_

**Phone:** What is your telephone number? (if none, give phone number at which you can be reached)

**Cell:**

\_\_\_\_\_  
AREA CODE                                      TELEPHONE NUMBER                                      AREA CODE                                      TELEPHONE NUMBER

**E-Mail Address:** \_\_\_\_\_

# PRELIMINARY EMPLOYMENT APPLICATION - MODULE 1

Age: **Are you at least 18 years of age?** .....  YES .....  NO

**Are you less than 35 years of age?** .....  YES .....  NO

Driver's License: **Do you have a valid Driver's License?** .....  YES .....  NO

What is your Driver's License #	Expiration Date	State

Citizenship: **Are you a United States citizen?** .....  YES .....  NO

Education: **Are you able to read, write and speak the English language?** .....  YES .....  NO

**Do you have a high school diploma or equivalent?** .....  YES .....  NO

**Do you have an earned Bachelor's Degree? (Police candidates only)** .....  YES .....  NO

Disabilities: **Do you have the ability to perform the duties and responsibilities of the job for which you are applying?** .....  YES .....  NO

Convictions: **Have you ever been convicted of an offense involving dishonesty, moral turpitude, or a crime?** .....  YES .....  NO

**If yes, give details below:**

Date	Place	Charge	Disposition

*THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTAND AND MEET THE QUALIFICATIONS FOR THE POSITION FOR WHICH I AM APPLYING. I UNDERSTAND THAT ANY MISSTATEMENT, FALSIFICATION, DELETION, OR OTHER MISREPRESENTATION OF FACT IN THE APPLICATION AND/OR TESTING PROCESS WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**THIS PRELIMINARY APPLICATION MUST BE RETURNED AND RECEIVED BY THE CHERRY HILL POLICE DEPARTMENT.**