

MATTHEW A. HANKINSON

CHIEF OF POLICE

# **Margate City Police Department**

111 North Decatur Avenue Margate City, NJ 08402 (609) 822-1151 Fax (609) 823-8602



CAPTAIN JEFFREY LEE OPERATIONS DIVISION COMMANDER

LIEUTENANT JOSEPH SCULLION ADMINISTRATIVE DIVISION COMMANDER

Dear Applicant,

Thank you for your interest in the position of Telecommunicator with the Margate City Police Department. As the hiring process for this position continues, you will be required to complete the attached Margate City Police Department Employment Application Form within *10 days* of receiving it.

This form must be returned completed and notarized. No answers can be left blank. If you have a problem with any of the questions or need extra time to obtain a required document, you can contact Capt. Jeffrey Lee or SCO Jessica Johansson at (609) 822-1151.

Additionally, this packet includes an "Employment Process Checklist", which you must bring with you every time you are required to report to the Margate City Police Department during the hiring process. Again, thank you for your interest in the Margate City Police Department.

Captain Jeffrey K. Lee Operations Division Commander



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Dear Applicant,

In addition to the Application for Employment, please bring the following original documents with you. Copies will be made and the originals immediately returned to you.

- 1. Driver's License
- 2. Vehicle(s) registration
- 3. Birth Certificate
- 4. Marriage License
- 5. High School Diploma or other Degree
- 6. Military Discharge (00214)
- 7. Social Security Card
- 8. 40 Hour Basic 9-1-1 Certification
- 9. 32 Hour EMO (Emergency Medical Dispatch) Certification
- 10. Current CPR Card
- 11. A recent photograph affixed to the application

Note: Application must be notarized in all applicable places.

Captain Jeffrey K. Lee Operations Division Commander



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# **RELEASE AUTHORIZATION**

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other institutions and Agencies without exception. I, \_\_\_\_\_\_\_\_\_\_, am making application for appointment to the <u>Margate City</u> <u>Police Department.</u> As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the <u>Margate City Police Department</u> or its representative any and all information, documentary or otherwise pertaining to me that they may request. I hereby release, discharge and exonerate the <u>Margate City Police Department</u>, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the <u>Margate City Police Department</u>. A photo static copy of this authorization will be considered as effective and valid as the original.

Date			

Signature				

Witness

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public



#### MARGATE CITY POLICE DEPARTMENT

#### EMPLOYMENT PROCESS CHECKLIST FOR COMMUNICATIONS

PHASE 1: RECEIPT OF APPLICATION						
	DATE RECEIVED	SIGNATURE OF OFFICER	SIGNATURE OF APPLICANT			
Application:						
Fingerprint Applicant:						

	PHASE 2: RETURN	OF APPLICATION	
	DATE RETURNED	SI GNATCRE OF OFFICER	SIGNA TURE OF APPLICANT
Application:			
<b>BASIC 9-1-1 CERTIFICATION:</b>			
EMD CERTIFICATION AND			
CURRENT CPR CARD:			
DRIVER'S LICENSE:			
VEHICLE REGISTRATION:			
BIRTH CERTIFICATE:			
MARRIAGE LICENSE:			
HIGH SCHOOL DIPLOMA:			
COLLEGE TRANSCRIPTS:			
(IF APPLICABLE) MILITARY DISCHARGE:			
(IF APPLICABLE)			
SOCIAL SECURITY CARD:			
SUCIAL SECURITI CARD;			
DECENT BHOTOCD A BH.			
<b>RECENT PHOTOGRAPH:</b> (AFFIXED TO THE APPLICATION)			
AUTHORI ZATION FORM :			
(INCLUDE D IN APPLICATION)		1	

PHASE 3: BACKGROUND INVESTIGATION				
DATE STA RT ED:	DATE COMPLETED:			

PHASE 4: INTERVIEW APPLJCA.NT					
DAT E OF INT ER VIEW:	SIGNAT URE OF INT ER VIEWERS :	SIGNAT URE OF A PP LICANT:			

