

# Florham Park Police Department

111 Ridgedale Avenue ♦ Florham Park, NJ 07932

# Employment Application

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Please complete all applicable area. Please PRINT your answers. Do not type. Do not leave any blocks empty.  
If a block does not apply to you, please print N/A.

## Biographical Information

|                                |  |          |                |                        |           |              |
|--------------------------------|--|----------|----------------|------------------------|-----------|--------------|
| Position you are applying for: |  | Date     | Telephone #    |                        |           |              |
| Name                           |  | Nickname |                | Social Security Number |           |              |
| Street Address                 |  | City     |                | State                  | Zip code  |              |
| Place of Birth                 | US Citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Sex      | Height         | Weight                 | Eye Color | Complexion   |
| Drivers License Number         |  | State    | Marital Status | Number of Children     |           | Blood Type   |
| Nearest Relative               |  | Address  |                |                        |           | Relationship |

## Educational Background

Years of High School Completed \_\_\_\_\_  Graduated  GED  
Years of College Completed \_\_\_\_\_  Graduated Degree in: \_\_\_\_\_  
Please List All Schools Attended. Start with the most recent

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

## Employment Background

Please Enter your previous work record. Start with the most recent employer and finish with you first employer.

|          |            |          |                    |
|----------|------------|----------|--------------------|
| Employer | Position   |          | Supervisor         |
| Address  | Start Date | End Date | Reason for Leaving |
| Employer | Position   |          | Supervisor         |
| Address  | Start Date | End Date | Reason for Leaving |
| Employer | Position   |          | Supervisor         |
| Address  | Start Date | End Date | Reason for Leaving |
| Employer | Position   |          | Supervisor         |
| Address  | Start Date | End Date | Reason for Leaving |

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## Background Questions

Do you have any previous police experience?  Yes  No  
If yes, please describe.

Have you ever been arrested or indicted for any crime or violation other than a motor vehicle violation?  Yes  No  
If yes, please explain.

Please list below any special qualifications, licenses, certifications or endorsements that you have:

Do you own any firearms?  Yes  No  
If yes, please list

Are you a member of any clubs or fraternal organizations?  Yes  No  
If yes, please list

Do you have any hobbies?  Yes  No  
If yes, please list

Do you speak any foreign languages?  Yes  No  
If yes, please list

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**Military Service**

Do you have any Military Service  Yes  No

|                   |       |                   |
|-------------------|-------|-------------------|
| Branch of Service | Rank: | Years of Service: |
|-------------------|-------|-------------------|

**References**

Please list 3 non-family references

|                      |              |                  |     |                   |
|----------------------|--------------|------------------|-----|-------------------|
| Reference #1<br>Name | Relationship | Years Acquainted |     | Home Phone #      |
| Address              | City         | State            | Zip | Alternate Phone # |
| Reference #2<br>Name | Relationship | Years Acquainted |     | Home Phone #      |
| Address              | City         | State            | Zip | Alternate Phone # |
| Reference #3<br>Name | Relationship | Years Acquainted |     | Home Phone #      |
| Address              | City         | State            | Zip | Alternate Phone # |

**Motor Vehicle Background**

Do you own or lease any motor vehicles?  Yes  No  
If yes, please list

| Make | Model | Year | Color | Registration | State | Expiration |
|------|-------|------|-------|--------------|-------|------------|
|      |       |      |       |              |       |            |
|      |       |      |       |              |       |            |
|      |       |      |       |              |       |            |
|      |       |      |       |              |       |            |

Have you ever been involved in a motor vehicle accident?  Yes  No  
If yes, please list

| Date | Municipality | Injuries?  | Property Damage?   | Summons Issued?  |
|------|--------------|--|--|--|
|      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you ever been issued a motor vehicle Summons?  Yes  No  
If yes, please list

| Date | Municipality | Violation | Outcome |
|------|--------------|-----------|---------|
|      |              |           |         |
|      |              |           |         |
|      |              |           |         |
|      |              |           |         |

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Please list anything below you feel is important for the department to know when reviewing your application:

