

South River Police Department

Chief Mark E. Tinitigan
61 Main Street
South River, NJ 08882
Phone: (732) 238-1000



PERSONAL HISTORY QUESTIONNAIRE

Candidate's Name: _____
Position Sought: Police Officer _____
Email: _____ Telephone: () _____

Issued on: _____ @ _____ Returned: _____ @ _____

NOTICE: N.J.S. 2C:28-3a

A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

INSTRUCTIONS:

Read through the entire questionnaire before completing the required information. You are responsible for personally preparing the questionnaire and compiling all of the required documents. Answer every question and leave no blank spaces. If a question does not apply to you, write "N/A" in the space provided for the answer. All dates should include the month, day and year.

The information you provide in this questionnaire and throughout the background investigation will be used in determining your suitability for the position being sought. Any falsification or omission of a material fact, or any deception shall be grounds for removal from the list and, if hired, may be grounds for termination at a later date. Answer all questions fully by providing specific details. If for any reason additional space is needed to answer a question, use the backside of the previous page, number the additional answer and utilize the check-off box at the bottom of the printed page. Questionnaires shall be typed, or clearly written in capitol lettering using black ink. Questionnaires must be legible.

The South River Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

During this process if you have any contact with a law enforcement agency or ANY information in your background changes contact Lieutenant Edwin Yorek and advise immediately!

This completed document shall be submitted the South River Police Department in person (24/7) or via US Mail to the attention of Chief Mark E. Tinitigan. Failure to submit a completed personal history questionnaire by Friday, April 10th, 2026 at 11:59 PM will result in a removal from the potential candidate list.

This background investigation and its result are strictly confidential and are the sole property of the South River Police Department. Copies of reports and documents shall be forwarded to Chief Mark E. Tinitigan as needed. Information we collect about you and our reports may be provided to any federal, state, and local agencies regarding violations of law and for any other lawful purposes. All copies of documents provided by the candidate become the sole property of the South River Police Department and will not be returned.

This questionnaire is NOT an offer employment.

Candidate's Name: _____

South River Borough Ordinance 72-15 Functions and Duties

The Police Department of the Borough of South River shall have its major functions and duties, which shall be the obligation of all sworn police personnel of the Police Department of the Borough of South River, the following:

- A. The reservation of peace.
- B. The protection of life and property.
- C. The arrest of violators of the law and recovery of property.
- D. The prevention and detection of crime.
- E. The enforcement of all laws of the United States of America, the State of New Jersey, the County of Middlesex and all ordinances of the Borough of South River.
- F. Aid and service to the public.
- G. Regulation of traffic and parking.
- H. Youth guidance.

Candidate's Name: _____

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Candidate's Name: _____

I. PERSONAL DATA & CITIZENSHIP INFORMATION

1. Last Name: _____ First: _____ Middle initial: _____
2. Maiden name: _____
3. Other names / nicknames / alias: _____
4. Explain other names, include dates when & where used: _____
5. DOB: _____ Place of Birth: _____
(Name hospital / clinic & town, state)
6. SS#: _____ / _____ / _____
7. Language Skills: Sign Language Bilingual: _____
8. Height: _____ Weight: _____
9. Eye Color: _____ Hair Color: _____ Blood type: _____
10. Which hand would you use to shoot a handgun? Left Right
11. Distinguishing scars, marks, tattoos, piercings: _____
Describe the significance of your, marks, tattoos, piercings: _____
12. NJ DL#: _____
13. Endorsements: _____ Restrictions: _____ (Current or Previous DL)
14. Other Drivers Licenses:
15. State _____ Number _____
16. State _____ Number _____
17. State _____ Number _____
18. Have you ever obtained or possessed a falsified or fictitious driver's license or identification card? No Yes
If yes, explain in detail: _____

Candidate's Name: _____

19. Are you a US Citizen? Yes No

If naturalized, provide a certified copy of Naturalization Papers.

20. Where are you registered to vote? (Town, County) _____

21. List all other places you have previously been registered to vote: (Town, County, Year)

22. Explanation if not registered: _____

23. Have you ever been issued a Passport? No Yes

24. If yes, list the following:

25. Date: _____ Country: _____ Passport #: _____

26. Date: _____ Country: _____ Passport #: _____

27. Date: _____ Country: _____ Passport #: _____

28. Have you ever been fingerprinted? No Yes

If yes, list the date, reason, details & jurisdiction: _____

29. Have you ever applied with the Borough of South River? No Yes

If yes, list the date, department, and results: _____

30. **Current address:**

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Cellular Phone #: _____ Fax #: _____

Primary Email address: _____

Reside with: parent(s) other, name(s): _____

Own: Rent: *

(#30 continued)

Candidate's Name: _____

Landlord Name: _____ Address: _____

Landlord Phone Number: _____

Dates: from _____ until _____

*Provide copy of rental / lease agreement.

31. List below your current, immediate neighbors (to the sides and either above & below or front & rear). If you do not know your immediate neighbors, contact them and obtain this information.

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Candidate's Name: _____

32. Personal Email Address(es): _____
List all within the past 5 years

33. Website(s) owned, operated,
maintained, moderated, posted to: _____

34. List ALL web ID profiles, groups, blogs accounts, mailboxes, addresses, personal web pages owned,
operated, maintained (i.e. Facebook, Instagram, TikTok, YouTube, The World is Round etc.):

34a. Are you aware of any videos posted about you? No Yes

Previous Addresses

List all addresses you have ever lived, include the dates. Include off-base military and college housing. Begin with the most recent.

35.
Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reside with: parent(s) other, name(s): _____

Own:

Rent: * Landlord Name: _____ Address: _____

Landlord Phone Number: _____

Dates: from _____ until _____

*Provide copy of rental / lease agreement.

Candidate's Name: _____

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reason for moving: _____

36.

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reside with: parent(s) other, name(s): _____

Own:

Rent: * Landlord Name: _____ Address: _____

Landlord Phone Number: _____

Dates: from _____ until _____

*Provide copy of rental / lease agreement.

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reason for moving: _____

37.

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reside with: parent(s) other, name(s): _____

(#37 continued)

Candidate's Name: _____

Own:

Rent: * Landlord Name: _____ Address: _____

Landlord Phone Number: _____

Dates: from _____ until _____

*Provide copy of rental / lease agreement.

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reason for moving: _____

38.

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reside with: parent(s) other, name(s): _____

Own:

Rent: * Landlord Name: _____ Address: _____

Landlord Phone Number: _____

Dates: from _____ until _____

*Provide copy of rental / lease agreement.

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reason for moving: _____

39. Have you ever been evicted or asked to leave a residence?

No

Yes

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

40. Have you ever left a residence owing rent or utilities to the owner, a roommate or a company?

Yes No

If yes to #39 or #40, explain and provide name(s) address & details: _____

II. REFERENCES

List 6 People. DO **NOT** include members of this department, relatives, employers or housemates. List three business colleagues / professional associates AND three close personal references that have known you for a minimum of two (2) years.

#1 (business colleagues / professional associates)

Name: _____
Address: # _____ Street _____ Apt. # _____ Town _____
State _____ Zip: _____ Phone: _____ Cell: _____
Association: _____ Email: _____

#2 (business colleagues / professional associates)

Name: _____
Address: # _____ Street _____ Apt. # _____ Town _____
State: _____ Zip: _____ Phone #: _____ Cell #: _____
Association: _____ Email: _____

#3 (business colleagues / professional associates)

Name: _____
Address: # _____ Street _____ Apt. # _____ Town _____
State _____ Zip: _____ Phone: _____ Cell: _____
Association: _____ Email: _____

Candidate's Name: _____

#1 (close personal references)

Name: _____

Address: # _____ Street _____ Apt. # _____ Town _____

State _____ Zip: _____ Phone: _____ Cell: _____

Relationship: _____ Email: _____

#2 (close personal references)

Name: _____

Address: # _____ Street _____ Apt. # _____ Town _____

State _____ Zip: _____ Phone: _____ Cell: _____

Relationship: _____ Email: _____

#3 (close personal references)

Name: _____

Address: # _____ Street _____ Apt. # _____ Town _____

State _____ Zip: _____ Phone: _____ Cell: _____

Relationship: _____ Email: _____

III. RELATIONS

** If deceased make a notation*

1. Father

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No Yes Age: _____

Candidate's Name: _____

2. Step-Father

Name: _____	Occupation: _____	
Address #: _____	Street: _____	
Apt: _____	City: _____	
State: _____	Zip: _____	Phone #: _____
Criminal Record? No <input type="checkbox"/>	Yes <input type="checkbox"/>	Age: _____

3. Mother

Name: _____	Occupation: _____	
Address #: _____	Street: _____	
Apt: _____	City: _____	
State: _____	Zip: _____	Phone #: _____
Criminal Record? No <input type="checkbox"/>	Yes <input type="checkbox"/>	Age: _____

4. Step-Mother

Name: _____	Occupation: _____	
Address #: _____	Street: _____	
Apt: _____	City: _____	
State: _____	Zip: _____	Phone #: _____
(#4) Continued		
Criminal Record? No <input type="checkbox"/>	Yes <input type="checkbox"/>	Age: _____

--

Candidate's Name: _____

List in order ALL siblings, including half-siblings, step-siblings, foster-siblings, etc.

5. Brother Sister

Name: _____		Occupation: _____	
Address #: _____		Street: _____	
Apt: _____		City: _____	
State: _____		Zip: _____	Phone #: _____
Criminal Record? No <input type="checkbox"/>		Yes <input type="checkbox"/>	Age: _____

6. Brother Sister

Name: _____		Occupation: _____	
Address #: _____		Street: _____	
Apt: _____		City: _____	
State: _____		Zip: _____	Phone #: _____
Criminal Record? No <input type="checkbox"/>		Yes <input type="checkbox"/>	Age: _____

7. Brother Sister

Name: _____		Occupation: _____	
Address #: _____		Street: _____	
Apt: _____		City: _____	
State: _____		Zip: _____	Phone #: _____
Criminal Record? No <input type="checkbox"/>		Yes <input type="checkbox"/>	Age: _____

--

Candidate's Name: _____

8. Brother **Sister**

Name: _____ Occupation: _____
Address #: _____ Street: _____
Apt: _____ City: _____
State: _____ Zip: _____ Phone #: _____
Criminal Record? No Yes Age: _____

9. Brother **Sister**

Name: _____ Occupation: _____
Address #: _____ Street: _____
Apt: _____ City: _____
State: _____ Zip: _____ Phone #: _____
Criminal Record? No Yes Age: _____

10. Spouse **or Common Law**

Name: _____ Occupation: _____
Address #: _____ Street: _____
Apt: _____ City: _____
State: _____ Zip: _____ Phone #: _____
Is your Spouse or Common Law employed? No Yes
If yes, Employer _____ Phone: _____
Employer Address: _____
Supervisor: _____
Criminal Record? No Yes Age: _____
Have you ever been separated from your spouse or Common Law? No Yes

No Yes
Initial Box

See Additional Answer Provided

Candidate's Name: _____

If yes, explain & provide dates: _____

If married, maiden name of spouse: _____

Date of Marriage: _____ Location: _____

11. Father in Law

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No Yes Age: _____

12. Mother in Law

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No Yes Age: _____

Candidate's Name: _____

In the following sections list all your children, including natural, adopted, step and / or foster care or any other children who reside (d) with you. Provide the name and contact information of the custodial parent or guardian if other than you. If your children reside with a person other than yourself or ex-spouse, note the person's name & their relationship.

13. Dependants Children

Name: _____		Occupation: _____	
Address #: _____		Street: _____	
Apt: _____		City: _____	
State: _____		Zip: _____	Phone #: _____
Criminal / Juvenile Record? No <input type="checkbox"/> Yes <input type="checkbox"/>		Age: _____	

14. Dependants Children

Name: _____		Occupation: _____	
Address #: _____		Street: _____	
Apt: _____		City: _____	
State: _____		Zip: _____	Phone #: _____
Criminal / Juvenile Record? No <input type="checkbox"/> Yes <input type="checkbox"/>		Age: _____	

15. Dependants Children

Name: _____		Occupation: _____	
Address #: _____		Street: _____	
(#15 continued)			
Apt: _____		City: _____	
State: _____		Zip: _____	Phone #: _____
Criminal / Juvenile Record? No <input type="checkbox"/> Yes <input type="checkbox"/>		Age: _____	

--

See Additional Answer Provided

Candidate's Name: _____

16. Roommate Previous Roommate

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Is roommate or was your previous roommate employed? No Yes

If yes, Employer _____ Phone: _____

Employer Address: _____

Supervisor: _____

Criminal Record? No Yes Age: _____

17. ALL Former spouse(s) / Domestic Partners

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Dates of marriage: _____ to _____

Date of divorce: _____ Court: _____

****Provide copy of each divorce complaint, settlement and decree****

Former spouse's maiden name: _____

Criminal Record? No Yes Age: _____

Candidate's Name: _____

18. Most Recent Dating Partner / Intimate Relation (Not Applicable if more than 7 years ago)

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Dates of relationship: _____ to _____

Are they employed? No Yes

If yes, Employer _____ Phone: _____

Employer Address: _____

Supervisor: _____

Criminal Record? No Yes Age: _____

**19. List ALL Previous Dating Partner(s) / Intimate Relations
(Not Applicable if more than 7 years ago)**

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Dates of relationship: _____ to _____

Are they employed? No Yes

If yes, Employer _____ Phone: _____

Employer Address: _____

Supervisor: _____

Criminal Record? No Yes Age: _____

1. Has your spouse/ fiancée/ significant other/ current dating partner ever been arrested, interviewed, detained or convicted by any law enforcement agency? Yes No

See Additional Answer Provided

Candidate's Name: _____

2. Has any former spouse/ fiancée/ significant other/ dating partner ever been arrested, interviewed, detained or convicted by any law enforcement agency? Yes No
3. Were you raised (for any period of time) by anyone other than your parents, provide dates & information concerning those who raised you: Yes No

If yes to questions in Section III, explain and provide completed details including name(s) and addresses:

IV. EDUCATION

You will be required to furnish transcripts or other proof to support all your educational claims in a sealed facility envelope. If you are unable to attach them to this document it must be noted and the transcript(s) sent directly to the South River Police Department Chief Mark E. Tinitigan.

1. **High School- List most recent first** Transcript Attached Yes No Being Sent

Dates Attended: _____ to _____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Overall GPA _____
Address #: _____ Street: _____	
City: _____ State: _____ Zip: _____	
Phone #: _____	
List Address if attended high school more than 10 years ago:	
Address #: _____ Street: _____	
City: _____ State: _____ Zip: _____	
<u>Closest High School Friend:</u> (Last Known Information)	
Name: _____ Occupation: _____	
Address #: _____ Street: _____	
Apt: _____ City: _____	
State: _____ Zip: _____ Phone #: _____	

- a. How many days were you absent from school each year? _____

Candidate's Name: _____

2. Previous High School

Transcript Attached Yes No Being Sent

Dates Attended: _____ to _____

Name: _____ Overall GPA _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

List Address if attended high school more than 10 years ago:

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Closest High School Friend: (Last Known Information)

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

a. How many days were you absent from school each year? _____

Colleges or Trade schools- Full address / major/ dates graduated. List most recent first.

**** List college residence(s) above in previous residences ****

3. College / Higher Education School- #1

Transcript Attached Yes No Being Sent

Dates Attended: _____ to _____ **Graduated** Yes No

Degree / Major _____ Credits Earned: _____

Name: _____ Phone #: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Candidate's Name: _____

4. **Previous College / Higher Education School #2** Transcript Attached Yes No Being Sent

Dates Attended: _____ to _____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree / Major _____	Credits Earned: _____
Name: _____	Phone #: _____
Address #: _____	Street: _____
City: _____	State: _____ Zip: _____

5. **Previous College / Higher Education School #3** Transcript Attached Yes No Being Sent

Dates Attended: _____ to _____	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree / Major _____	Credits Earned: _____
Name: _____	Phone #: _____
Address #: _____	Street: _____
City: _____	State: _____ Zip: _____

6. If your major was not Criminal Justice/Law Enforcement, list how many public administration / criminal justice courses you have taken?

7. Have you ever been awarded a scholarship or grant? Yes No

8. Have you ever had a scholarship or grant suspended, rescinded or revoked? (i.e. failing to meet requirements (i.e., not maintaining required GPA, etc.))? Yes No

9. Have you ever been disciplined from any secondary level school or educational facility? Yes No

10. Have you ever been suspended, expelled or placed on academic probation from any secondary level school (high school, college, university) or educational facility? Yes No

11. Have you ever been interviewed, cited, detained, disciplined or had any other contact with any college police / security agency? Yes No

If yes to questions in Section IV, explain and provide completed details: _____

** Criminal charges must be listed under LEGAL / CRIMINAL HISTORY Section **

--

Candidate's Name: _____

V. PROFESSIONAL LICENSES / REGISTRATIONS / CERTIFICATIONS / SPECIALIZED SKILLS / TRAINING

1. Have you, or any corporation or partnership of which you are / were an officer, director or partner, ever possessed a license or permit issued by any governmental agency (excluding driver's license)?

Yes No

2. Has any license or permit issued by any governmental agency (excluding driver's license) ever been denied to you, your spouse or any corporation, partnership or other business of which you are / were an officer, director or partner?

Yes No

3. Have you ever acted as a sponsor, voucher, character reference, or made recommendations for or concerning any person or premises to any municipal, state, federal agency in connection with the issuance, revocation, or suspension of any license or permit, or for any other reason, for any person or premises?

Yes No

4. List any license(s) you have or were issued (i.e. Law, Real Estate, Beautician, Nursing, Alarm)

<u>License</u>	<u>License #</u>	<u>Date</u>	<u>Licensing Board</u>	<u>Expiration</u>
----------------	------------------	-------------	------------------------	-------------------

a. _____

b. _____

5. List any specialized skills, training or certifications you have or were issued.

<u>Skill/Certification</u>	<u>Date</u>	<u>Training Center/Facility</u>
----------------------------	-------------	---------------------------------

a. _____

b. _____

6. List all hobbies and special interests you have: _____

7. Have you ever received a Pilot's License from the FAA or any other organization?

Yes No

Candidate's Name: _____

VI. ACHIEVEMENTS / AWARDS

List any major achievements or awards you have received include the date and organization:

VII. DISCIPLINE

List any school / training / license problems including absenteeism, tardiness, failing grades, discipline and suspensions:

VIII. MILITARY SERVICE

1. Selective Service Number: _____ Not Required to Register
2. Have you ever been refused entry into any branch of the armed services, a military academy or a program?

No Yes

3. Have you ever served in the armed forces? No Yes
If yes, Branch(s) of Service:

Army Navy Marines Air Force Coast Guard

If yes, list the following information begin with the most recent. If military housing off-base, list residence(s) above in Previous Addresses.

4.
Dates Assigned: _____ to _____ Job / Skill _____
Post / Base/ Ship: _____ Rank: _____
Commander's Name: _____
Address #: _____ Street: _____
City: _____ State: _____ Zip: _____ Phone #: _____

5.
Dates Assigned: _____ to _____ Job / Skill _____

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

Post / Base/ Ship: _____	Rank: _____
Commander's Name: _____	
Address #: _____ Street: _____	
City: _____	State: _____ Zip: _____ Phone #: _____

6.	
Dates Assigned: _____ to _____ Job / Skill _____	
Post / Base/ Ship: _____	Rank: _____
Commander's Name: _____	
Address #: _____ Street: _____	
City: _____	State: _____ Zip: _____ Phone #: _____

7.	
Dates Assigned: _____ to _____ Job / Skill _____	
Post / Base/ Ship: _____	Rank: _____
Commander's Name: _____	
Address #: _____ Street: _____	
City: _____	State: _____ Zip: _____ Phone #: _____

8. Dates of Service: _____

9. Final Rank: _____

10. Have you reenlisted? _____

11. How many times? _____

12. Type(s) of Discharge(s): _____

13. How many DD214s do you possess?

Other than Honorable discharge explain: _____

14. Are you currently in the National Guard, Military Reserve or subject to military activation?

No Yes If yes:

--

Candidate's Name: _____

Date obligation ends: _____

Post / Base/ Ship: _____ Rank: _____

Commander's Name: _____

Address #: _____ Street: _____

City: _____ State: _____

Zip: _____ Phone #: _____

15. Have you ever been recalled to military duty in the past? Explain status and include dates.

No Yes

16. What was your security clearance? _____

17. Have you ever been denied a security clearance? No Yes

18. What are your highest medal / decoration? _____

19. Have you ever faced any non-judicial disciplinary action while in the military, including but not limited to a Courts Martial, Article 15, LOR, Captains Mast, or Brig Time?

No Yes

20. Have you ever been reduced in rank, demoted or received company punishment?

No Yes

21. Have you ever been AWOL?

No Yes

22. Have you ever served in any militia, military organization or armed forces of any organization or government?

No Yes

If yes to questions #2, #12, #14, #16, #18 through #21 provide the details of the incident: _____

23. Lists the posts/bases/or ships you served on, their mailing address, and your commanders at that time: _____

24.

Date: _____ Disciplinary Action: _____

Post / Base/ Ship: _____ Rank: _____

Candidate's Name: _____

Commander's Name: _____
Address #: _____ Street: _____
City: _____ State: _____ Zip: _____
Phone #: _____

25.
Date: _____ Disciplinary Action: _____
Post / Base/ Ship: _____ Rank: _____
Commander's Name: _____
Address #: _____ Street: _____
City: _____ State: _____ Zip: _____
Phone #: _____

IX. EXPERIENCE & EMPLOYMENT

Beginning with your most recent employment, list ALL jobs you have held since the age of 18. Include ALL full-time, part-time, self-employment & volunteer work. List dates employed, employer, your duties and Supervisors Name and phone.

List ALL periods of unemployment in excess of 30 days as "UNEMPLOYED" listing the dates of unemployment and explain reason (student, travel etc.).

1. Current / Most Recent

Dates: _____ to _____ Fulltime Part-time
Employer: _____
Supervisor's Name: _____
Address #: _____ Street: _____
City: _____ State: _____ Zip: _____

(continue #1)
Phone #: _____
Your Position: _____ Responsibilities: _____
Coworker's Full Name: _____ Their Position: _____

See Additional Answer Provided

Candidate's Name: _____

Coworker's Full Name: _____ Their Position: _____

Would there be a problem if we contact your current employer? Yes No

Salary: Starting _____ Final _____

Reason Left Most Recent Employment: _____

2. Previous Employer

Dates: _____ to _____ Fulltime Part-time

Employer: _____

Supervisor's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Your Position: _____ Responsibilities: _____

Coworker's Full Name: _____ Their Position: _____

Coworker's Full Name: _____ Their Position: _____

Salary: Starting _____ Final _____

Reason Left Employment: _____

3. Previous Employer

Dates: _____ to _____ Fulltime Part-time

Employer: _____

Supervisor's Name: _____

Candidate's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Your Position: _____ Responsibilities: _____

Coworker's Full Name: _____ Their Position: _____

Coworker's Full Name: _____ Their Position: _____

Salary: Starting _____ Final _____

Reason Left Employment: _____

4. Previous Employer

Dates: _____ to _____ Fulltime Part-time

Employer: _____

Supervisor's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Your Position: _____ Responsibilities: _____

Coworker's Full Name: _____ Their Position: _____

Coworker's Full Name: _____ Their Position: _____

Salary: Starting _____ Final _____

Reason Left Employment: _____

5. Previous Employer

Dates: _____ to _____ Fulltime Part-time

Employer: _____

Supervisor's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Candidate's Name: _____

Phone #: _____

Your Position: _____ Responsibilities: _____

1. Coworker's Full Name: _____ Their Position: _____

2. Coworker's Full Name: _____ Their Position: _____

Salary: Starting _____ Final _____

Reason Left Employment: _____

6. Previous Employer

Dates: _____ to _____ Fulltime Part-time

Employer: _____

Supervisor's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Your Position: _____ Responsibilities: _____

1. Coworker's Full Name: _____ Their Position: _____

2. Coworker's Full Name: _____ Their Position: _____

Salary: Starting _____ Final _____

Reason Left Employment: _____

7. Do you have experience as a sworn law enforcement officer in any capacity? No Yes

8. Do you have experience in private or corporate security? No Yes

9. Do you have experience as a paid or volunteer member of any fire department, rescue squad, ambulance corps? or other emergency response agency? No Yes

10. Have you ever had any extended work absences for reasons other than medical or earned vacations? No Yes

11. Have you ever called in sick when you were neither sick nor calling in because of a family member? No Yes

Candidate's Name: _____

12. In the past five years have you missed work or been in late due to drug or alcohol consumption? No Yes
13. In the past five years have you been warned by an employer about alcohol or drugs impacting on your job performance? No Yes
14. Have you ever received any sort of disciplinary action against you in your current or previous jobs? (Including job performance counseling i.e. tardiness, absences, demeanor) No Yes
15. Have you ever been the subject of a written complaint? No Yes
16. Have you ever been terminated, discharged, fired or laid off from any job? No Yes
17. Have you ever been asked to resign from a job or position? No Yes
18. Have you resigned or quit while anticipating that your employer intended to discharge (fire) you or take any disciplinary action against you for any reason? No Yes
19. Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct? No Yes
20. Have you ever walked off (left/quit) a job without giving proper notice? No Yes
21. Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance? No Yes
22. Have you ever been involved in a physical altercation with a supervisor, co-worker or customer? No Yes
23. Have you ever stolen or taken anything (without authorization) from any of your employers? No Yes
24. Have you ever had your salary / wages garnished? No Yes
25. Have you ever had problems or been alleged to have had problems dealing with persons of another race, ethnic origin, religious groups, gender or sexual orientations? No Yes
26. Have you ever subjected or been alleged to have subjected others to harassment, discrimination or a hostile work environment? No Yes
27. Have you ever used illegal drugs or alcohol while working on any job? No Yes
28. Have you ever committed any other crimes or offenses (even ones which went undetected) while working on any job you ever held? No Yes

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

29. Have you ever received unemployment benefits or insurance or other federal, state, county or local benefits or assistance? No Yes

If yes to questions in Section IX, state employer/date/location/reason, submit any documentation, state how many days you missed or were late, state how many days you have used in the past five years which were not due to illness.

X. GENERAL QUESTIONS

1. Are you currently holding or running for an elected position? No Yes
2. Have you traveled or vacationed outside of the United States? No Yes
3. Have you ever been involved in a personal relationship in which you threatened, assaulted or harassed another, or where another person sought a domestic violence complaint, temporary restraining order or final restraining order against you? No Yes
4. Have you ever been involved in a personal relationship in which you were threatened, assaulted or harassed by another, or where you sought a domestic violence complaint, temporary restraining order or final restraining order entered against another? No Yes
5. Have you ever been charged with or accused of violating the civil rights of another person? No Yes
6. To your knowledge, has any law enforcement agency ever been called, or responded to any home, residence, room in which you resided, occupied or on you at any location for any reason? No Yes
7. Do you have any affiliations (including as an officer or member) or made a contribution to any organization(s) that advocate the commission of acts of violence to deny others their constitutional rights, or overthrow the government of the United States, or any other government agencies? No Yes
8. Have you ever engaged in any act or activities designed to overthrow the United States Government by force? No Yes
9. Have you ever been involved in or attended any school, camp, class, or forum sponsored by any subversive organization? No Yes

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

10. Have you ever been involved in or participated in any parade, picket line, delegation, demonstration affair forum, information distribution activity sponsored by any subversive organization? No Yes
11. Have you ever been involved or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization? No Yes
12. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state or federal agency, committee, investigative body or court? No Yes
13. Have you ever been held as a material witness? No Yes
14. Have you ever been stopped, questioned or held as a suspicious person or investigated by any law enforcement agency or private or corporate security for any reason? No Yes
15. Have you ever lied or committed perjury in court or other judicial proceeding? No Yes
16. Have you ever lied to anyone of authority? No Yes
17. Have you ever entered or remained in any building, business, dwelling, or house without permission? No Yes
18. Have you ever intentionally or unintentionally injured anyone as a result of a fight? No Yes
19. Have you intentionally damaged another person's property include tagging / graffiti? No Yes
20. Have you ever cheated a restaurant or food establishment by walking out on a check? No Yes
21. Have you ever helped anyone steal anything? No Yes
22. Have you ever committed a theft or shoplifted, including receiving stolen property (regardless of value)? No Yes
23. Have you ever taken a vehicle or remove vehicle parts from another person's vehicle without permission? No Yes
24. Have you ever misappropriated money or valuables entrusted to you? No Yes

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

25. Have you ever pressured or scammed money or valuables from someone? No Yes
26. Have you ever falsified or lied on an employment application? No Yes
27. Have you ever provided anyone a discount at your place of employment without permission? No Yes
28. Have you ever conspired with anyone to commit an illegal act or crime of any kind? No Yes
29. Have you ever given anything to anyone that was not yours to give away? No Yes
30. Have you ever committed or been questioned, accused of or arrested for elder abuse? No Yes
31. Have you ever committed or been questioned, accused of or arrested for any act of child abuse? No Yes
32. Have you ever slapped, pushed or struck your current or former dating partner, wife, ex-wife, husband, ex-husband, girlfriend, boyfriend, or significant other or social companion? No Yes
33. Have you ever been a lookout or driver for someone else while they committed a crime or criminal act of any kind? No Yes
34. Have you ever used a weapon of any kind during a fight/altercation? No Yes
35. Have you ever injured anyone with any type of weapon or object? No Yes
36. Have you ever displayed or brandished a weapon of any type or carried a concealed weapon without a permit? No Yes
37. Have you ever told or implied to anyone that you were a law enforcement officer when you were not? No Yes
38. Have you, as an adult, ever had a physical fight / altercation with anyone? No Yes
39. Have you ever falsely reported a crime or filed a report, or knowingly given erroneous / misleading information to a police officer from this or any other law enforcement agency? No Yes
40. Have you ever used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason? No Yes

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

41. Have you ever allowed your property or vehicle to be used in the commission of a criminal act?
No Yes
42. Have you ever committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing or modifying)?
No Yes
43. Have you ever been a member of or associated / affiliated with a person promoting criminal activity, any criminal group, or any Criminal Street Gang as defined in N.J.S.A. 2C:44-3?
No Yes
44. Do you know any individuals, including relatives, who you know or have reason to believe are or have been members of any organization listed above in question 43?
No Yes
45. Have you ever engaged in any of the following activities of any organization of the type described above? Contribution(s) to, attendance at, or participation in any organizations, social or other activities of said organizations / member, or of any projects sponsored by them, the sale, gift, or distribution of any written, printed, electronic, or other matter, prepared, reproduced or published, by them or any of their agents or instrumentality's?
No Yes
46. Do you presently know, have you known or do you associate with any person convicted of a criminal offense / felony?
No Yes
47. Have you ever been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being or attempt or planning?
No Yes
48. Have you ever been present at, witness to, or involved in any way in any crime?
No Yes
49. Have you ever been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb, Molotov cocktail, explosive or other incendiary device?
No Yes
50. Have you ever filed a false/fraudulent insurance claim with any insurance company regarding a traffic accident, theft, or other monetary or property loss?
No Yes
51. As an adult, have you ever had sexual contact, committed a sex or other unlawful act with a child or person under the age of 16?
No Yes
52. As an adult, have you ever attempted to solicit any sex act involving a juvenile?
No Yes
53. Have you ever engaged in any sexual act without the consent of the other person?
No Yes

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

54. Have you ever been involved or accused of using illegal force during sex or a date rape? No Yes
55. As an adult, have you ever attempted to solicit any type of sex over the Internet including chat rooms or other forums? No Yes
56. Have you ever committed an act of indecent exposure including flashing or mooning? No Yes
57. Have you ever entered a house of prostitution for any reason? No Yes
58. Have you ever patronized a prostitute? No Yes
59. Have you ever promoted or been involved in the act of prostitution? No Yes
60. Have you ever accessed, downloaded or viewed child pornography? No Yes
61. Have you ever been bonded? No Yes
62. Have you ever been rejected or refused a bond upon application? No Yes
63. Have you ever been involved in any college/fraternity hazing/initiation incident/ ritual/program? No Yes
64. You ever tortured, mutilated or killed an animal? No Yes
65. Have you ever been pardoned for any crime? No Yes
66. Have you ever been involved in setting a fire, an accidental or reckless fire, burning / damaging any property or similar conduct? No Yes
67. Have you ever called in a false alarm, fire or bomb threat? No Yes
68. Have you ever committed or received a summons for any gaming, hunting or fishing violations? No Yes
69. Have you ever resisted arrest or interfered with an officer performing their job, including running from the police? No Yes
70. Have you ever annoyed, harassed, threatened anyone, or made an obscene gesture using a telephone, the Internet or other electronic communications device? No Yes
71. Have you ever committed an act of stalking or peeping tom? No Yes

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

72. Do you gamble? No Yes

If yes, how often do you gamble?

_____ times a week, _____ times a month, _____ times a year.

If yes, on what explain: _____

73. Have you ever used a bookie? No Yes

74. Have you ever placed a wager/bet by telephone or made a hand-to-hand transaction with bookmaker (bookie or numbers man) on the results of a professional or collegiate sports event, other than a legitimate lottery, or other legalized gambling event? No Yes

75. Have you ever been "paid off" while or after playing any illegal slot machine, video games or other device? No Yes

76. Have you ever worked for a bookie? No Yes

77. Do you currently have any outstanding gambling debts? No Yes

78. Have you ever borrowed money to gamble? No Yes

79. Have you ever used an employer's money to gamble? No Yes

80. Have you ever stolen money with which to gamble? No Yes

81. Have you ever possessed alcohol while under the legal age? No Yes

82. Have you ever been incapacitated due to alcohol in a public place? No Yes

83. Have you ever purchased alcohol for a minor? No Yes

84. As an adult, have you ever contributed to the delinquency of a minor? No Yes

85. Have you ever driven a vehicle while your license was suspended /revoked? No Yes

86. Have you ever driven any vehicle without insurance? No Yes

87. Do you have any relatives who are current or past members of a law enforcement agency? No Yes

88. Do you personally know or associate with any members of the South River Police Department? No Yes

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

89. Which members of this department have you dealt with in an official capacity as a member of a community organization or group? This does not include officers that have responded to your call(s) for service or assistance. No Yes

90. Have you ever been the victim of a crime? No Yes

91. Have you ever without authorization, or in excess of authorization accessed any data, data base, computer storage medium, computer program, computer software, computer equipment, computer, computer system or computer network? No Yes

92. Have you ever without authorization, or in excess of authorization altered, damaged or destroyed any data, data base, computer, computer storage medium, computer program, computer software, computer system or computer network, or denied, disrupted or impaired computer services, including access to any part of the Internet, that are available to any other user of the computer services? No Yes

93. Have you ever without authorization, or in excess of authorization accessed or attempted to access any data, data base, computer, computer storage medium, computer program, computer software, computer equipment, computer system or computer network for the purpose of executing a scheme to defraud, or to obtain services, property, personal identifying information, or money, from the owner of a computer or any third party? No Yes

94. Have you ever without authorization, or in excess of authorization obtained, taken, copied or used any data, data base, personal identifying information, or other information stored in a computer, computer network, computer system, computer equipment or computer storage medium? No Yes

95. Have you ever without authorization, or in excess of authorization accessed and recklessly altered, damaged or destroyed any data, data base, computer, computer storage medium, computer program, computer software, computer equipment, computer system or computer network? No Yes

If yes to questions in Section X, explain and provide completed details including name(s), dates and locations:

XI. OTHER INFORMATION

Have you ever experimented with, smoked, tasted, ingested, used, injected, sniffed, purchased, transported or been exposed to Controlled Dangerous Substances (illegal drugs, narcotics, etc.):

- 1. Within the last year? No Yes
- 2. Within the 3 years? No Yes
- 3. Within the 10 years? No Yes
- 4. Within your lifetime? No Yes

- 5. Have you ever used prescription medication prescribed to another person? No Yes
- 6. Have you ever sold, distributed, or provided any individual with or without their permission or consent any type of Controlled Dangerous Substance? No Yes
- 7. Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage or handling of Controlled Dangerous Substances for yourself or for anyone else? No Yes
- 8. Have you ever made any money or profit in any way from involvement with Controlled Dangerous Substances? No Yes
- 9. Have you ever experimented with, inhaled, used, tried, tasted, injected or had anything else to do with any drugs/narcotic, other than what you have already listed in this application? No Yes

If yes to questions in Section XI, explain and provide completed details including name(s), dates locations and reasons tested:

XII. LAW ENFORCEMENT APPLICATIONS (If Applicable)

- 1. Have you ever attended a law enforcement academy? No Yes
If yes, explain and provide completed details including name(s), dates and locations:

Candidate's Name: _____

Investigator: _____ Phone Number: _____

8.
 Date: _____
 Agency: _____ Current Application Status: _____
 Address: _____ Town: _____ State: _____
 Investigator: _____ Phone Number: _____

9. Have you ever been rejected or not hired? No Yes
 If so where, when and why?

List all rejections for any reason.

Date: _____ Agency: _____ (Town& State) Reason: _____
 Date: _____ Agency: _____ (Town& State) Reason: _____
 Date: _____ Agency: _____ (Town& State) Reason: _____
 Date: _____ Agency: _____ (Town& State) Reason: _____

10. Have you ever withdrawn an application or withdrawn from a selection process? No Yes
 If so where, when and why? List all withdrawals for any reason.

Date: _____ Agency: _____ (Town& State) Reason: _____
 Date: _____ Agency: _____ (Town& State) Reason: _____

XIII. COMMUNITY GROUPS & VOLUNTEER SERVICE

<u>Organization</u>	<u>Dates of Service</u>	<u>Position</u>	<u>Contact Person</u>	<u>Phone #</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

See Additional Answer Provided

Candidate's Name: _____

- 4. _____
- 5. _____
- 6. _____
- 7. _____

XIV. FIREARMS ID CARD / PISTOL PURCHASE PERMITS

- 1. Have you ever applied for a NJ Firearms ID Card? No Yes
- 2. Have you ever applied for a NJ Pistol Purchase Permit? No Yes
- 3. Have you ever been denied a NJ Firearms ID Card or Pistol Purchase Permit, or a permit or license to purchase, carry or hunt with a handgun or any other weapon? No Yes

If yes to questions #1, #2 or #3, list the date, details & jurisdiction: _____

- 4. Would you be prohibited from or unable to obtain a Firearms ID Card or Pistol Purchase Permit? No Yes
If yes, explain and provide reasons: _____

- 5. Have you ever purchased a firearm in another state? No Yes
If yes, list the date, details & jurisdiction: _____

- 6. Have you ever purchased a firearm for another person? No Yes
If yes, explain and provide reasons: _____

- 7. List all firearms that you own or owned in the past 10 years.

Make Model Caliber / Gauge Serial Number

- 1. _____
- 2. _____

Candidate's Name: _____

3. _____

4. _____

8. Have you ever had a firearm stolen or taken away or seized? No Yes

If yes, list the date, details, jurisdiction and reasons: _____

XV. Legal / Criminal History Information

Have you ever been arrested, indicted, charged with or convicted of a criminal or an offense in this state or in any other jurisdiction? (For the purpose of this question, the words "arrested" or "indicted" etc., include any detaining or taking into custody by any police or other law enforcement authorities). This does not apply for motor vehicle / traffic / parking tickets or summonses which will be listed in another section.

Please read the following:

*Since you are applying for a public safety position, you **must** list all arrests, convictions, expungements, even though you may have been advised by your attorney, a judge, prosecutor or other official that there is no record. Juvenile or expunged records are sealed and most employers will not have access to them. Law enforcement agencies, such as this department, do have access to these records. All juvenile arrests, convictions and expungements will surface during the background investigation. NOTE: Failure to disclose the required information may result in your name being removed from our list of eligibles for falsifying your application, or it may cause a serious delay in completing pre-employment processing.*

*Also, if you were arrested and found not guilty, your arrest will always appear on your record. Remember the question states **LIST ALL ARRESTS**. Arrests are different from convictions. A "conviction," a "not guilty" or a dismissal" is the result of the arrest and should be listed as the Disposition.*

You must list the original chargeable offense for which you were arrested along with any and all charges from the arrest. For example "June 10, 1994 ABC County Police Dept. New Jersey", "Aggravated Assault" and "Disorderly Conduct" then convicted of assault. The original arrest in this case was for aggravated assault and disorderly conduct. You must list both "Aggravated Assault" and "Disorderly Conduct" not "assault" as the charge. The simple assault conviction is the result of the downgraded charge and must be listed as the "Guilty Simple Assault" disposition. Explain all fines, penalties or conditions as the result of the court appearance.

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

9. Have you ever been issued a Municipal / Borough / City / County / District ordinance violation (other than parking)? No Yes
10. Are you aware of any outstanding criminal/civil summons or warrants for your arrest? No Yes
11. Has a criminal warrant / bench warrant ever been issued for your arrest? No Yes
12. Have you ever committed any crime or offense, include those which may not have been detected? No Yes
13. Have you ever been required to appear before a juvenile court or conference for an act, which would have been a crime or offense if committed as an adult? No Yes
14. Have you ever committed an act as a juvenile which if committed by an adult would have been a crime or offense? No Yes
15. Have you ever been subjected to a criminal drug test? No Yes
16. Have you ever tested positive on a criminal drug test? No Yes

If yes to questions in Section XV, explain by providing full details including dates, agencies, charges etc.:

XVI. Legal / Regulatory / Administrative Investigation

1. To your knowledge, are you presently under investigation for possible violation of any agency for a violation of any by Federal, State, County or City / Municipal law, rule / regulation, ordinance or code? No Yes

If yes, supply the following information:

<u>Date</u>	<u>Court</u>	<u>Reason</u>	<u>Disposition</u>
-------------	--------------	---------------	--------------------

A. _____

B. _____

2. Have you or your spouse / partner ever been referred to Division of Youth & Family Services or other type agency? No Yes

If yes to questions in Section XVI, explain and provide dates and details:_____

Candidate's Name: _____

XVII. Legal / Civil History Information

1. Have you ever been or are you currently a party to a civil suit? No Yes
If yes, supply the following information:

<u>Date</u>	<u>Court</u>	<u>Reason</u>	<u>Disposition</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

2. Have you ever been named in a paternity proceeding? No Yes

If yes to questions in Section XVII, explain and provide dates and details: _____

XVIII. Legal / Motor Vehicle History Information

1. List EVERY license suspension / revocation. List ALL motor vehicle summonses, mail-in-fine, appearance tickets you have received in the last 10 years. Do not include parking tickets:

<u>Date</u>	<u>Agency</u>	<u>Charge/Reason</u>	<u>Disposition</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____
G.	_____	_____	_____

2. To the best of your knowledge, how many points are currently on your driver's license? _____

3. Have you ever driven a vehicle while under the influence of alcohol and or drugs?

No Yes

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See Additional Answer Provided

Candidate's Name: _____

4. Have you ever been detained, arrested or charged, with Driving While Intoxicated / Impaired (DWI) or Driving While Under the Influence (DUI) in this state or any other jurisdiction?

No Yes

If yes, explain in detail supplying, date, location, arresting agency, disposition, etc.

5. Have you ever received a "Warning Letter" from the Motor Vehicle Services of this state or any state that your driver's license, or vehicle registration, could or would be canceled, suspended or revoked?

No Yes

If yes, explain in detail supplying reason, dates, agency, disposition, etc.

6. Have you ever had your driver's license privileges restored? No Yes

7. Do you currently have any outstanding parking tickets in this state or any other state that have not been paid? No Yes

8. List ALL unpaid / pending parking tickets. List ALL parking tickets you have received in the last 4 years:

Date Agency Charge/Reason Disposition

A. _____

B. _____

C. _____

D. _____

E. _____

9. Has a traffic warrant ever been issued for your arrest? No Yes

10. List all vehicles, which you have owned, leased or regularly driven in the last 5 years:

Plate _____ State _____ Make _____

Model _____ Color _____ Year _____

If not owned by you or your spouse list the vehicle owner _____

Candidate's Name: _____

Plate _____ State _____ Make _____

Model _____ Color _____ Year _____

If not owned by you or your spouse list the vehicle owner _____

Plate _____ State _____ Make _____

Model _____ Color _____ Year _____

If not owned by you or your spouse list the vehicle owner _____

Plate _____ State _____ Make _____

Model _____ Color _____ Year _____

If not owned by you or your spouse list the vehicle owner _____

11. List **ALL**, including unreported, motor vehicle accidents you have been involved in within the last 5 years or accidents resulting in a summons, criminal charge or a lawsuit as either a plaintiff or defendant. Note who was at fault. Include copies of the accident reports and attach them to the back of this application.

<u>Date</u>	<u>Location/Agency</u>	<u>Report #</u>	<u>Fault</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

12. Have you ever been involved in or witness to a motor vehicle collision fatality?

No

Yes

13. Have you ever been involved in any personal injury motor vehicle collision?

No

Yes

14. Have you ever been involved in a "Hit & Run" motor vehicle collision?

No

Yes

15. Has your motor vehicle insurance cancelled within the past 10 years?

No

Yes

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

16. Have you ever been denied automobile insurance in this state or any other state for non-medical reasons? No Yes
17. Has your vehicle registration ever been canceled, refused, revoked or suspended for any non-medical reason? No Yes
18. In the past seven years how many times have you been stopped by a law enforcement agency for a violation without receiving a summons, violation or written warning? No Yes

If yes to questions in Section XVIII, explain and provide completed details including name(s), dates, summons numbers, locations and reasons:

XIX. SOCIAL ORGANIZATIONS

1. List any social, professional, or fraternal organizations that you have been involved in within the past 10 years.

Dates Organization Address Phone Contact

- A. _____
- B. _____
- C. _____
- D. _____

XX. FINANCIAL

1. Have you had liens, judgments or civil litigation placed against you? No Yes
2. Have you settled any civil suit in which you, your insurance company or anyone else on your behalf was required to make payment to another party? No Yes
3. Have you ever been notified by any taxing authority concerning an audit or examination of your tax returns or filings? No Yes

Candidate's Name: _____

4. Have you ever been found to be delinquent on income or any other tax payments? No Yes
5. Have you ever been divorced? No Yes
If yes, provide a copy of the divorce decree, property settlement.
6. Do you have a financial obligation as a result of a divorce / separation? No Yes
7. Are you failing to, in default or behind on providing child support for all children born to you, including adopted and stepchildren? No Yes
8. Are you failing to, in default or behind on providing spousal support, alimony or other obligated support for any spouse or dependant? No Yes
9. Do you currently have any outstanding debts including any college (deferred loans include the number of deferments, tuition, grants, parking citations, lab costs, etc.)? No Yes
10. Did you ever default on a loan or financial obligation, or are you now, or have you been in arrears more than 60 days on scheduled payments? No Yes
11. Have any of your bills been turned over to a collection agency? No Yes
12. Have any of your accounts been written-off, charged-off or closed by the creditor with a pending balance? No Yes
13. Have you had any checks returned by a bank or other party? No Yes
14. Have you ever received any public assistance or benefits to which you were not entitled? No Yes
15. Have you ever been the victim of Identity Theft? If yes, did you report it? Where and when? No Yes

16a. STATE TAXES

List by year the last three times you filed state income tax returns (Provide copy of your return with attachments: W-2s, 1099, tax schedules etc.). If claimed as a dependant, indicate such.

- A. _____ Claimed as a dependant by: _____
- B. _____ Claimed as a dependant by: _____
- C. _____ Claimed as a dependant by: _____

Candidate's Name: _____

16b. FEDERAL TAXES

List by year the last three times you filed federal income tax returns (Provide copy of your return with attachments: W-2s, 1099, tax schedules etc.). If claimed as a dependant, indicate such.

- A. _____ Claimed as a dependant by: _____
 B. _____ Claimed as a dependant by: _____
 C. _____ Claimed as a dependant by: _____

17. Assets: List current accounts (include CD's, bank certificates, all investments, credit unions etc.)

Account Type & Name	Bank Name	Balance
1.		
2.		
3.		
4.		
5.		

18. Have you ever failed to file income tax returns, been delinquent on income or other tax payments?

No Yes

19. Debts- List current obligations monthly payment and account balance

	Monthly Payment	Acct. Balance
A. Rent / Mortgage	\$ _____	\$ _____
B. Car Payment	\$ _____	\$ _____
C. Phone	\$ _____	\$ _____
D. Utilities	\$ _____	\$ _____
E. Credit Cards	\$ _____	\$ _____
F. Child Support	\$ _____	\$ _____
G. Insurance	\$ _____	\$ _____
H. Student Loans	\$ _____	\$ _____
I. Other Loans	\$ _____	\$ _____
J. Other Expenses _____	\$ _____	\$ _____
Total Monthly Expenses	\$ _____	
Income (Monthly)		
Salary of Candidate	\$ _____	
Salary of Spouse / Roommate	\$ _____	
Other Income (Identify Source _____)	\$ _____	
Other Income (Identify Source _____)	\$ _____	
Other Income (Identify Source _____)	\$ _____	
Other Income (Identify Source _____)	\$ _____	
Total Monthly Income	\$ _____	

20. Do you have any private loans of financial obligations not listed?

No Yes

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Initial Box

See Additional Answer Provided

Candidate's Name: _____

List any obligations below:

	<u>Date</u>	<u>Creditor/ Person</u>	<u>Amount</u>	<u>Purpose</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

Explain the loan / obligation: _____

21. Do you own any businesses or have any partnerships? No Yes
List any business interests or partnerships you have:

	<u>Business Name</u>	<u>Address</u>	<u>Partner's Name</u>	<u>Type of Business</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

22. Do you own or have ANY financial interest in ANY real estate? No Yes
List ALL real estate owned by you or in which you have ANY financial interest (besides your primary residence previously listed):

	<u>Address</u>	<u>Type of Property</u>	<u>Partner/Partnership Name</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

XXI. FULL DISCLOSURE

- 1. Is there anything that would prevent you from taking an Oath of Office, supporting and defending the Constitution of the United States and the State of New Jersey? No Yes
- 2. Is there anything that would prevent you from using force or taking of a life in the line of duty?
(For Police Officer/Special Police Officer Applicants) No Yes
- 3. Have you been a member of any organization and / or adhere to any belief which would in any way:
 - A. Limit or prohibit your use of weapons or firearms?
 - B. Restrict or prohibit you from working on particular days or hours?
 - C. Restrict you from conforming to departmental standards of appearance and / or grooming?No Yes
- 4. You have been provided with a list of essential functions for the position sought (Police Officer). You are to read those and if you have any questions concerning any of them you are to contact the person that issued you this document. Having read the essential functions, and having had all 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 academy (if applicable)?

No Yes
- 5. Did anyone prepare this application or any part on your behalf? No Yes
If yes, who: _____
- 6. Did anyone provide advice, guidance or other assistance to you in regards to the completion of this confidential application? No Yes
If yes, who: _____
- 7. Is there anything in your past or present, the nondisclosure of which to the department would embarrass you or this department so as to possibly cause you to compromise the discharge of your duties should you be hired for the position sought? No Yes
- 8. Do you have any other knowledge or information, in addition to that specifically asked in this questionnaire, which is or may be relevant; directly or indirectly in connection with an investigation of your eligibility for the position sought including but not limited to: your character, physical or mental condition, temperance, habits, employment, education, subversive affiliations or activities, affiliation with any person or group advocating prejudice or hatred toward any minority family or associations; or facts concerning criminal records, traffic violations, residence or other?

No Yes

Candidate's Name: _____

In compliance with N.J.S.A. 52:17B-4.10 (the "Act") each law enforcement agency in New Jersey to establish a program designed to ensure every agency was "comprised of law enforcement officers who reflect the diversity of the population of the community the agency is charged with protecting." The Act requires the publication of annual reports detailing the age, gender, race, and ethnicity of law enforcement officers currently appointed to an agency and those promoted within the agency in the preceding calendar year. Additionally, the Act also requires an annual report compiling the age, gender, race, and ethnicity of applicants, applicants appointed, and applicants denied for a law enforcement officer position in the preceding calendar year.

Please write-in the applicable response to the below categories:

Race: _____

Hispanic Origin: _____

Gender: _____

LGBTQ Status: _____

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Candidate's Name: _____

**** The oath must be completed in the presence of a notary public ****

NOTICE: N.J.S. 2C:28-3a

A person commits an offense if he/she makes a written false statement which he/she does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

I, _____, a candidate for the position of _____
_____ for the Borough of South River, N.J.; being duly sworn,
depose and say that I am the above named person; I have read and answered each and
every question contained in the foregoing pages honestly and completely. I have reviewed
the contents of my answers on each page, and have personally initialed each page on the
bottom to indicate such.

I fully understand that any deception, misstatement of fact or record, or omissions made
which in any manner or way may affect my eligibility for the position sought may result in
the automatic removal of my name from eligibility and subject to penalty under the law.

_____ Sworn before me this
Candidate's signature day of _____ 20____

Notary Public

Staple 2"x2"
Color
Passport type
Photo
Here

Candidate's Signature

Officer Receiving Date & Time