PHASE ;5: COMMANQ I NT)J;JIVIEW							
DAT E OF INT ER VIEW:	SIGN AT URE OF INT ERVI EWERS:	SIGNATURE OF APPLIC ANT:					

# **CITY OF MARGATE**

#### **Employment Application**

#### City Hall, 9001 Winchester Ave., Margate, NJ 08402

For your application to be evaluated properly, you must answer each of the following questions carefully and completely. The City of Margate ("City" or "Margate") is an equal opportunity employer and considers all applications for employment without regard to the person's protected class status or association with a member of a protected class. A list of protected classes is attached to the back of this application for your review. No question on this application is intended to secure information to be used for a discriminatory purpose. All job applicants and employees will be provided equal employment opportunity in all terms and conditions of employment, recruitment, selection, placement, training, layoff and termination decisions. Please add any additional information which will help us evaluate your qualifications. The City recognizes its obligation to provide reasonable accommodation for qualified individuals with disabilities in all aspects of the application process. If you are an individual with a disability who requires reasonable accommodation to participate in the application process, please notify the Personnel Officer at 609-822-0432 (ext. 106) or the Human Resources Consultant at 609-822-0424 (ext. 108).

#### Please note that job applications are only considered in connection with the position actually applied for.

Applications remain active for six (6) months and are not considered after that time. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time and submit a newapplication.

**NOTE:** If you have retired from a NJ local, county or state government position within the last 180 days, employment by the City wiH negatively impact your pension and pension rights.

Name(last, first)		Home Phone#	
Cell Phone#	_ Business Pho	one# E-mail Ao	ddress:
Address: Street	City	State	Zip Code
Positions Applying for:			
Have you previously work Indicate the type ofpositio	ed for the City of Margate? n(s) desired:	lf yes, year and department:	
Full Time	Temporary	If Seasonal, dates available:	
Part Time	Seasonal	FromTo	
Proof of Birth, Education,	Military Status and Employmer	nt Eligibility, etc., will be required upon e	mployment offer.

Yes No CDL Endorsement:

NAME: (Last, First)			
Have you established Veterans Prefere Y	ence with the New Jer	rsey Civil Service Commission after 4/1 No	1/1980?
Are you 18 or older?	Yes	No	
Are you 16 or older?	Yes	No	
(If you are under 18, you will	be required to submit	t working papers ifoffered employment	.)
Are you responding to an advertisemen	t? Yes	No	
Ifno, please indicate referral so	ource:		_
Have you taken any exams or do you h If yes, please indicate title(s):	Yes	s issued by the New Jersey Civil Servic No	e Commission:
Is any member of your family an empl	oyee of the City of M	argate?	
If yes, please indicate name(s) a	and relationship(s):		

Given the diverse nature of individuals who visit Margate during its peak season, the City is interested in knowing of any foreign language fluency. Please indicate any foreign language(s) you can speak and/or write:

Sneak	Fluent	Good	Fair
Speak Read Write			
Write			

List all Vocational, Technical, Correspondence Schools, Colleges and Universities you have attended:

Name and Address Of School	Did you Graduate?	Credit Hours Earned	Major Subiect	# Credits in Maior	Degree Receive
High School (Last Attended)					
College or University					
Graduate School					
Other Fonnal Training (include Military)					

List relevant skills, training, licenses or experiences that have provided you with the required knowledge and abilities for the position:

# LIST ALL EMPLOYMENT, STARTING WITH PRESENT OR LAST POSITION FIRST. INCLUDE **MILITARY EXPERIENCE.** <u>Account for any gaps in your employment.</u>

Job Title,			StartD tæ	End Date	_
Employer			Phone#		
Employer Address					
Direct Supervisor May we contact? Description of Duties	Yes	No	Reason for Leaving,		
Job Ti,tle			_Start Dta e	End D_ate	
Employer			Phon_e#		
Employer Address	<del>_</del>				
Direct Supervisor May we contact? Description of Duties		No	Reason for Leaving		
Job Title				End Date	
Employer Address Direct Supervisor May we contact? Description of Duties					
Job Title	St	art Date	End D_ate	_	
Employer			Phone#		
Employer Address.					

