

# TOWNSHIP OF DENVILLE



DEPARTMENT OF POLICE  
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## DENVILLE TOWNSHIP POLICE DEPARTMENT INITIAL APPLICATION FOR POLICE OFFICER

### Instructions for the Proper Completion of this Initial Application for Police Officer

The position of **Police Officer** is one of tremendous responsibility and trust. In order to assist you in the application process it is imperative that complete, proper and accurate information is supplied to the Denville Police Department. Your application process will be placed in jeopardy if you supply inaccurate or incomplete information. All information contained within this application is allowed by law and will be kept confidential and will remain a part of your official record.

1. All applications must be completed and returned in person in its original form.
2. You must answer all questions that pertain to you. Write N/A (Not Applicable) for those questions that do not apply to you.
3. You must completely answer all questions. Failure to answer questions completely will delay the application process and may void your status.
4. In those questions that require you to identify a jurisdiction where a judgment or legal proceeding took place, the city and state cannot be abbreviated.
5. All responses in this application must be completed in your own handwriting.  
**Use blue ink only!** The use of a pencil is not authorized. Typed print or other means of electronic printing is not authorized.
6. If you require additional room to answer questions(s), please use and attach lined paper for your responses.
7. Each page must be signed and dated by you.

Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

**NOTICE TO APPLICANT**

Any candidate who makes a false statement, purposeful omission, misrepresentation or concealment of a material fact, or who practices, attempts to practice any deception or fraud in securing eligibility for appointment, or any candidate who provides answers contrary to official records, will be rejected from the application process and will be disqualified for eligibility.

Discovery of the aforementioned after a candidate has been appointed to the Denville Police Department will be cause and justification for dismissal from the department.

*Signature of Candidate* \_\_\_\_\_

*Date* \_\_\_\_\_

# DENVILLE TOWNSHIP POLICE DEPARTMENT MISSION STATEMENT AND CORE VALUES

It is the mission of the Denville Township Police Department to serve our citizens by enforcing the laws of the State of New Jersey and the ordinances of the Township of Denville, preserving the public peace, protecting life and property, promoting traffic safety, and engaging in activities that benefit all in our community, from our youth to our senior citizens, through programs of education and crime prevention, and to accomplish these goals by adhering to a core set of values that include integrity, honesty, fairness, respect and compassion.

## INTEGRITY

Integrity is the hallmark of the Denville Township Police Department and we are committed to the highest performance of moral standards, ethical conduct, and trustworthiness in all relationships.

We hold ourselves accountable for our actions both on and off duty and take pride in a professional level of service and fairness to all.

## HONESTY

Department members are committed to this character quality that includes truthfulness in our relationships with others, investigations and report writing and testifying in court.

## FAIRNESS

We treat all people impartially, justly and unbiased, with consideration, empathy and compassion. We are equally responsive to our employees and the community we serve.

## RESPECT

We treat all persons in a dignified and courteous manner, and exhibit understanding of ethnic and cultural diversity, both in our professional and personal endeavors.

We guarantee to uphold the principles and values embodied in the Constitutions of the United States and the State of New Jersey.

## COMPASSION

We understand that we come to the aid of many people that are physically injured, emotionally scarred, or are victims of crime and these people need to be treated with sympathy and concern for their well-being.

*Signature of Candidate* \_\_\_\_\_

*Date*\_\_\_\_\_



### High Schools/ Vocational Schools (List most recent first)

1. School: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Dates Attended: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approximate Grade Point Average: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

2. School: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Dates Attended: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approximate Grade Point Average: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

### Colleges / Universities Information

Do you have a college/university degree? Yes [ ] No [ ]

Type: Certificate [ ] AA [ ] BA [ ] BS [ ] MA [ ] MS [ ] Other [ ]

If not, how many college credits have you earned? \_\_\_\_\_

If you earned quarter hours, how many earned? \_\_\_\_\_

What is/was your major field of study? \_\_\_\_\_

What is/was your minor field of study? \_\_\_\_\_

Have you ever received a scholarship/grant? Yes [ ] No [ ]

Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

### Colleges / Universities Attended (List most recent first)

1. College: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

Dates Attended: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Final G.P.A. \_\_\_\_\_  
Number of credits earned \_\_\_\_\_ Degree earned \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

2. College: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

Dates Attended: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Final G.P.A. \_\_\_\_\_  
Number of credits earned \_\_\_\_\_ Degree earned \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

3. College: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

Dates Attended: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Final G.P.A. \_\_\_\_\_  
Number of credits earned \_\_\_\_\_ Degree earned \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### High School / Colleges & Universities Attendance

Have you ever had a scholarship or grant suspended because of failing to meet requirements (i.e., not maintaining required GPA, etc.)? Yes [ ] No [ ] If yes, explain fully.

