



**SOUTH RIVER POLICE DEPARTMENT
EMPLOYMENT APPLICATION
FOR THE POSITION OF
TELECOMMUNICATOR**

NAME _____

NAME _____

ADDRESS

NUMBER STREET **CITY/TOWN**

COUNTY **STATE** **ZIP CODE**

TELEPHONE NUMBER (HOME) **TELEPHONE NUMBER (CELL)**

DRIVER LICENSE NUMBER **SOCIAL SECURITY NUMBER**

EMAIL

INSTRUCTIONS

1. INFORMATION MUST BE SUPPLIED FOR ALL AREAS AND QUESTIONS WITHIN THIS APPLICATION.
2. ALL INFORMATION SUPPLIED MUST BE TRUTHFUL AND WILL BE SUBJECTED TO VERIFICATION.
3. WHEN COMPLETING THE APPLICATION, PRINT ALL REPLIES IN A LEGIBLE MANNER USING A BLACK INK BALL POINT PEN.
4. DO NOT WRITE IN SCRIPT.
5. BE CERTAIN TO HAVE ALL THE ATTACHED VOUCHERS SIGNED, DATED AND NOTORIZED.
6. PLEASE PROVIDE COPIES OF ALL CERTIFICATES, DIPLOMAS, BIRTH CERTIFICATES, AND MILITARY DISCHARGE PAPERS, ALONG WITH THE APPLICATION.
7. COLLEGE AND HIGH SCHOOL TRANSCRIPTS SHOULD BE MAILED TO THE SOUTH RIVER POLICE DEPARTMENT FROM THE EDUCATIONAL FACILITY TO THE ATTENTION OF THE CHIEF OF POLICE.
8. FAILURE TO COMPLY WITH THE AFOREMENTIONED INSTRUCTIONS OR TO RETURN AN INCOMPLETE APPLICATION WILL RESULT IN AUTOMATIC REMOVAL FOR CONSIDERATION.

THE BOROUGH OF SOUTH RIVER IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, THIS APPLICATION DOES NOT CONTAIN ANY QUESTIONS PERTAINING TO YOUR MEDICAL HISTORY. YOU WILL BE REQUIRED TO FILL OUT A MEDICAL HISTORY QUESTIONNAIRE IN THE EVENT YOU RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT. IN THE EVENT YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS WOULD REVEAL A MEDICAL CONDITION OR DISABILITY, YOU SHOULD ANSWER THE QUESTION IN A MANNER THAT DOES NOT REVEAL YOUR MEDICAL CONDITION OR DISABILITY.

Please return the completed application, **in person**, no later than 4:00PM on Friday, March 1, 2024 to:

South River Police Department
61 Main Street
South River, NJ 08882

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER: _____

List all names you have used including nicknames. If you have had your name legally changed, give date, place, and court that it was changed. Explain why you have had the changes made.

Are you a United States Citizen? Yes _____ No _____

If you are foreign born, Country of birth: _____

Port or place of entry into the United States: _____

First address after arrival: _____

Are you a naturalized citizen? Yes _____ No _____

Naturalization number: _____ Date: _____

Place of Naturalization :

List the town, county, and state where you are registered to vote.

MOTOR VEHICLE INFORMATION

Do you currently possess a valid New Jersey driver's license? Yes _____ No _____

Do you currently possess or have you ever possessed a driver's license from any other state or country?

Yes _____ No _____

If yes to the above, please list all other prior or current driver's license information, including state, driver's license number and date of expiration.

List your present driver's license number and state:

Has your driving privileges ever been revoked or suspended in any jurisdiction?

Yes _____ No _____

If yes, list ALL dates of suspension(s) as well as reason(s) for same:

Has your motor vehicle registration ever been revoked or suspended in any jurisdiction?

Yes _____ No _____

If yes, list ALL dates of suspension(s) revocation(s) as well as reason(s) for same:

MOTOR VEHICLE INFORMATION (continued)

List ALL motor vehicle accidents that you have been involved in as a driver, passenger, pedestrian or bicyclist. List dates and locations.

List ALL traffic violations in which you have received summons(s). Include date(s), place(s), charge(s), disposition(s), and relevant details.

Date _____ Place _____ Charge _____

Disposition _____ Details _____

Date _____ Place _____ Charge _____

Disposition _____ Details _____

Date _____ Place _____ Charge _____

Disposition _____ Details _____

Date _____ Place _____ Charge _____

Disposition _____ Details _____

List all motor vehicles registered in your name as well as those that you have access to:

SOCIAL HISTORY

Are you single, married, separated, divorced, widowed or widower? _____

List the following information regarding marriage or marriages. Number of times married? _____

When _____ Where _____

Wife maiden name / Husband _____

When _____ Where _____

Wife maiden name / Husband _____

If separated state reason:

If separated or divorced, what is the address of that person?

If you had a marriage annulled or you are divorced, list name of county and state where it occurred:

Are you currently supporting children born to you but that you do not reside with?

Yes _____ No _____

If yes please list names, mother/father, and address

If single, list name, address, and telephone number of girlfriend or boyfriend

Have you ever been a plaintiff or defendant in a Domestic Violence proceeding?

Yes _____ No _____ If yes, list date(s) time(s) location(s)

Below, provide the following information in regards to your father, mother, and sibling(s)

Name	Relation	Address	Occupation	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Relation	Date of Birth	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List names, addresses and telephone numbers of three friends other than vouchers

1. _____

2. _____

3. _____

LEGAL INFORMATION

Have you ever been subpoenaed, requested or otherwise to testify before any Municipal, State or Federal agency, committee, or other investigative body or administrative board?

Yes _____ No _____ If yes, provide date(s) time(s) location(s)

Have you now, or have you ever had a wage assignment or judgment against you?

Yes _____ No _____ If yes, provide amount(s) reason(s)

Have you ever been arrested? Yes _____ No _____

If yes, was the arrest for: Criminal Offense _____ Disorderly Person _____ other _____

Have you ever been convicted of a: Criminal Offense _____ Disorderly Person _____
Petty Disorderly Person _____ Borough/Local Ordinance _____

List below information in regard to any arrest(s) checked above. Include date(s), time(s), location(s) and any fines

Have you ever been investigated by any Law Enforcement Agency for any reason other than Law Enforcement Employment? Yes _____ No _____

If yes, state Agency and reason(s)

Have you ever had a Criminal Charge expunged? Yes _____ No _____
If yes, state the full facts, provide date(s), reason for expungement(s)

Have you ever been fingerprinted? Yes _____ No _____
If yes, provide date(s) reason(s) Agency(s)

Have you ever been bonded? Yes _____ No _____
If yes, provide date(s) by whom reason(s)

Have you ever been refused a Bond? Yes _____ No _____
If yes, who refused and why

EMPLOYMENT HISTORY (continued)

Employer: _____ How long _____

Address: _____

Nature of work: _____ Supervisor: _____

Salary: _____ Reason for leaving: _____

Have you ever been discharged, terminated, or released from any employment?

Yes _____ No _____

If yes, explain below:

Have you ever been subjected to disciplinary action in connection with any employment?

Yes _____ No _____

If yes, explain below:

Do you now or have you ever operated your own business?

Yes _____ No _____

If yes, explain below:

Are you now or have you ever been involved in a business partnership?

Yes _____ No _____

If yes, explain below:

MILITARY SERVICE

Selective Service number: _____

Have you ever served in any active military organization of the United States?

Yes _____ No _____

If yes, list below the military organization to which you served in along with the dates of active service.

Military Organization: _____ highest rank achieved: _____

Entered: _____ Discharged: _____

Type of Discharge: _____ if less than Honorable list reason(s) below:

Have you ever received disciplinary action while in the military?

Yes _____ No _____

If yes, explain below:

Are you currently on inactive reserve status?

Yes _____ No _____

If yes, explain below:

Are you currently serving in any reserve military organization?

Yes _____ No _____

If yes, explain below:

EDUCATION HISTORY

GRADE SCHOOL

Name of school: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Highest grade level achieved: _____ Date entered: _____ Date left: _____

Name of school: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Highest grade level achieved: _____ Date entered: _____ Date left: _____

HIGH SCHOOL

Name of school: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Highest grade level achieved: _____ Date entered: _____ Date left: _____

Name of school: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Highest grade level achieved: _____ Date entered: _____ Date Left: _____

Have you ever been subjected to any disciplinary action while in school?

Yes _____ No _____

If yes, explain below:

COLLEGE OR UNIVERSITY

Name of school: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Number or credits completed: _____ Diploma awarded: _____

Name of school: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Number of credits completed: _____ Diploma awarded: _____

Indicate below your major field of study(s)

Were you ever subjected to disciplinary action of any kind while in college?

Yes _____ No _____

If yes, explain below:

List any and all extracurricular activities that you were involved with in college:

Do you speak, read or write any language, including sign, other than English?

Yes _____ No _____

If yes, explain below:

List below any schools, seminars, or other special training course(s) that you have attended or have attained a certification in. List any that have communications and dispatching background first.

ORGANIZATION AFFILIATIONS

The words "Subversive Organization" as used in questions 1 through 7 inclusive shall mean any group or organization which supports, follows, or which is in sympathy with the principles of any subversive doctrine that advocates the overthrow, by force, violence, or other unlawful means, of the United States Government, or of any State Government, or any political subdivision thereof.

Answer yes or no to each question. If the answer given is yes, explain details on a signed separate affidavit for each yes answer to be attached to this form.

1. Have you ever, by word of mouth, or in writing, advocated, advised or taught doctrine that the government of the United States of America, or of any state, or of any political subdivision thereof, should be overthrown or overturned by force, violence, or any unlawful means? Yes _____ No _____
2. Are you now, or have you ever been a member of any subversive organization? Yes _____ No _____
3. Have you ever been connected or affiliated in any manner with or have you ever attended any meetings of any subversive organization? Yes _____ No _____
4. Have you ever paid dues, collected money for or made contributions to any subversive organization? Yes _____ No _____
5. Have you ever participated in any parade, picket line, demonstration sponsored by any subversive organization? Yes _____ No _____
6. Have you ever attended or been a member of any school, camp, class, or forum sponsored by any subversive organization? Yes _____ No _____
7. Have you ever signed or solicited people to sign any petition sponsored or issued by any subversive organization? Yes _____ No _____

Were you ever a member of any social, labor, fraternal, professional, or charitable organization? (The applicant may exclude any organization which may indicate race, religion or national origin) Yes _____ No _____

If yes, list below the organizations, dates belonged, and offices held.

1. _____

2. _____

3. _____

VOUCHER FOR TELECOMMUNICATOR APPLICANT

NOT TO BE SWORN MEMBERS OF SOUTH RIVER POLICE DEPARTMENT

I, the undersigned, declare that I am eighteen years or age or older and that I have personally known the applicant _____ for at least a period of five years and I am not related to the applicant.

I will upon further request give further facts concerning the applicant as I may possess. I further understand that I may be contacted by a representative of the South River Police Department to confirm my representations.

All information will be treated as confidential.

VOUCHER INFORMATION

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home phone number: _____ Date of Birth: _____

Occupation: _____

Business address: _____

City/Town: _____ State: _____ Zip Code: _____

Business phone number: _____

Best hours and day(s) to contact you are: _____

How long have you known the applicant: _____?

Please state any additional information that you may feel or believe pertinent to this application.

Signature: _____

Date: _____

VOUCHER FOR TELECOMMUNICATOR APPLICANT

NOT TO BE SWORN MEMBERS OF SOUTH RIVER POLICE DEPARTMENT

I, the undersigned, declare that I am eighteen years or age or older and that I have personally known the applicant _____ for at least a period of five years and I am not related to the applicant.

I will upon further request give further facts concerning the applicant as I may possess. I further understand that I may be contacted by a representative of the South River Police Department to confirm my representations.

All information will be treated as confidential.

VOUCHER INFORMATION

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home phone number: _____ Date of Birth: _____

Occupation: _____

Business address: _____

City/Town: _____ State: _____ Zip Code: _____

Business phone number: _____

Best hours and day(s) to contact you are: _____

How long have you known the applicant: _____?

Please state any additional information that you may feel or believe pertinent to this application.

Signature: _____

Date: _____

VOUCHER FOR TELECOMMUNICATOR APPLICANT

NOT TO BE SWORN MEMBERS OF SOUTH RIVER POLICE DEPARTMENT

I, the undersigned, declare that I am eighteen years or age or older and that I have personally known the applicant _____ for at least a period of five years and I am not related to the applicant.

I will upon further request give further facts concerning the applicant as I may possess. I further understand that I may be contacted by a representative of the South River Police Department to confirm my representations.

All information will be treated as confidential.

VOUCHER INFORMATION

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home phone number: _____ Date of Birth: _____

Occupation: _____

Business address: _____

City/Town: _____ State: _____ Zip Code: _____

Business phone number: _____

Best hours and day(s) to contact you are: _____

How long have you known the applicant: _____?

Please state any additional information that you may feel or believe pertinent to this application.

Signature: _____

Date: _____

ACKNOWLEDGEMENT

I understand that all appointments are probationary for a period of one year after appointment during which time I must demonstrate my fitness for continued employment by the South River Police Department.

I also understand that I will be subjected to shift work and must make myself available for such assignments as needs might require and that any supplementary employment must have the express consent of the Chief of Police as in accordance with South River Police Department General Order 94-16.

I am also aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the South River Police Department.

I agree to these conditions and I certify that all the statements made by me on this application are true and complete to the best of my knowledge.

Applicant signature: _____ Date: _____

IT IS THE POLICY OF THE BOROUGH OF SOUTH RIVER TO PROVIDE EQUAL OPPORTUNITY IN EMPLOYMENT ON THE BASIS OF MERIT AND FITNESS AND WITHOUT DISCRIMINATION BECAUSE OF RACE, RELIGION, COLOR, SEX, POLITICAL AFFILIATION, NATIONAL ORIGIN, PHYSICAL OR MENTAL HANDICAP, MARITAL STATUS, AGE OR MILITARY SERVICE.

RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, BANKS, FINANCIAL INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES: FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

I, _____, have authorized the South River Police Department to conduct a full investigation into my background and activities. I will assist in any way that I am able to obtain any and all documents and information requested by the South River Police Department.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the South River Police Department.

This authorization shall supersede and countermand any prior request of authorization to the contrary.

Further, I authorize the South River Police Department to verify any and all information contained herein and to review my employment, education, and financial and criminal history, military, disciplinary and other records and information from any source as noted in this executed Authorization and Release Form.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me on this:

_____ Day of _____ 20____

NOTARY SEAL

Notary Public
State of New Jersey

My Commission Expires on: _____

RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, BANKS, FINANCIAL INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES: FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

I, _____, have authorized the South River Police Department to conduct a full investigation into my background and activities. I will assist in any way that I am able to obtain any and all documents and information requested by the South River Police Department.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the South River Police Department.

This authorization shall supersede and countermand any prior request of authorization to the contrary.

Further, I authorize the South River Police Department to verify any and all information contained herein and to review my employment, education, and financial and criminal history, military, disciplinary and other records and information from any source as noted in this executed Authorization and Release Form.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me on this:

_____ Day of _____ 20____

NOTARY SEAL

Notary Public
State of New Jersey

My Commission Expires on: _____

RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, BANKS, FINANCIAL INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES: FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

I, _____, have authorized the South River Police Department to conduct a full investigation into my background and activities. I will assist in any way that I am able to obtain any and all documents and information requested by the South River Police Department.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the South River Police Department.

This authorization shall supersede and countermand any prior request of authorization to the contrary.

Further, I authorize the South River Police Department to verify any and all information contained herein and to review my employment, education, and financial and criminal history, military, disciplinary and other records and information from any source as noted in this executed Authorization and Release Form.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me on this:

_____ Day of _____ 20____

NOTARY SEAL

Notary Public
State of New Jersey

My Commission Expires on: _____

RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, BANKS, FINANCIAL INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES: FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

I, _____, have authorized the South River Police Department to conduct a full investigation into my background and activities. I will assist in any way that I am able to obtain any and all documents and information requested by the South River Police Department.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the South River Police Department.

This authorization shall supersede and countermand any prior request of authorization to the contrary.

Further, I authorize the South River Police Department to verify any and all information contained herein and to review my employment, education, and financial and criminal history, military, disciplinary and other records and information from any source as noted in this executed Authorization and Release Form.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me on this:

_____ Day of _____ 20____

NOTARY SEAL

Notary Public
State of New Jersey

My Commission Expires on: _____

RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, BANKS, FINANCIAL INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES: FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

I, _____, have authorized the South River Police Department to conduct a full investigation into my background and activities. I will assist in any way that I am able to obtain any and all documents and information requested by the South River Police Department.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the South River Police Department.

This authorization shall supersede and countermand any prior request of authorization to the contrary.

Further, I authorize the South River Police Department to verify any and all information contained herein and to review my employment, education, and financial and criminal history, military, disciplinary and other records and information from any source as noted in this executed Authorization and Release Form.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me on this:

_____ Day of _____ 20____

NOTARY SEAL

Notary Public
State of New Jersey

My Commission Expires on: _____