Please use additional sheet(s) to provide information on additional previous employment.

NAME: (Last, First)

# Provide the name, address and telephone number of three (3) references who are not related to you and who are not previous employers.

Name	.Address	_Phone#
Name	Address	.Phone#
Name	Address	_Phone#

Attach reference letters, resume, etc.

#### IMPORTANT NOTICE: PLEASE READ CAREFULLY

AUTHORITY TO WORK IN THE UNITED STATES: In compliance with the Immigration Reform and Control Act of 1986, all employees hired after November 6, 1986, are required to provide proof of identity and employment eligibility at the time employee is extended.

My signature indicates that I assert all information given in this document is true and complete. I understand that false (misrepresentation or omissio n of informatio n), misleading or incomplete information may be the basis for disqualification or termination of employment. I authorize investigation of all statements contained within this document and any statements I have made at any point during the application or interview process. I understand that background checks (not criminal history checks) may be administered at any time after the submission of the application . Criminal history checks may be administered after the initial interview. I understand that investigations pertaining to the general background check (not the criminal history check) may involve contact with my family, current and former employers, business associates, employees and neighbors, as well as others with whom I am acquainted and public authorities. The information requested may include inquiries regarding my work habits, other related activities, abilities, character, and the cause of my separation(s) of employment.

I also authorize the employers and/or references listed (exceptions noted under Employment History) to give the City any and all information concerning my previous employment and any pertinent information they may have and hereby release all parties from any liability including liability for damages, equitable relief or attorney's fees, as a result of furnishing, requesting, verifying, checking, obtaining or using any of the foregoing information, attachments or other submissions.

If I attached additional sheets of paper in response or to supplement any other section of my application, I agree that the representations, agreements and releases contained at the end of this application apply to the attachments or other submissions as well.

If employed, I understand and agree to submit to an alcohol or drug screening: (I) when reasonable suspicion of use or abuse arises; (2) when testing is required by law (e.g. the periodic testing of drivers with commercial driver's licenses).

I understand and agree that in consideration of my employment, and in the event that I am hired, I will comply with the policies, rules, regulations and procedures of the City. I unders tand that the City's policies and procedures, which are not limited to those stated in the Employee Handbook/Policy and Procedure Manual, are not binding on the City and do not constitute a contract of employment or a prom ise of job security. Also, I will comply with the New Jersey Local Government Ethics Law and, if employer, I will notify the City in writing before engaging in any other employment.

I understand that any offer of employment will be contingent upon completion of the City's post job offer screening process including passing an alcohol and drug screening test provided at the expense of the City at a laboratory designated by the City, and a physical examination.

In addition to the above, I authorize the release of the following information to the Personnel Officer (or designated representative) of the City of Margate, New Jersey:

- From my institutions or academic records, the dates of attendance, title of degree received, number of credit hours successfully completed and major field of study. A complete transcript may be requested.
- From my employers or employment records, the position title, job duties, dates of employment, salary or any form of compensation, conduct, job performance, eligibility for employment, the cause of my separation(s) of employment, work habits, and any other information pertinent to my prior or present employment or future employment by the City.
- From any other institutions and agencies without exception or records maintained by those entities, that information which would be documentary or pertaining to me and be pertinent to determining my eligibility for employment as determined by the City.

I understand that I must execute this application and any other requested releases related to the above information in order to be considered for employment.

Signature of Applicant

last 4 digits of your Social Security Number

Date

#### **Applicant Data Record**

The infonnation you provide below will be used only for statistical purposes. It will be kept separate from your Application for Employment during the entire hiring process. Failure to provide this information will have **no effect** on your employment with the City of Margate.