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? Yes [ ] No [ ] If yes, explain fully.

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency? Yes [ ] No [ ] If yes, explain fully.

### Motor Vehicle and License Information

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

List all motor vehicles currently owned and/or operated by you.

Make: \_\_\_\_\_ Yr: \_\_\_\_\_ Model: \_\_\_\_\_ Tag No: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Yr: \_\_\_\_\_ Model: \_\_\_\_\_ Tag No: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Yr: \_\_\_\_\_ Model: \_\_\_\_\_ Tag No: \_\_\_\_\_ State: \_\_\_\_\_

Automobile Insurance Company(s): \_\_\_\_\_ Agent: \_\_\_\_\_

Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Has your automobile insurance ever been canceled for non-medical reasons?    Yes [  ]    No [  ]

If yes, explain. \_\_\_\_\_

Have you ever been denied automobile insurance for non-medical reasons?    Yes [  ]    No [  ]

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

*Signature of Candidate* \_\_\_\_\_

*Date* \_\_\_\_\_

### Motor Vehicle and License Information (cont.)

Provide the information requested below on all driver's licenses, which have ever been issued to you. List current license first.

Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Valid? Yes [ ] No [ ]  
Expiration: \_\_\_/\_\_\_/\_\_\_ Restrictions: \_\_\_\_\_

Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Valid? Yes [ ] No [ ]  
Expiration: \_\_\_/\_\_\_/\_\_\_ Restrictions: \_\_\_\_\_

Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Valid? Yes [ ] No [ ]  
Expiration: \_\_\_/\_\_\_/\_\_\_ Restrictions: \_\_\_\_\_

Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Valid? Yes [ ] No [ ]  
Expiration: \_\_\_/\_\_\_/\_\_\_ Restrictions: \_\_\_\_\_

Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Valid? Yes [ ] No [ ]  
Expiration: \_\_\_/\_\_\_/\_\_\_ Restrictions: \_\_\_\_\_

Has your **license** or privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled for non-medical reasons? If yes, explain. Yes [ ] No [ ]

\_\_\_\_\_  
\_\_\_\_\_

Has your vehicle **registration** ever been canceled, refused, revoked or suspended for any non-medical reason? If yes, explain. (Include dates, location, disposition, etc.) Yes [ ] No [ ]

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been detained, arrested or charged, with Driving While Intoxicated (DWI) or Driving While Under the Influence (DUI)? If yes, explain. (Include date, location, arresting agency, disposition, etc.) Yes [ ] No [ ]

\_\_\_\_\_  
\_\_\_\_\_

### Motor Vehicle and License Information (cont.)

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_



To the best of your knowledge, how many positive and/or negative points are currently on your driver's license? \_\_\_\_\_

Have you ever received a "Warning Letter" from the Motor Vehicle Administration that your driver's license, or vehicle registration, could or would be canceled, suspended, or revoked? If yes, explain. (Include reason, dates, agency, disposition, etc.) Yes [ ] No [ ]

Do you currently have any outstanding parking tickets that have not been paid? Yes [ ] No [ ]  
If yes, explain. (Include dates, agency, number of tickets, etc.)

Have you ever obtained or possessed a falsified or fictitious driver's license? Yes [ ] No [ ]  
If yes, explain in detail, to include reason for possession. \_\_\_\_\_

### Traffic Violations

**List all traffic violations.** This should include each time you were stopped by a police officer and issued one of the following; summons, mail-in-fine, mandatory court appearance, written warning or verbal warning. Examples of traffic violations would include; speeding, stop sign violations, equipment violations, etc.

Violation:	Date:	Location of violation (State):
Issuing agency:		Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

**Traffic Violations (cont.)**

Violation:	Date:	Location of violation (State):
Issuing agency:		Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:		Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:		Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

## Motor Vehicle Accidents

**List all motor vehicle accidents.** This includes motor vehicle accidents reported to the police as well as those not reported to the police. It also includes accidents that occurred on private property as well as those that occurred on a public roadway.

