



# APPLICATION FOR POLICE SERVICE

POINT PLEASANT BEACH POLICE DEPARTMENT  
416 NEW JERSEY AVENUE  
POINT PLEASANT BEACH, N.J. 08742  
732-892-0500

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_  
CELLPHONE/PAGER: \_\_\_\_\_  
DATE OF APPLICATION: \_\_\_\_\_  
E-MAIL \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING:  
(CHECK ALL THAT APPLY)

REGULAR POLICE OFFICER \_\_\_\_\_  
SPECIAL LAW ENFORCEMENT OFFICER II \_\_\_\_\_  
SPECIAL LAW ENFORCEMENT OFFICER I \_\_\_\_\_  
COMMUNICATIONS OPERATOR \_\_\_\_\_  
PARKING ENFORCEMENT OFFICER \_\_\_\_\_  
CROSSING GUARD \_\_\_\_\_  
POLICE MATRON \_\_\_\_\_

*\*THE BOROUGH OF POINT PLEASANT BEACH IS AN EQUAL OPPORTUNITY EMPLOYER.*

## IMPORTANT INSTRUCTIONS

This application is a permanent record. All information must be neatly printed (no typing permitted) by the Applicant, using black ink only. Illegible or incomplete applications will not be accepted. Do not write in shaded areas.

It is mandatory that all information requested be supplied in the manner specified. Each question on this application must be answered. Leave no blanks. If a question does not apply, enter DNA. An incomplete application will not be accepted.

All Applications must be accompanied by copies of Birth Certificate, Social Security Card, Driver's License, High School Diploma or equivalent, College Diploma or transcript or any other documentation pertaining to post secondary education or training (if applicable), military DD-214 (if applicable) and a current 3" X 3" color photograph.

1. Read the form carefully.
2. List zip codes and area codes for all requested addresses and telephone numbers.
3. Print full names of all references: first name, middle name, and last name. If the reference has no middle name or initial, indicate by printing NMI.
4. Complete all the information on educational background. List all high schools attended and/or graduated from and all colleges attended.
5. When listing residence information, begin with your present residence and go back for the last ten years or since age fifteen.
6. When listing employment information, begin with your present employer and list all other employers. List actual work addresses not corporate office addresses. Each month and year must be accounted for. Be sure each address is accurate and complete. List periods of military service, including the name of your station or assignment, and your residence if you lived off the base. If you resided at an address other than your permanent home address while attending school, list it.
7. List relatives in the order requested. For deceased relatives, indicate "deceased" next to their name.
8. If there is not sufficient space to include all information required, place a photocopy of that page (8-1/2" X 11"), in proper sequence and complete the information.
9. Any false statements or omissions made on this questionnaire may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.
10. You are required to report within five days to the Point Pleasant Beach Police Department any changes to information on this Application for Police Service. Failure to do so may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.
11. N.J.S.A. 2C:52-27 requires that information divulged on expunged records shall be revealed by an Applicant seeking employment with a law enforcement agency and such information shall continue to provide a disability as otherwise provided by law. Failure to reveal such information may cause your name to be removed from the eligibility list or be cause for termination, if an appointment is made.

12. Those areas denoted by "dots" in the Application are choices for the Applicant to make and (ie. Page 4 requiring the selection of "U.S. Citizen", "Naturalized Citizen" or "Legal Alien" or Page 12 requiring the selection of "Yes" or "No") require that the response be circled in ink.

**PLEASE READ STATEMENT BELOW AND SIGN BEFORE A NOTARY PUBLIC PRIOR TO  
SUBMITTING THIS APPLICATION**

I have read and understand the instructions provided. I certify that the facts set forth in this Application are true and complete to the best of my knowledge. I acknowledge that any falsification, misrepresentation or omission will cause rejection of this Application, elimination from further consideration, removal of my name from any eligibility list, or discharge from employment.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
  ) :SS  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED TO AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_



INTEGRITY - SERVICE - HONOR

POINT PLEASANT BEACH POLICE DEPARTMENT

416 NEW JERSEY AVENUE  
POINT PLEASANT BEACH, NJ 08742



Personal

Full legal name								Last		First		Middle	
Sex	Height		Weight		Hair	Eyes	Social Security Number						
Driver's License No.		State	Expiration Date		U.S. Citizen	Naturalized citizen	Legal Alien	Date applied for citizenship					
Date of Birth				Place of Birth (city, county, state, and country)									
List all names (aliases and nicknames) you have used or have been known by (include maiden name).													
Last			First			Middle			Year(s) Used				
List and describe all tattoos and where they are located.													

List the current address where you physically reside (not a mailing address).				
Number, Street, and Apt. no.		City	State	Zip Code
Name of the County where you reside.	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other		How long have you resided there?	
			Years:	Months:
List your residence and work phone numbers (include area codes and extension if applicable):	Residence (area code)		Work (area code)	
	Pager or beeper (area code)		Cellular phone (optional)	
List a mailing address if unable to obtain mail at your residence				
Mailing Address		City	State	Zip Code

## Family Members and Relatives

During the background investigation, your family and other relatives will be asked to comment upon your suitability for the position of peace officer. Supply the appropriate information in the spaces provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.

Name	Residence Address (include zip codes). If same as yours write "same".	Telephone (include area code)	
Father		Home	
Occupation		Work	
Mother		Home	
Mother's maiden name		Work	
Occupation			
Stepfather		Home	
Occupation		Work	
Stepmother		Home	
Occupation		Work	
Father-in-law		Home	
Occupation		Work	
Mother-in-law		Home	
Occupation		Work	
Brother		Home	Age
Occupation		Work	
Brother		Home	Age
Occupation		Work	
Brother		Home	Age
Occupation		Work	
Brother		Home	Age
Occupation		Work	
Brother		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

Sister		Home	Age
Occupation		Work	

**Family Members and Relatives (continued)**

Stepbrother		Home	Age
Occupation		Work	

Stepbrother		Home	Age
Occupation		Work	

Stepsister		Home	Age
Occupation		Work	

Stepsister		Home	Age
Occupation		Work	

**List five other family members and relatives (uncles, aunts, cousins, etc.)**

Name			
Relationship		Home	Age
Occupation		Work	

Name			
Relationship		Home	Age
Occupation		Work	

Name					
Relationship				Home	Age
Occupation				Work	

Name					
Relationship				Home	Age
Occupation				Work	

Name					
Relationship				Home	Age
Occupation				Work	

### Children

List all of your children (include step-children, adopted children, etc.)

Name	Sex		Date of birth	Relationship to you				Living with you	
	Male	Female		Natural	Step	Adopted	Foster	Yes	No

### Marital Status

<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Widowed	<input type="radio"/> Separated	<input type="radio"/> Annulled	<input type="radio"/> Divorced
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Full name of spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, county, state, and country)			
Spouse's employer	Occupation or position		How long employed	
Current address of spouse, if not living with you	Home phone (area code)		Work phone (area code)	

If divorced, widowed, or had an annulment, provide the following information.

Full name of former spouse	Maiden name	Other names spouse has used	Date of birth	Age
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Date of marriage		Place of marriage (city, county, state, and country)	
Former spouse's employer		Occupation or position	How long employed
Current address of former spouse or last known address		Home phone (area code)	Work phone (area code)
Date filed for divorce	City, county, and state of divorce		Is divorce final • Yes • No

Full name of former spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage		Place of marriage (city, county, state, and country)		
Former spouse's employer		Occupation or position	How long employed	
Current address of former spouse or last known address		Home phone (area code)	Work phone (area code)	
Date filed for divorce	City, county, and state of divorce		Is divorce final • Yes • No	

Have you ever been ordered by court to pay child support? • Yes • No  
*If yes, what is or was the monthly amount \_\_\_\_\_*

Have you ever been required to pay alimony? • Yes • No  
*If yes, what is or was the monthly amount \_\_\_\_\_*

Have you ever been delinquent in child support payments or alimony payments? • Yes • No  
*If yes, explain below.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Residences

List all of your residences during the last ten years or since age fifteen. Begin with your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, West. Include unit number or apartment number, where applicable.

Current address	City, state, and zip code	Since (month/year)
With whom do you live		

Address	City, state, and zip code	From (month/year)	To (month/year)
---------	---------------------------	-------------------	-----------------



With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
---------	---------------------------	-------------------	-----------------

With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
---------	---------------------------	-------------------	-----------------

With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
---------	---------------------------	-------------------	-----------------

With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

**Residence (continued)**

Address	City, state, and zip code	From (month/year)	To (month/year)
---------	---------------------------	-------------------	-----------------

With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
---------	---------------------------	-------------------	-----------------

With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
---------	---------------------------	-------------------	-----------------

With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
---------	---------------------------	-------------------	-----------------

With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
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With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

### Cohabitants (roommates)

List those individuals with whom you have resided during the last ten years, excluding family members.

Full name	Age	Home phone (area code)	Work phone (area code)
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Current address (include zip code)	Occupation	Years known
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Full name	Age	Home phone (area code)	Work phone (area code)
-----------	-----	------------------------	------------------------

Current address (include zip code)	Occupation	Years known
------------------------------------	------------	-------------

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

## Experience and Employment

Beginning with your most current employment, list every job, including military service. Account for all time periods. Jobs include self-employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of the length of employment. Addresses must be complete and accurate. Zip codes are required. If you have periods of unemployment, list those periods in sequence in the spaces specifically provided. Start with your most current employment.

Do you object to our contacting your present employer(s) prior to your being accepted?    • Yes    • No  
*If yes, please explain*

Dates of employment From                      To Month / year          Month / year  _____ / _____    _____ / _____  How long employed there? _____  <input type="checkbox"/> Present employment	Name of employer  Complete address  Work schedule (for example: Monday through Friday, 9 to 5, etc.)  Job title or position	Work phone (area code)    Salary	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary
Describe your duties			
Reason for leaving (be specific)			
Supervisor's name	Work or home phone (area code)		
List another supervisor	Work or home phone (area code)		
List a co-worker	Work or home phone (area code)		
<input type="checkbox"/> Unemployed    From: _____ To: _____			

## Experience and Employment (continued)

Dates of employment From                      To Month / year          Month / year  ____ / ____    ____ / ____  How long employed there? ____  <input type="checkbox"/> Present employment	Name of employer   Complete address   Job title or position	Work phone (area code)   • Full time    • Part-time • Volunteer   • Internship • Temporary  Salary
Describe your duties		
Reason for leaving (be specific)		
Supervisor's name	Work or home phone (area code)	
List another supervisor	Work or home phone (area code)	
List a co-worker	Work or home phone (area code)	
<input type="checkbox"/> Unemployed    From: ____ To: ____		
Dates of employment From                      To Month / year          Month / year  ____ / ____    ____ / ____  How long employed there? ____  <input type="checkbox"/> Present employment	Name of employer   Complete address   Job title or position	Work phone (area code)   • Full time    • Part-time • Volunteer   • Internship • Temporary  Salary
Describe your duties		
Reason for leaving (be specific)		
Supervisor's name	Work or home phone (area code)	
List another supervisor	Work or home phone (area code)	
List a co-worker	Work or home phone (area code)	
<input type="checkbox"/> Unemployed    From: ____ To: ____		

## Experience and Employment (continued)

Dates of employment From                      To Month / year          Month / year  ____ / ____ ____ / ____  How long employed there? ____	Name of employer  Complete address  Job title or position	Work phone (area code)	• Full time      • Part-time • Volunteer      • Internship • Temporary	Salary
Describe your duties				
Reason for leaving (be specific)				
Supervisor's name		Work or home phone (area code)		
List another supervisor		Work or home phone (area code)		
List a co-worker		Work or home phone (area code)		
<input type="checkbox"/> Unemployed    From: _____ To: _____				

Dates of employment From                      To Month / year          Month / year  ____ / ____ ____ / ____  How long employed there? ____	Name of employer  Complete address  Job title or position	Work phone (area code)	• Full time      • Part-time • Volunteer      • Internship • Temporary	Salary
Describe your duties				
Reason for leaving (be specific)				
Supervisor's name		Work or home phone (area code)		
List another supervisor		Work or home phone (area code)		
List a co-worker		Work or home phone (area code)		
<input type="checkbox"/> Unemployed    From: _____ To: _____				

## Experience and Employment (continued)

Dates of employment From                      To Month / year          Month / year  _____ / _____ / _____  How long employed there? _____	Name of employer  Complete address  Job title or position	Work phone (area code)  _____  _____	• Full time      • Part-time • Volunteer      • Internship • Temporary	Salary  _____
Describe your duties				
Reason for leaving (be specific)				
Supervisor's name		Work or home phone (area code)		
List another supervisor		Work or home phone (area code)		
List a co-worker		Work or home phone (area code)		
• Unemployed From: _____ To: _____				
Dates of employment From                      To Month / year          Month / year  _____ / _____ / _____  How long employed there? _____	Name of employer  Complete address  Job title or position	Work phone (area code)  _____  _____	• Full time      • Part-time • Volunteer      • Internship • Temporary	Salary  _____
Describe your duties				
Reason for leaving (be specific)				
Supervisor's name		Work or home phone (area code)		
List another supervisor		Work or home phone (area code)		
List a co-worker		Work or home phone (area code)		
• Unemployed From: _____ To: _____				

## Experience and Employment (continued)

Dates of employment From                      To Month / year          Month / year  ____ / ____ / ____  How long employed there? ____	Name of employer   Complete address  Job title or position	Work phone (area code)	• Full time      • Part-time • Volunteer      • Internship • Temporary	Salary
Describe your duties				
Reason for leaving (be specific)				
Supervisor's name		Work or home phone (area code)		
List another supervisor		Work or home phone (area code)		
List a co-worker		Work or home phone (area code)		
<input type="checkbox"/> Unemployed      From: ____ To: ____				
Dates of employment From                      To Month / year          Month / year  ____ / ____ / ____  How long employed there? ____	Name of employer   Complete address  Job title or position	Work phone (area code)	• Full time      • Part-time • Volunteer      • Internship • Temporary	Salary
Describe your duties				
Reason for leaving (be specific)				
Supervisor's name		Work or home phone (area code)		
List another supervisor		Work or home phone (area code)		
List a co-worker		Work or home phone (area code)		
<input type="checkbox"/> Unemployed      From: ____ To: ____				



## Experience and Employment (continued)

Have you ever held employment under another name? • Yes • No

*If yes, list the names used, the employer, and the dates of employment.*

Name used	Employer	From (month/year)	to (month/year)

Have you ever been terminated (fired) or asked to resign from a job or position in lieu of termination? • Yes • No

*If yes, start with most recent, and list the following information, giving details. If more space is needed, please explain under the general information section at the end of this application.*

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Have you ever had any extended work absences for any reason other than medical or earned vacations? (Leave of absence, suspensions, layoffs, etc.).

• No

• Yes

*If yes, list the dates, name of employer, and details.*

Date	Employer
------	----------

Details

**Experience and Employment (continued)**

Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment, or equal employment violations?

• Yes • No

*If yes, please provide the following information.*

Date	Employer
Details and results of investigation	

Have you ever been suspended by an employer, or received a formal written reprimand, or verbal warning, or verbal counseling?

• Yes • No *If yes, please explain.*

Date	Employer	Circumstances

Date	Employer	Circumstances

Date	Employer	Circumstances

Date	Employer	Circumstances

Date	Employer	Circumstances

Have you ever held a full-time or part-time position with peace officer powers? (Prior police experience includes police officer, police reserve, or military police)

Yes  No

If yes, list dates, employer/agency, rank, and duties. Start with the most recent.

Date	Employer / agency	Rank
Duties / assignments		

Date	Employer / agency	Rank
Duties / assignments		

**Experience and Employment (continued)**

Have you ever attended a police academy or a law enforcement training center?  Yes  No

If yes, please provide the following information.

Name and address of training site	Date started	Date ended
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Was the training  Full-time  Part-time? List the total number of hours of the training course. \_\_\_\_\_

Did you complete the training?  Yes  No

If no, explain the reason.


Name and address of training site	Date started	Date ended
-----------------------------------	--------------	------------

Was the training  Full-time  Part-time? List the total number of hours of the training course. \_\_\_\_\_

Did you complete the training?  Yes  No

If no, explain the reason.


Have you ever been a police cadet or explorer?  Yes  No

If yes, please provide the following information.

Agency	Date started	Date ended
Agency	Date started	Date ended
Agency	Date started	Date ended

## Applications with other agencies

Have you ever applied for any other law enforcement agency (city, county, state, or federal agencies)?  Yes  No  
 If yes, list EVERY agency you have applied with. Start with the most recent. Give complete, accurate addresses. All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

## Applications with other agencies (continued)

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
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What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted interest card only <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interviewed taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other	
What was your background investigator's name and phone number?	

## Military Service

Did you comply with the draft registration law?   • Yes   • No	Selective Service number		
Have you ever served in any of the Armed Forces, National Guard, or military reserves? • Yes   • No			
If yes, what is your current status with the military?   • Active   • Reserves   • Inactive   • Discharged			
Branch of service	Unit / Occupation	Enlistment date	Discharge date
Service number	Highest rank attained	Rank at discharge	Type of discharge
Separation code	Reenlistment code	If active or current reserve, list your commanding officer's name	

Were you ever investigated for any criminal activity while in the military or military reserves?   • Yes   • No

*If yes, please explain*

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Have you ever been reduced in pay grade or been the subject of any judicial or nonjudicial disciplinary action while in the military, National Guard, or military reserves?   • Yes   • No

*If yes, please explain*

Approximate date	Violation	Penalty

Did you receive an honorable discharge?   • Yes   • No

*If you received a discharge other than honorable, please explain*

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Starting with most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military.

From (Month/Year)	To (Month/Year)	Location	Duties / purpose

## Education

Circle one

- I possess a high school diploma from a US institution.
- I possess a two-year college degree from an accredited college.
- I possess a four-year degree from an accredited college or university.
- I passed the GED test meeting the required scores.

During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name and address of US high schools attended and/or graduated from	From (month/year)	To (month/year)	Did you graduate
			• Yes • No
			• Yes • No

Have you ever attended college? • Yes • No

*If yes, list all colleges and universities attended including post graduate*

Name of college or university	City and state	Major	From (month/year)	To (month/year)	Total units earned	Type degree earned

Have you ever attended a trade, vocational, or business school? • Yes • No

*If yes, please provide the following information*

Name of school (include city and state)	Type of school or training	Dates attended	Did you finish the course?
			• Yes • No
			• Yes • No
			• Yes • No

Have you ever been placed on academic probation, suspended, or expelled from any high school, university, or trade school?

• Yes • No *If yes, please explain in detail*


## Motor vehicle operation & insurance

Have you ever received a traffic citation? • Yes • No

*If yes, list all traffic citations for the last four years. Start with most recent.*

Month/year	Traffic violation	City and state	What action resulted? (Fined, traffic school attended, dismissed)

List all vehicles that you own and/or operate that are registered to you, or if none are registered to you, the vehicles that you operate.

Year	Make/Model	Color	License number and state	Is the vehicle currently registered?	Is the vehicle currently insured?
				• Yes • No	• Yes • No
				• Yes • No	• Yes • No
				• Yes • No	• Yes • No
				• Yes • No	• Yes • No
				• Yes • No	• Yes • No

N.J. law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company or companies.

Company	Telephone number (area code)	Policy number	Expiration date

Have you ever been refused auto insurance for any reason? • Yes • No

*If yes, please explain.*


As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)?

• Yes • No

*If yes, please explain.*




## Motor vehicle operation & insurance (continued)

As a driver, have you ever been involved in a motor vehicle accident? • Yes • No

*If yes, please provide the following information for the past four years*

Date	City and state	Were you at fault?..... • Yes • No
Police agency that took the report		Was there a police report taken?..... • Yes • No
		Did the accident cause injury to another person?..... • Yes • No
		Were you cited or arrested?..... • Yes • No
		Was the accident a hit and run?..... • Yes • No

Date	City and state	Were you at fault?..... • Yes • No
Police agency that took the report		Was there a police report taken?..... • Yes • No
		Did the accident cause injury to another person?..... • Yes • No
		Were you cited or arrested?..... • Yes • No
		Was the accident a hit and run?..... • Yes • No

Date	City and state	Were you at fault?..... • Yes • No
Police agency that took the report		Was there a police report taken?..... • Yes • No
		Did the accident cause injury to another person?..... • Yes • No
		Were you cited or arrested?..... • Yes • No
		Was the accident a hit and run?..... • Yes • No

List other states where you are, or have been, licensed to operate a motor vehicle

State	Name under which license was issued	License number

Have you ever been refused a driver's license by any state? • Yes • No

*If yes, please explain. Give state, dates, and reasons*

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Have you ever applied for, or obtained, a driver's license or state identification card under a fictitious name? • Yes • No

*If yes, please explain. Give state, dates, and reasons*

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Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation by any state? • Yes • No

*If yes, please explain. (Give state, dates, and reasons.)*

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## Motor vehicle operation & insurance (continued)

Have you ever failed to appear in court on a traffic citation or parking citation? • Yes • No

*If yes, provide the following information*

Approximate date	Traffic violation	City / county / state	Reason you failed to appear

Have you ever had a warrant issued for you regarding a traffic citation or parking citation? • Yes • No

*If yes, provide the following information*

Approximate date	Traffic violation	City / county / state	Penalty

## Legal (continued)

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act ?

Yes  No *Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with most recent*

Date	Charges	Police agency	Results

Explain circumstances

*Note: For purposes of this question, a "criminal act" shall include a crime of the 1st, 2nd, 3rd or 4th degree, a disorderly persons or petty disorderly persons offense or ordinance violation in the State of New Jersey, whether or not such resulting criminal complaint was filed by a law enforcement officer or a private citizen. It shall also include similar offenses occurring in any other State or territory.*

Date	Charges	Police agency	Results

Explain circumstances

Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned, or fingerprinted by any law enforcement agency or military authority, even as a victim or witness?

Yes  No *If yes, provide the following information.*

Date	Charges or reason for investigation	Police agency

Explain circumstances

Date	Charges or reason for investigation	Police agency

Explain circumstances

Have you ever received a misdemeanor citation in lieu of going to jail?  Yes  No

*If yes, explain below giving details, dates, and name of the law enforcement agency issuing the citation*

*Note: For purposes of this question, a "misdemeanor citation" shall also include an ordinance violation in this or any other State or territory.*

## Legal (continued)

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act involving domestic violence, whether or not in this, or any other State or territory?

• Yes • No *Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with most recent*

Date	Charges	Police agency	Results

Explain circumstances


Date	Charges	Police agency	Results

Explain circumstances


Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned, or fingerprinted by any law enforcement agency or military authority, even as a victim or witness in an incident involving domestic violence, whether or not in this, or any other State or territory?

• Yes • No *If yes, provide the following information*

Date	Charges or reason for investigation	Police agency

Explain circumstances


Date	Charges or reason for investigation	Police agency

Explain circumstances


Legal (continued)

Has any of your immediate family members ever been arrested or convicted of a criminal offense in this or any other state or territory?

\* Yes \* No Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with most recent

Date	Charges	Police agency	Results
Explain circumstances			

Date	Charges	Police agency	Results
Explain circumstances			


**Legal (continued)**

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? • Yes • No

Ever had a judgment rendered against you? • Yes • No

*If yes to either questions, provide the following information.*

Date	Location of court	• Plaintiff • Defendant
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Details

Note: For purposes of this question, the phrase "civil court action" shall also be meant to include a civil restraining order in this or any other state involving domestic violence or relations.

Date	Location of court	• Plaintiff • Defendant
Details		

Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates the overthrow of our constitutional form of government by any means other than the democratic procedures provided by our form of government?

• Yes • No

Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means?

• No • Yes

Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any of the type of organizations identified above?

• Yes • No

*If yes to any of the above three questions, please explain below.*


Have you ever participated in an unlawful demonstration? • Yes • No

*If yes, please explain below*


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## Finances

Have you ever filed for or been granted bankruptcy? • Yes • No

*If yes, please explain reasons below*

Date	Reasons

Have you ever been delinquent on income tax payments? • Yes • No

*If yes, was it more than once? • Yes • No*

Date	Reasons (give the year (s) involved and the current status)

Have you ever had your wages attached or garnished? • Yes • No

*If yes, please explain reasons below*

Date	Reasons

Have you ever had any of your bills, accounts, or loans turned over to a collection agency? • Yes • No

*If yes, list all accounts*

Date	Account / current status

Have you ever had any purchased goods, vehicle, property, or any items repossessed? (This includes voluntary repossessions.)

• Yes • No

*If yes, please explain*

Date	Reasons

Have you been refused credit in the last year? • Yes • No

*If yes, please explain*

Date	Reasons

Are you currently an owner, partner, or investor in any business enterprise that requires a federal, state, county, or city permit/license to operate?

• No

• Yes

*If yes, please provide the following information*

Name and type of business & address

Are you able, with reasonable accommodation, to perform the essential job functions for this position? (The essential job functions are attached to this Application as "Schedule A")\*

•Yes      •No

\*Police Officer categories only.

## References

Please list as references seven individuals you have know for at least two years who have knowledge of you and your qualifications. Examples are personal friends, friends of the family, teachers, neighbors, classmates, or military acquaintances. DO NOT include relatives, family members, or individuals who belong to the law enforcement profession

Name / occupation / relationship	Address (including zip code)	Telephone (including area code)
Name		Home
Occupation		Work
Relationship	Age	How long have you known?
Name		Home
Occupation		Work
Relationship	Age	How long have you known?
Name		Home
Occupation		Work
Relationship	Age	How long have you known?
Name		Home
Occupation		Work
Relationship	Age	How long have you known?
Name		Home
Occupation		Work
Relationship	Age	How long have you known?
Name		Home
Occupation		Work
Relationship	Age	How long have you known?
Name		Home
Occupation		Work
Relationship	Age	How long have you known?

Optional: Please list any individuals who are members of law enforcement agencies that you are acquainted with and who have knowledge of you and your qualifications. Address may be their residence or place of employment. Addresses must be complete with zip codes. Telephone numbers must include area codes.



Name / occupation / agency	Address (including zip code)	Telephone (including area code)
Name		Home
Agency		Work
Name		Home
Agency		Work
Name		Home
Agency		Work
Name		Home
Agency		Work