Date of Birth	Month	Date	Year
Gender:	Male	Female	Non-Binary
Ethnicity:	Hispanic or Latino	Not Hispanic or Lati	no
Race:	American Indian or Alaskan Native	Native Hawa	iian/Pacific Islander
	Asian	White	
	Black or African American	Two or more	races

# **Protected Class Status**

The following represents the protected classes recognized under Federal and State law:

Age
Affectional and sexual orientation
Ancestry
Atypical hereditary, cellular or blood trait
Citizenship
Civil union, marital and domestic partnership status
Color
Creed
Disability (physical or mental)
Domestic partnership status
Gender identity or expression
Genetic infonnation
Liability for service in the United States Anned Forces
National origin
Pregnancy (including recovery from child birth)
Race
Religion
Sex
Veteran status

#### AUTHORIZATION FOR BACKGROUND CHECK & RELEASE FROM LIABILITY

In the interest of maintaining the safety and security ofour patrons, volunteers and employees, the City of Margate ("City" or "Margate") will obtain consumer reports and/or investigative consumer reports, except for a criminal history (collectively referred to as a background check report), regarding you in connection with your application to become a City volunteer or employee. Morpho Trust, another consumer reporting agency and/or governmental authorities will provide the reports.

This part of the background check focuses on all items regarding your background except a criminal history report. It will include background information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: social security number verification; public, educational and, as appropriate, driving record check; verification of prior employment; reference checks; credit reports; and licensing and certification checks. The information will beobtained from private and public record sources including, as appropriate, personal interviews with your associates, references, friends and neighbors. You may request more information about the nature and scope of any background check reports by contacting: Personal Officer Richard Deaney or HR Consultant Joann Cioeta. A summary of your rights under the Fair Credit Reporting Act is available by requesting a copy from the Personnel Office.

By signing this form:

- You authorize Margate to obtain background check reports on you. You understand that if you become an employee or volunteer of the City, the City is entitled to use this authorization form to obtain additional background check reports during and throughout your tenure with the City without asking for your authorization again, and you consent to such use by the City.
- You authorize the following entities to disclose to a consumer reporting agency and its agents all information about or concerning you, including but not limited to information regarding or from: all federal, state or local agencies; past or present employers, learning institutions; all branches of the United States Armed Forces or state Militia; motor vehicle records agencies; all other public and private repositories of information; and any other person, organization, or agency and its agents, including but not limited to information pertaining to your employment, earnings history, education, credentials, military service, motor vehicle history, and all other requested information.
- You hereby release the provider of any of the foregoing information, including but not limited to credit reporting agencies, or other sources from any and all liability for damages arising from furnishing any information requested by Margate.

A copy of this release shall act as an original.

Signature

Name of Applicant (Print):

Date: \_\_\_\_\_

**Warning:** <u>Any misstatement of fact, omissions or attempt to mislead this agency, its investigators or the appointing authority, deliberate or in error, may lead to vour disqualification. This application must be 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.**</u>

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phot	logi	raph
witł	nin	last
onths	3	
	phot with	and sho photog: within onths

#### 1. Name:

Last Name:	Date of Birth:
First Name:	Middle Name
Social Security No.	Where Issued:
<b>Current Occupation:</b>	

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

<b>3.</b> Current Address:				
From:	Street	City Home Phone: ()	State	Zip Code
<u>Month Year</u>		Work Phone: ()		
4.				Place of Birth
City	or Town	State	Counlly	
<ul> <li>5. Age: Sex: 6. Scars &amp; Tattoos:</li> </ul>	Height:	Weight: Eye C	Color: Hair Colo	r:
7. Do you wear contact l	enses or glas	ses? What ki	nd:	

# PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION <u>CITIZENSHIP</u>

8. Are you a native born or a	naturalized citizen?	Native born:	Naturaliz	ed:
If you are of foreign birth	ı, or are a naturalized	citi zen, fill in the f	ollowing:	
Country of bitih:		_		
Port or place of depart Point of Entry into the	ure to the United Stat			Date
Found of Entry into the				
How were you transpor	ted to the United Stat	tes?,,,,,,,-= (S hip, Pla		Date
Name of transport con				
If a naturalized citizen, na	ame and address of p	erson who sponsore	d you on ar	rival:
How did you obtain citize	enship? (Give details)			
Petition number:	Date	:		
Comi:	State	Certificate	number:	
9: List in order, beginning w	ith the most recent, a	ll prior places ofr es	idence with	nin the last 20 years:
From:	To:_			
Street Address:			pt. Number	:
City:	County:	State:	ZipC	Code:
With Whom did you res	side there:			

From:	To:		
Street Address:			
City:	County:	State:	Zip Code:
With Whom did you reside th	ere:		
From:	To:		
Street Address:			
City:	County:	State:	Zip Code:
With Whom did you reside ther	e:		_
From:	To:		
Street Address:			
City:			Zip Code:
With Whom did you reside the	re:		
From:	To:		
Street Address:		Apt. N	Number:
City:	County:	State:	Zip Code:
With Whom did you reside the	ere:		

*(f 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 ofBilih:	Relationship:
Phone:() Occupation:	Soc.	Sec. #
Place of employment:		
Current address:		

	Name:	_ Date of Birth:	Phone:l_)	
	Occupation: C urrent Address:	Soc. Sec. =	#. (if a vailable)	
	Name:	_ Date of Birth:	_ Phone:1_)	
	Occupation:		#. (ifavailable)	
wrent Addr	ess:			
I I.	List all places where you registered to vo	ote: (If none, so state.)		
	<u>City</u>	<u>County</u>	State	Year
-				
_				
-				
	If never registered, why not?			
	SOCIA	L STATUS		
12.	Are you Single?, Married? Da te	::, Separate	ed?Date:	
	Divorced? Date: widow			
13.	Provide the following info1mation regard	ling marriage or marr	iages:	
	Number of times married?, When	ere?		
14.	W ere you ever divorced or had a marria Where?	ge annulled? Ho		

- 15. Were you ever legally or voluntarily separated? \_\_\_\_\_ How many times? \_\_\_\_\_ When? \_\_\_\_\_ How many times? \_\_\_\_\_
- 16. If separated, annulled or divorced, provide the present address of the spouse(s) from whom you were separated, annulled or divorced.

Name:	Phone:L_)
Address:	
Name:	Phone:L_)
Address:	_/

17. If se parated, ann ulled or divorced, <u>indi cate which</u> below and provide the <u>date</u> of each action, the <u>Comi</u> and <u>State</u> in which the action occurred, the presiding <u>judge</u>, theQfil1y <u>initi ating the action</u> and the <u>action awarded</u> by the Court.

8.	Spouse:	
	Name:	Date of Birth:
	Maiden Name: Place of Employment:	Occupation:
	Address if different than a	applica nt:
9.	Were you ever the pare	ent of a child either natural or by legal adoption?
0.	List below every child eit	ther born to you or legally adopted and includestep-children:
	Name	Date and Place of Birth
	Where and with whom do	oes this/these child(ren) reside?
1		
1.	-	lved as a plaintiff or a defendant in a paternity es, state in full detail the date, location, party involved and
	the outcome of the action	

three years. Provide info1mat	ion as to age, add	ress, occupation, phone number if known, and
duration of friendship.		
Family InformationFather. M	lother. Brothers.	Sisters: If deceased indicate same.
•		ring? Occupation:
Address:		
Phone:(_)		
Mother:	Maide	en Name:
Living? Phone:(_) Address:		Occupation:
Brother/Sister:		Occupation:
address:		
		Spouse's maiden name:
Brother/Sister:		Occupation:
		Spouse' s maiden name:
Brother/Sister:		Occupation:
address:		
Phone:( _)	Man-ied?	Spouse's maiden name:
Brother/Sister:		