Date of accident:	Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Date of accident:	Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Date of accident:	Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

### Motor Vehicle Accidents (cont.)

Date of accident:	Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Date of accident:	Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Date of accident:	Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

### Employment History

**Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Position/Title: \_\_\_\_\_

Full-time [    ]      Part-time [    ]      Internship [    ]      Volunteer [    ]      Salaried [    ]

Dates of employment : From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Position/Title: \_\_\_\_\_

Full-time [    ]      Part-time [    ]      Internship [    ]      Volunteer [    ]      Salaried [    ]

Dates of employment : From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

### Professional References

List two (2) professional references who are not listed elsewhere in this booklet.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Occupation: \_\_\_\_\_

*Signature of Candidate* \_\_\_\_\_

*Date* \_\_\_\_\_

### Previous Employment History

List all of your employment history, including part-time. Include all periods of unemployment, internships, and volunteer positions.

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Position/Title: \_\_\_\_\_

Full-time [  ]      Part-time [  ]      Internship [  ]      Volunteer [  ]      Salaried [  ]

Dates of employment : From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Position/Title: \_\_\_\_\_

Full-time [  ]      Part-time [  ]      Internship [  ]      Volunteer [  ]      Salaried [  ]

Dates of employment : From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Position/Title: \_\_\_\_\_

Full-time [  ]      Part-time [  ]      Internship [  ]      Volunteer [  ]      Salaried [  ]

Dates of employment : From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

### Previous Employment History (cont.)

*Signature of Candidate* \_\_\_\_\_

*Date* \_\_\_\_\_

List all of your employment history, including part-time. Begin with current employer first. Include all periods of unemployment, internships, and volunteer positions.

**Employer:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_ Position/Title: \_\_\_\_\_  
 Full-time [  ]      Part-time [  ]      Internship [  ]      Volunteer [  ]      Salaried [  ]  
 Dates of employment : From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
 Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and title: \_\_\_\_\_

**Employer:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_ Position/Title: \_\_\_\_\_  
 Full-time [  ]      Part-time [  ]      Internship [  ]      Volunteer [  ]      Salaried [  ]  
 Dates of employment : From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
 Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and title: \_\_\_\_\_

**Employer:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_ Position/Title: \_\_\_\_\_  
 Full-time [  ]      Part-time [  ]      Internship [  ]      Volunteer [  ]      Salaried [  ]  
 Dates of employment : From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
 Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's name and title: \_\_\_\_\_

### Employment History Information

*If you answer "yes" to any of the below questions, give full details including the name and address of each employer, approximate dates, and the circumstances in each case.*

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been discharged/terminated/fired or disciplined by any employer? Yes [ ] No [ ]

If yes explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been the subject of a citizen, client or co-worker complaint? Yes [ ] No [ ]

If yes explain. \_\_\_\_\_

\_\_\_\_\_

Have you resigned while anticipating that your employer intended to discharge or take any disciplinary action against you for any reason? If yes, explain. Yes [ ] No [ ]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever resigned from a job by mutual agreement following allegations of misconduct?

If yes, explain. Yes [ ] No [ ]

\_\_\_\_\_

\_\_\_\_\_

Have you ever walked off a job without giving proper notice? Yes [ ] No [ ]

If yes, provide full details. \_\_\_\_\_

\_\_\_\_\_

Have you ever resigned from a job by mutual agreement following allegations of unsatisfactory work performance? Yes [ ] No [ ]

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever stolen anything from any of your employers? Yes [ ] No [ ]

If yes, explain, supplying dates, items, values etc. \_\_\_\_\_

\_\_\_\_\_

*Signature of Candidate* \_\_\_\_\_

*Date* \_\_\_\_\_



### Employment History Information (cont.)

Have you ever committed any other crimes (**even one which went undetected**) while on any job you ever held? If yes, explain. Yes [ ] No [ ]

If yes, explain. \_\_\_\_\_

Have you had any extended work absences for reasons other than medical or earned vacations? If yes, explain. Yes [ ] No [ ]

\_\_\_\_\_  
\_\_\_\_\_

### Military Status

*If these questions do not apply to you, put NA in the response lines.*

Are you registered with the Selective Service System? Yes [ ] No [ ]

Selective Service # (can be obtained at [www.sss.gov](http://www.sss.gov)): \_\_\_\_\_

Have you served in the Armed Forces of the U.S.? (Includes Merchant Marines) Yes [ ] No [ ]

If yes, branch of service(s): \_\_\_\_\_ Service Number: \_\_\_\_\_

Dates of service: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Type of discharge: (Exclude Medical Reasons) \_\_\_\_\_

Job title and rank at time of separation: \_\_\_\_\_

Primary M.O.S./A.F.S.C.: \_\_\_\_\_ Secondary M.O.S./A.F.S.C.: \_\_\_\_\_

List duty stations beginning with basic training, and dates of assignments (include supervisor's name and current phone numbers ). \_\_\_\_\_

Were you ever subject to any type of disciplinary action (including Article 15's) under the Uniform Code of Military Justice while serving in the Armed Forces? Yes [ ] No [ ]

If yes, describe in detail. \_\_\_\_\_

Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

**Military Status (cont.)**

Were you ever reduced/demoted in rank? If yes, describe in detail. Yes [ ] No [ ]

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Have you ever received company punishment? If yes, describe in detail. Yes [ ] No [ ]

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Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military?  
If yes, describe in detail. Yes [ ] No [ ]

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Have you ever been denied/refused entrance to any of the U.S. Armed Forces? Yes [ ] No [ ]  
If yes, explain the basis for your denial (except for medical reasons): \_\_\_\_\_

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Have you ever been AWOL? Yes [ ] No [ ]  
If yes, provide details. \_\_\_\_\_

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**Criminal History**

Have you ever been convicted of a crime? Yes [ ] No [ ]  
If yes, give specific information. \_\_\_\_\_

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Have you ever had any record(s) pardoned? Yes [ ] No [ ] If yes, provide full details below.

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*Signature of Candidate* \_\_\_\_\_ *Date* \_\_\_\_\_

### Gambling Related Activities

Do you gamble? Never [ ] Seldom [ ] Occasionally [ ] Regularly [ ]

If so, on what: \_\_\_\_\_  
\_\_\_\_\_

Have you ever used a bookie? Yes [ ] No [ ]

Have you ever placed a wager with a bookmaker (bookie or numbers man) on any event, other than a legitimate lottery, or other legalized gambling event? Yes [ ] No [ ]

If yes explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been "paid off" as a result of illegal slot machine or video games? Yes [ ] No [ ]

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for a bookie? Yes [ ] No [ ]

If yes, explain giving all details. \_\_\_\_\_  
\_\_\_\_\_

Do you currently have any outstanding gambling debts? Yes [ ] No [ ]

If yes, provide all details. \_\_\_\_\_  
\_\_\_\_\_

Have you ever borrowed money to gamble? Yes [ ] No [ ] If yes, explain giving all details.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever used an employer's money to gamble? Yes [ ] No [ ] If yes, explain giving all details.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever stolen money with which to gamble? Yes [ ] No [ ] If yes, explain giving all details.

\_\_\_\_\_  
\_\_\_\_\_

### References

Provide the names and addresses of three (3) character references (not related to you by blood or marriage) who are not listed elsewhere in this booklet.

Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

1. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

3. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

*Signature of Candidate* \_\_\_\_\_

*Date* \_\_\_\_\_

### Police/Public Safety/Security Experience

Do you have experience as a sworn law enforcement officer? Yes [ ] No [ ]

If yes, explain to include agency(s), position, length of service, and complete Part II of this booklet.

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Do you have experience in private security? Yes [ ] No [ ]

If yes, provide agency(s), dates, and position: \_\_\_\_\_

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Do you have experience as an intern, volunteer, cadet, or Explorer with this agency, or any law enforcement agency? Yes [ ] No [ ]

If yes, provide agency, dates, and position: \_\_\_\_\_

---

Do you have experience as a paid or volunteer member of any fire department or rescue squad?

If yes, provide agency, dates, and position. Yes [ ] No [ ]

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Are you currently attending, or have you attended any police academy, or received any law enforcement training? Yes [ ] No [ ]

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Do you personally know any Denville Police Officers? Yes [ ] No [ ]

If yes, list names below and duty station if known, and length of time you have known them.

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Do you have any relatives who are current or past members of a law enforcement agency?

If yes, please list name, relationship and their department/agency. Yes [ ] No [ ]

---

Has the United States Government ever granted you a security clearance? Yes [ ] No [ ]

If yes, by which agency(s) and at what level? \_\_\_\_\_

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Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

### Police/Public Safety Experience (cont.)

List all law enforcement agencies and fire departments whom you have applied. List the stages you have completed with each agency (e.g. written test, oral interview, polygraph, background, physical, medical, psychological, etc.), also list final status. If you have applied to the same agency more than once, list each time separately. Also list each occasion you applied to the Denville Township Police.

<i>Department(s)</i>	<i>Date(s) Applied</i>	<i>Status on Hiring Process</i>

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

### Special Skills/Training/Certifications

List all computer skills and experience. List type of hardware and software applications(s) and general competency level of each: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to communicate in any language other than English (including sign language)?