	address:	Occupation:
		Married? Spouse's maiden name:
24.	List names of three clo	ose friends and/or associates other than references:
	Name:	Age: Phone:()
	Occupation:	Duration of association:
	Name: FuII Address:	Age: Phone:()
		Duration of association:
	Full Address:	Age: Phone:()
		Duration of association:
25.	Provide three reference	es with whom you personally are socially or professionally acquainted:
	Full Address:	Age: Phone:()
	Occupation:	Duration of association:
	Full Address:	Age: Phone:()
		Duration of association:
	Name:	Age: Phone:()
	Full Address:	
		Duration of association:

#### **EDUCATION**

26.	List chronolog ic a lly (earliest dates	s first beginning at first grade) all schools, colleges and
	training courses you have attended:	
	School:	From: To:
	School	T
		From: To:
	Exac t Address:	From: To:
	School:	From: To:
<u>Col</u>	lege or Trade Schools	
27.	College/School:	From: To:
	Exact Address:	
		Degree or Certification Sought:
	Degree or Certification Received?_	If no t, why not:

College/School:		From:_	<del>-</del>	To:
Exact Address:				
FullTime:	Pait Time:	Degree or Certification Sou	ght:	
Degree or Certifi	cation Received?	_ If none, why not:		

College/School:_		From: To:
Exact Address:		
-		
Full Time:	Part Time:	Degree or Certification Sought:
Degree or Certifi	cation 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 (orm.

28.	What professional lie	en se(s) do you possess?	
29.	Other than English w	hat language(s) do youspeak?:	,
30.	List any problems you discipl ine problems).	u had while attending school (absente include college:	eeism, tardiness, poor grades, other
	<u>School</u>	Date or Year	Problems

#### MILITARY SERVICE

Have you ever served on active		E
If yes, what organization?		
Highest rank held?:		
What was your military specialty?	?:	
Have you ever served in a Reserve	e military organization or Natio	nal Guard Unit?
If yes, what organization? $\_$ $\_$	From:	To:
Highest rank held?:	Type of discharge receive	ed?:
What was your military specialty?	?:	
Have you ever served in a military	y organization of a foreign gove	rnment?
If yes, what organization?	From:	To:
Highest rank held?:T		
Under what airgumstances did th		
	is foreign service occur? Give	
Did you receive any medals or dec		litary service?
Did you receive any medals or dec If yes, what were they?	corations as a member of the mi	litary service?
Did you receive any medals or dec If yes, what were they?	corations as a member of the mi 	litary service?
Did you receive any medals or dec If yes, what were they?  Were you ever court martialed, tr deck court, captain's mast, compa If yes, how many times?	corations as a member of the mi 	litary service?
Did you receive any medals or dec If yes, what were they?  Were you ever court martialed, tr deck court, captain's mast, compa If yes, how many times?	corations as a member of the mi 	litary service?
Did you receive any medals or dec If yes, what were they?	corations as a member of the mi 	litary service?

# PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION EMPLOYMENT HISTORY

36. Present Employer:		
Address:	City:	State:
pcode: 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. \_\_\_\_\_\_

39. On the following page, list 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.)

ving

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

Employer	Date	Supervisor's Reason
Were you ever subjected to	o disciplinary action	in connection with any employment?

41. If yes, give detail s.

Empl	oyer
_	-

Supervisor's Reason

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 pennit, 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 pennit 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:

Have you ever r explain:							
Have you previous enforcement agostatus of that app	ency?	lf yes, give	full details	s as to the	agency (ie	es), when	and the
enforcement age	ency? I	If yes, give	full details	s as to the s	agency (ie	es), when	and the

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.

FF Mo.	ROM Year	- Mo. Year	ГО	Name of Organization	Туре	Address ·

# PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION GENERAL

- 52. Do you use tobacco products (cigarettes, cigars, pipe, chewing tobacco, snuff, etc...)? If yes, which ones?
- 53. Do you consume alcohol?