Yes [ ] No [ ] If yes, specify language. \_\_\_\_\_

Provide the names of two (2) references that can verify your language skills.

1. Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

List any special skills/training, such as operation of machines or special equipment that you possess.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special licenses or certificates issued to you, such as pilot, ham radio operator, PADI, handgun permit, etc.: (Provide a photocopy of all license(s) or certificates(s)) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

## Special Skills/Training/Certifications (cont.)

Do you have skills or training in the following areas?

Skill/Training Certification	YES	NO	Specify Course Location/Certification
EMT/ Paramedic			
Emergency Driving			
Firearms Training			
Counseling/Crisis Intervention			
Legal/ Paralegal			
Leadership Course (s)			
Martial Arts			
Other (Specify)			

### Miscellaneous

**Is there anything, which would prevent you from :**

Taking an oath of office? Yes [ ] No [ ]  
 If yes, explain: \_\_\_\_\_

Supporting and defending the Constitution of the United States  
 and the State of New Jersey. Yes [ ] No [ ]  
 If yes, explain: \_\_\_\_\_

Taking of a life in the line of duty? Yes [ ] No [ ]  
 If yes, explain: \_\_\_\_\_

*Signature of Candidate* \_\_\_\_\_ *Date* \_\_\_\_\_



**Miscellaneous (cont.)**

Is there anything in your past that we have not asked, which, if ascertained may prove to be embarrassing to you and/or this Department, if you were employed by this agency?

Yes [ ] No [ ]

If yes, explain in detail: \_\_\_\_\_  
\_\_\_\_\_

Is there anything additional in your background that you feel we should be aware of as we consider your employment application, such as a traumatic event that may have happened to you or someone you know?

Yes [ ] No [ ]

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

If you are employed as a police officer by this agency, how long do you anticipate remaining with us?

\_\_\_\_\_

If employed as a police officer with this agency, what career goals do you have? \_\_\_\_\_

\_\_\_\_\_

Did anyone provide advice, guidance or other assistance to you in regards to the completion of this booklet?

Yes [ ] No [ ]

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

*Signature of Candidate* \_\_\_\_\_

*Date* \_\_\_\_\_

**PART II**  
**Current and Former Police Officers**  
*This section only applies to current and former police officers*

What law enforcement agency(s) are you currently, or were previously, employed by? \_\_\_\_\_  
\_\_\_\_\_

Date(s) of employment? From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Have you been the subject of any internal investigations or citizen complaints? Yes [ ] No [ ]

If yes, explain fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition: \_\_\_\_\_

Have you ever been suspended from duty, with or without your police powers, for any reason, except medical? (Medical includes participation in any drug and/or alcohol rehabilitation program.)

Yes [ ] No [ ]

If yes, explain fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been subject to any departmental disciplinary actions, except medical? (Medical includes participation in any drug and/or alcohol rehabilitation program.)

Yes [ ] No [ ]

If yes, explain fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been involved in any traffic accidents while operating departmental or government vehicles?

Yes [ ] No [ ]

If so how many? \_\_\_\_\_ What was the disposition of each? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

**Current and Former Police Officers (cont.)**  
***This section only applies to current and former police officers***

What assignments, special training and skills have you had as a police officer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How have you been rated on your evaluations? (Please check all that apply)

- Excellent
- Above Satisfactory
- Satisfactory
- Below Satisfactory
- Unsatisfactory

Explain any performance evaluations of which you received less than satisfactory. (Please provide copies of performance evaluations for the past two years) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been questioned/interviewed/interrogated by your department's Internal Affairs Unit? Yes  No

If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever discharged your service weapon, either on-duty or off-duty, other than for training purposes or for authorized animal destruction? Yes  No

If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever given an untruthful statement in court or to your department's Internal Affairs Unit concerning your actions as a Police Officer? Yes  No

If yes, explain fully. \_\_\_\_\_  
\_\_\_\_\_

*Signature of Candidate* \_\_\_\_\_ *Date* \_\_\_\_\_

**Current and Former Police Officers (cont.)**  
***This section only applies to current and former police officers***

Have you ever been charged or investigated for the use of excessive force or police brutality?

If yes, explain fully.

Yes [  ] No [  ]

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Have you been investigated by your current/past agency for an allegation of domestic violence/spousal abuse? If yes, explain in full, all circumstances

Yes [  ] No [  ]

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Please explain why you want to leave your current department, or why you left your previous law enforcement employer. \_\_\_\_\_

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*Signature of Candidate* \_\_\_\_\_

*Date* \_\_\_\_\_