- 54. Have you ever been charged with DWI?\_\_\_\_\_ If yes, when was the last time you were charged? \_\_\_\_\_\_
- 55. Have you ever used marij uana/hashish in your life? \_\_\_\_\_ If yes, when was the last time you used marijuana/hashish?
- 56. Have you ever used any/other illegal drug(s) other than those prescribed or provided by a physician or purchased over the counter (including the use of anabolic steroids after February 27, 1991)? \_\_\_\_\_\_ If yes, when was the last time you used illegal drug(s)?
- 57. Have you ever sold an illegal drug or prescription medication in your life?
- 58. Have you ever manufactured an illegal drug at any time in your life?

S Have you ever distributed an illegal drug or prescription medication in your life?

60. Have you ever engaged in the unauthorized usage of any illegal drug(s) other than those prescribed or provided by a physician or purchased over the counter while employed in a position of public trust (e.g., a sworn Law Enforcement Officer, etc.)?\_\_\_\_\_If, yes, explain:

# PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION SOCIAL MEDIA

62. Are you cunently a member of any social media websites?\_\_\_\_\_\_If yes, please indicate which ones and provide the username for each site (e.g. Facebook, Twitter, Instagram

etc...)

63. Have you ever been a member of a social media website in the past but have since deleted your account? \_\_\_\_\_\_ If yes, explain the reason for deleting your account in the lines provided.

64. Have you ever conducted yourself on social media in a way which might reflect adversely on you or on the Margate City Police Department if you were appointed?

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

65. 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:

Have you ever defaulted on a loa n, had property of any kind repossessed?\_\_\_\_\_\_

Ifyes, gived e tails: ------

#### 66. Current outstanding debt:

TYPE Loan, Credit Card	With Whom Name , Address & Account Numbe r	Date Incu rred	Origin al Amount	Present Amount	Monthl y Paymen t	Amount Past Due
	-					

- 67. Have you ever received a student loan from a governmental or private agency?\_\_\_\_\_ If yes, give details: \_\_\_\_\_\_
- 68. Did you ever default on such loanor are you in now or in the past in arrears more than three months on the scheduled repayments? \_\_\_\_\_ If yes, give details: \_\_\_\_\_\_

69.	Are you a co-maker on anoutstanding loan? If yes, give details:
70.	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:
71.	Have you ever been refused a bond? If yes, by whom and reason:
72.	Were you or your spouse ever summoned or subpoenaed to court in a civil action or proceeding in this state or else where, 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 which you or your spouse were a party to or likely to become a palty theret o. Give dates, type of action or proceeding, whether plaintiff; defendant, petitioner or witness , court and disposition.

#### **INCOME & FINANCIAL HISTORY**

73.	What is your present salary or wage?					
	What is your spouse's sa	lary or wage?				
	What was your average	yearly income over the	past three years?			
74.	•	•	your principal occupation?lfyes,			
	The source?		How often?			
75.	Do you own any real esta Location:		s its value?			
76.	Do you own any bonds, §	government or other?	lf yes, what is their current			
	value?	-				
77.	Do you own any corpora	te stock? If yes, v	vhat is their value?			
78.	Do you have a bank acco	ount? If yes, con	plete the following:			
		Savings acc	ount			
	Bank	Number	Average balance(s)			

## **Checking Account**

Bank	Numbe r	Average balance(s)
	Money Market and/or N	NOW account
Number(s)		
Name and address of l	ank(s)	

**ARRESTS. SUMMONS. ETC.** [You must disclose any and all even if subsequently expunged]

Have you eve	Have you ever been anested for or charged with Juvenile Delinquency? If yes,							
complete the	complete the following:							
Date:	' Age:	Violation charged						
Location:		Police agency :						
Comi Disposi	ition:							
Sentence:								
Date:	Age:	Violation charged	·					
Location:		Police agency :						
Court Disposi	tion:							
Sentence:								

	Date: Location:	Age:	Violation charged Police agency :	
	Court Disposition:			
	Sentence :			
	Location:	Age:	Violation charged Police agency:	
	Court Dispos ition:			
	Senten ce:			
80.	before any municipa	l, state or fee	subpoenaed, requested or otherwise required deral agency, committee or other investigative	ve body?
81. Have you ev	er received a summons	•	lation of the <u>fish and game laws?</u> If	
				Age:
	Location:		Court Disposition:	Age
	Penalty:		Police Agency involved:	
82.	-		or charged with, a violation of the disorderly s, insert the information required below.	y persons act
	Date: Vio	lation:		Age:
	Location:		Court Disposition:	
	Penalty:		Police Agency involved:	

Date:	Violation:	Age:
Penalty:	Police Agency	y involved :
Date:	Violation:	Age:
	Court Disposition:	
		y involved:
Have you ever	r been a1Teste d, indicted, or convicted for any vio	plation of the criminal
law?	If yes, complete the information required below:	
Date:	Violation:	Age:
Location:	Court Disposition:	
Penalty:	Police Agency	v involved:
Date:	Viol atio n:	Age:
Locatio n:	Court Disposition:	
Penalty:	Police Agency	y involved:
Have you ever	Police Agency	y involved: If yes, give complete
Have you ever details below. Have you ever Date:	had a criminal or a1Te s t record expunged?	y involved: If yes, give complete  nseti the information below

Date:	Violation:	Age:
Location:		Comt Disposition:
Penalty:		Police Agency involved:

86. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason? \_\_\_\_\_ If yes, give details below. \_\_\_\_\_\_

87. Have you ever been fingerprinted for any reason prior to submitting your application for employment with this agency? \_\_\_\_ If yes, complete the following:
When <u>Where</u> <u>Purpose</u>

#### **SUBVERSIVE AFFILIATIONS**

88. 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?

- 89. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in question 88 above?
- 90. 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 88 above?
- 91. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question 88 above, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organi zations or groups described in question 88 above?
- 92. Have you ever participated in any of the following activities:
  - Attendance or patlicipation in any parade, picket line, dele gat ion, demons tration, affair, forum, or project sponsored or organized by any organization or group described in question 88 above? \_\_\_\_
  - b. Payment or collection of any nioney, dues, contributions, or donations to any organization or group described in question 88 above?
  - c. Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in question 88 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 88 or any of its agents? \_\_\_\_

93.	If you answere	d YES to any	of the above c	uestions, explain	

#### **MOTOR VEHICLE HISTORY**

94. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (Exclude Parking Vio lat ions) \_ \_ \_ If yes, inset the required infolm at o n below.

Date	Offense	Location	<u>Court Disposition</u>	Police Agency
05	Was your Motor	Vehicle Registration (	Celtificate Driver's or othe	r vehicle operator's licens

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

Was your Registration Certificate or D1iver's License ever restored?

96. 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 detail s: \_\_\_\_\_\_

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

# Motor Vehicle Operator's License: State: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_\_ Imons placed upon license: \_\_\_\_\_\_\_

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

#### **Commercial Vehicle Operator's License:**

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

Motor Boat Operator's License:		
State:License Number:		
Date Issued:Expires:		
Conditions placed upon license:		

Name issued to if different from applica nt 's current name:

#### **FAA Pilot's License:**

Туре:	Date Iss ued:	
Licen se Number:		
Is the license cmTent?	Date Issued:	Expires:
Conditions or restrictions placed upon license:		

Nam e issued to if different from applicant's current name:

.98. 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:

Make & Model Year Reg. Number State Presently Owned?

99. 	List name and address of company (ies) which carries your auto or other type craft insurance:
	Has your auto or other type craft insurance ever been revoked or refused? If yes, give details:
	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)
102.	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.

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

104. What hobbies and sports do you engage in?

105. 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 functions 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 infonnation on a separate sheet(s). Indicate the question number the added infonnation 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.

Number of additional pages attached: