

## APPLICATION FOR POLICE SERVICE

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

| HOME TELEPHONE:  CELLPHONE/PAGER:  DATE OF APPLICATION:  E-MAIL  POSITION FOR WHICH YOU ARE APPLYING:  (CHECK ALL THAT APPLY) | ADDRESS:       | produkti titi     |                            |            |
|---|----------------|-------------------|----------------------------|------------|
| DATE OF APPLICATION: E-MAIL  POSITION FOR WHICH YOU ARE APPLYING:   | HOME TELEPHO   | NE:               |                            |            |
| E-MAIL  | CELLPHONE/PA   | GER:              | <del></del>                |            |
| POSITION FOR WHICH YOU ARE APPLYING:  | DATE OF APPEIC | CATION:           |                            |            |
| POSITION FOR WHICH YOU ARE APPLYING:  | E-MAIL         |                   |                            |            |
|   |                |                   | <del></del>                |            |
|   |                |                   |                            |            |
| (CHECK ALL THAT APPLY)  |                | POSITION FOR WHIC | <u>TH YOU ARE APPLYING</u> | <u>3</u> : |
| `   |                | (CHECK ALI        | L THAT APPLY)              |            |
| REGULAR POLICE OFFICER  |                | REGULAR POLICE O  | FFICER                     |            |
| SPECIAL LAW ENFORCEMENT OFFICER II  |                | SPECIAL LAW ENFO  | RCEMENT OFFICER II         | ···        |
| SPECIAL LAW ENFORCEMENT OFFICER I   |                | SPECIAL LAW ENFO  | RCEMENT OFFICER I          |            |
| COMMUNICATIONS OPERATOR   |                | COMMUNICATIONS    | OPERATOR                   |            |
| PARKING ENFORCEMENT OFFICER   |                | PARKING ENFORCE   | WENT OFFICER               |            |
| CROSSING GUARD  |                | CROSSING GUARD    | •                          |            |
| POLICE MATRON   |                | POLICE MATRON     |                            | -          |

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

NAME:

#### 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.
- 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.

| oplicant's signature:  | Date:       | <del></del>         |
|--|-------------|---------------------|
|  |             | ·                   |
| CATE OF  |             |                     |
| OUNTY OF)  |             |                     |
|  |             |                     |
| BSCRIBED TO AND SWORN BEFORE ME  | THIS DAY OF | ,20                 |
| JBSCRIBED TO AND SWORN BEFORE ME T   |             | , 20<br>tary Public |
| JBSCRIBED TO AND SWORN BEFORE ME TO SWORN BEFORE ME |             |                     |



### INTEGRITY - SERVICE - HONOR

### POINT PLEASANT BEACH POLICE DEPARTMENT



416 NEW JERSEY AVENUE POINT PLEASANT BEACH, NJ 08742

| ull legal<br>name  | Last   |   |              |  | First                 |                |                |                     | Middle      |                  |                    |  |
|--|--|---|--------------|--|-----------------------|----------------|----------------|---------------------|-------------|------------------|--------------------|--|
| lex  | Height                                       | Weight  |              | Hair                                       | Eyes                  | Social Seco    | rity Number    |                     |             | ,                |                    |  |
| river s Lice   | mse No.                                      | State   | Expiration   | on Date                                    | U.S. Cîtizer          | n Natu         | alized citizen | I citizen Legal     |             | Date applie      | ed for citizenship |  |
| ate of Birth   |  |   |              | Place of Birth                             | h (city, county, stat | e, and country | )              |                     |             | !                |                    |  |
| ist all na   | mes (aliases                                 | and nicknar   | nes) you     | have used                                  | or have been k        | nown by (      | nclude maid    | len nam             | e)          |                  |                    |  |
| ast  |  |   |              | First                                      |                       |                | Middle         |                     |             | Year(s) Use      | ed                 |  |
|  |  |   |              |  |                       |                |                |                     |             |                  |                    |  |
|  |  | · · ·   |              | ļ  |                       |                |                |                     |             | 1.               |                    |  |
|  |  |   |              | į.   |                       |                | i              |                     |             | 1                |                    |  |
| ist and desc   | Tibe all tations                             | and where they a                                      | are located. |  |                       |                |                |                     |             |                  |                    |  |
|  |  |   |              |  |                       |                |                |                     |             |                  |                    |  |
|  |  |   |              | ally reside (                              | not a mailing.        | address).      |                | NTA TO              |             |                  |                    |  |
| List the c   |  | ss where yo   |              | ally reside (                              | not a mailing.        |                |                | N/A W               | State       |                  | Zip Code           |  |
| List the c   | urent addie                                  | ess: where yo   | u physic     |  | Ci                    |                | Ho             | w long ha           | State       | ded there?       | Zip Code           |  |
| List the c Number, Str Name of the                             | urrent addirect, and Apt. not county where   | ess: where yo   | u physic     |  | Ci                    | ty             | Ho<br>Ye       | _                   | ve you resi | ded there?       |                    |  |
| List the c Number, Sir Name of the                             | urrent addirect, and Apt. not county where   | SS: where yo<br>o.<br>you reside.<br>'R phone minuber | u physic     | Rent Ownsidence (area conger or beeper (an | Parent Ade)           | ty             | Ho<br>Ye<br>Wo | ars:<br>ork (area c | ode)        | ded there?<br>Mo |                    |  |
| List the c Number, Str Name of the List your res (include ares | eet, and Apt. not come where sidence and wor | SS: where yo<br>o.<br>you reside.<br>'R phone minuber | u physic     | Rent Own                                   | Parent • dade)        | ty             | Ho<br>Ye<br>Wo | ars:<br>ork (area c | ode)        | ded there?  Mo   |                    |  |

### 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.

| provided for the name. If deceased, so ind | icate.  |                               | on constants           |
|--|---|-------------------------------|------------------------|
| Name                                       | Residence Address (include zip codes). If same as yours write "same". | Telephone (Include area code) |                        |
| Father                                     |   | Ноше                          |                        |
| Occupation                                 |   | Work                          |                        |
| Mother                                     |   | Home                          |                        |
| Mother's maiden name                       |   | Work                          |                        |
| Occupation                                 |   |                               |                        |
| Stepfather                                 |   | Home                          |                        |
| Occupation                                 |   | Work                          | Entry (b)              |
| Stepmother                                 |   | Home                          |                        |
| Occupation                                 |   | Work                          | Land Held<br>Marketter |
| Father-in-law                              |   | Home                          |                        |
| Occupation                                 |   | Work                          |                        |
| Mother-in-law                              |   | Home                          | 4 ( A )<br>4 ( A )     |
| Occupation %                               |   | Work                          |                        |
| Brothers; ·                                |   | Home                          | Age                    |
| Occupation                                 |   | Work                          |                        |
| Brother                                    |   | Ноте                          | Age                    |
| Occupation                                 | ·   | Work                          |                        |
| Brother                                    |   | Home                          | Age                    |
| Occupation                                 |   | Work                          |                        |
| Brother                                    |   | Номе                          | Age                    |
| Occupation                                 |   | Work                          |                        |
| Brother                                    |   | Home                          | Age                    |
| Occupation                                 |   | Work                          |                        |

| Age Age  |                     |  | Home                  | Age                  |
|--|---------------------|--|-----------------------|----------------------|
| Siletr   |                     |  | 104                   |                      |
| Occupation         Notes         Age           Sister         Rome         Age           Occupation         Work         Age           Sister         Bome         Age           Occupation         Work         Age           Sister         Bome         Age           Occupation         Work         Age           Occupation         Work         Age           Occupation         Home         Age           Occupation         Work         Age           Stephrother         Home         Age           Occupation         Work         Age           Occupation         Work         Age           Occupation         Home         Age           Occupation         Work         Age           Occupation         Work         Age           Occupation         Home         Age           Occupation         Work         Ag   | Occupation          |  | Work                  |                      |
| Occupation         Monic         Age           Occupation         Home         Age           Occupation         Home         Age           Occupation         Work         Age           Occupation         Home         Age           Occupation         Work         Age           Occupation         Bome         Age           Occupation         Work         Age           Occupation         Home         Age           Occupation         Work         Age           Occupation         Home         Age           Occupation         Work         Age           Occupation         Home         Age           Occupation         Work         Age           Occupation         Home         Age           Occupation         Home   | Sister -            |  | Home                  | Age                  |
| None   | Occupation          |  | Work                  |                      |
| Occupation         Home         Age           Occupation         Home         Age           Sister         Home         Age           Occupation         Work         Age           Occupation         Home         Age           Nume         Home         Age           Work         Home         Age  | Sister              |  | Home                  | Age                  |
| Occupation   Monk   Monk   Sister   Home   Age   Occupation   Work    Family Members and Relatives (continued)  Stephrother   Home   Age   Occupation   Work    Name   Home   Age   Occupation   Work    Name   Home   Age   Occupation   Home   Age   Occupation   Home   Age   Occupation   Home   Age   Occupation   Work    Name   Home   Age   Occupation   | Occupation          |  | Work                  |                      |
| Coccupation         Work         Age           Coccupation         Home         Age           Coccupation         Work         Age           Family Members and Relatives (continued)           Stephorther         Home         Age           Occupation         Work         Age           Occupation         Home         Age           Occupation         Work         Age           Occupation         Home         Age           Occupation         Work         Age           Occupation         Work         Work  | Sister              |  | Home                  | Age                  |
| Compation  Family Members and Relatives (continued)  Stephrother Cocupation  Home Age Work  Stephrother Cocupation  Home Age Occupation  Work  Stephister Home Age Work  Stephister  Home Age Work  Stephister  Home Age Work  Stephister  Home Age Occupation  Home Age Occupation  Home Age Occupation  Relationship  Home Age Work  Itself five other family members and relatives (funcies; aunts; cousins, etc.)  Name Relationship  Home Age Work  Relationship  Home Age Work   | Occupation          |  | Work                  |                      |
| Family Members and Relatives (continued)  Stephrother  Cocupation  Stephrother  Cocupation  Stephrother  Rome  Age  Occupation  Stepsister  Home Age  Occupation  Rome Age  Occupation  Name  Relationship  Relationship  Name  Relationship  Relationship  Relationship   | Sister              |  | Home                  | Age                  |
| Steptrother Home Age Occupation Home Age Occupation Work  Stepsister Home Age Occupation Work  Family members and relatives (uncles, aunts, cousins, etc.)  Name Relationship Home Age Occupation Home Age Relationship Home Age Occupation Home Age   | Occupation          |  |                       |                      |
| Stepbrother Cocapation |                     |  |                       |                      |
| 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  Relationship  Home Age Age Age Occupation  Age Occupation  Relationship  Home Age Occupation  Age Occu  | Fai                 | mily Members and Relatives (conti  | mued)                 |                      |
| Stephrother:    Home   Age   |                     |  | 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  Relationship Home Age Relationship 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 Home Age Relationship Age Relationship Home Age Relationship Age  | Stepbrother:        |  | Home                  | Age                  |
| Stepsister Home Age Occupation Work  Stepsister Home Age Occupation Work  List five other family members and relatives (uncles, aunts, cousins, etc.)  Name Relationship Occupation Home Age Relationship Home Age Relationship Home Age   | Occupation          |  | Work                  |                      |
| 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 Age   | Stepsister          |  |                       |                      |
| Occupation  List five other family members and relatives (uncles, aunts, cousins, etc.)  Name Relationship Occupation  Name Relationship Home Age Relationship Home Age  | Occupation          |  |                       | , 20<br>, 20<br>, 20 |
| List five other family members and relatives (uncles, aunts, cousins, etc.)  Name Relationship Home Age Occupation  Relationship Home Age  | Stepsister          |  | Home                  | Age                  |
| Name Relationship Home Age Occupation Work  Name Relationship Home Age   | Occupation          | ,  | Work                  |                      |
| Name Relationship Home Age Occupation Work  Name Relationship Home Age   | List five other fan | nily members and relatives (imcles,  | aunts, cousins, etc.) |                      |
| Relationship  Occupation  Name  Relationship  Home  Age  Home  Age   |                     | The second secon |                       |                      |
| Occupation Work  Name  Relationship  Home  Age   | Relationship        |  |                       |                      |
| Relationship Home Age  | Occupation          |  |                       |                      |
| Relationship Home Age  | Name                |  |                       |                      |
|  | Relationship        |  |                       |                      |
| Work   | Occupation          |  | Work                  |                      |

| Name  |             |                            |             |   |          |  |             |                      |                        |          |
|---|-------------|----------------------------|-------------|---|----------|--|-------------|----------------------|------------------------|----------|
| Relationship Occupation                           |             |                            |             |   |          | -  | lome .      |                      |                        | Age      |
| Socialities                                       |             |                            | ·           |   |          |  | Work        |                      |                        |          |
| Name  |             |                            |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          |  |             |                      | Marine<br>British      |          |
| Relationship                                      |             |                            |             |   |          | ]  | Tome        |                      |                        | Age      |
| Occupation  |             |                            | <del></del> |   |          |  | Vork        |                      |                        |          |
| Name  |             |                            |             |   |          |  |             |                      | 4 (1) (1)<br>(4 (2) 4) |          |
| Relationship                                      |             |                            |             |   |          | I  | Iome        |                      |                        | Age      |
| Occupation  |             |                            |             |   |          |  | Vork        |                      |                        |          |
|   |             |                            | . Ch        | ildren                                  |          |  |             |                      |                        | i a tyli |
| List all of your children (include step-ch        | ildren,     | adopted                    | l children  | etc.)                                   |          | NA (12)  |             | State of the         |                        |          |
|   |             | S                          | Sex         |   |          | Relation   | ship to you |                      | Living                 | with you |
| Name  |             | Male                       | Female      | Date of birth                           | Natural  | Step   | Adopted     | Foster               | Yes                    | No       |
|   |             |                            |             |   |          |  | İ           |                      |                        | 3.7%     |
|   |             |                            |             | ·                                       |          |  |             |                      |                        | 1 2 3    |
|   | -           |                            |             |   |          | <del></del>  |             |                      |                        |          |
|   |             |                            |             |   |          | <u> </u>   | -           |                      |                        |          |
|   |             |                            |             |   |          |  |             |                      |                        |          |
|   |             |                            |             |   |          |  |             |                      |                        |          |
|   |             |                            | Marita      | al Status                               |          | in de la companya de<br>Companya de la companya de la compa | W (M.C)     | ¥745                 |                        |          |
| • Single • Married                                | jgs.ar.e.e. | an ter Australia (a. 1927) | lowed       | Separate                                | A SACTOR | <i></i>  | nulled      | •                    | Di-                    | 5.75748  |
|   | l           |                            |             | Doparato                                | <u> </u> |  | muncu       |                      | Divor                  | cea      |
| Full name of spouse                               | Maide       | n name                     |             | Other names spouse                      | has used |  | r           | ate of birth         |                        | Age      |
| Date of marriage                                  | Place o     | of marriage                | city, count | y, state, and country)                  |          |  |             |                      |                        | J        |
| Spouse's employer                                 | 1 <u></u>   |                            |             | Occupation or positi                    |          |  | How long e  | mployed              |                        |          |
| Current address of spouse, if not living with you |             |                            |             | Home phone (area code) Work             |          |  |             | rk phone (area code) |                        |          |
| If divorced, widowed, or had an annulmer          | t, prov     | ride the                   | following   | information.                            | 16,337,0 |  |             |                      |                        |          |
| Full name of former spouse                        | 1           | n name                     |             | Other names spouse                      | has used | <u>। । । । । । । । । । । । । । । । । । । </u>  | D           | ate of birth         |                        | Age      |

|   |   | T                   |                      |                              | · · · · · · · · · · · · · · · · · · · | . ,              |                          |           |  |
|---|---|---------------------|----------------------|------------------------------|---------------------------------------|------------------|--------------------------|-----------|--|
| Date of marriage  |   | Place of marriag    | ge (city, county, st | county, state, and country)  |                                       |                  |                          |           |  |
| Former spouse's employer  |   | <u>L</u>            | (                    | Occupation or position       |                                       | н                | low long employed        |           |  |
| Current address of former spouse or last know   | n address                                 |                     | 1                    | Home phone (area code) World |                                       |                  | k phone (area code)      |           |  |
| Date filed for divorce  | City, co                                  | ounty, and state of | f divorce            |                              |                                       | Is di            | Is divorce final  Yes No |           |  |
| Full name of former spouse  |   | Maiden name         | C                    | Other names spouse has used  |                                       | Date             | of birth                 | Age       |  |
| Date of marriage  | of marriage Place of marriage (city, coun |                     |                      | ate, and country)            |                                       |                  |                          | <u>l </u> |  |
| Former spouse's employer  |   |                     | C                    | Occupation or position       | н                                     | ow long employed |                          |           |  |
| Current address of former spouse or last known address  |   |                     | F                    | Iome phone (area code)       | Wo                                    | ork phone        | (area code)              |           |  |
| Date filed for divorce  | City, co                                  | unty, and state of  | divorce              |                              |                                       | ł                | voice final Yes          | No        |  |
| Have you ever been required to pa  If yes, what is or was the monthly  Have you ever been delinquent in  If yes, explain below.   | amoun                                     | ıt                  | • Yes                |                              | es * N                                | To .             |                          | 39        |  |
| 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 mumber or apartment mumber, where applicable.  Cureat address  City, state, and zip code  Since (month/year) |   |                     |                      |                              |                                       |                  |                          |           |  |
| With whom do you live   |   |                     |                      |                              |                                       |                  |                          |           |  |
| Address   |   |                     | City, state, and 2   | cip code                     | From (month/                          | year)            | To (month/year           | <b>——</b> |  |
|   |   |                     |                      |                              | <del></del>                           |                  | 1                        |           |  |

| With whom did you live  |   |                   |                 |
|---|---|-------------------|-----------------|
| If rented, give name, complete address, and phone number of person w  | no collected the rent                         |                   |                 |
| Reason for moving   |   |                   | 5 1             |
| Address   | City, state, and zip code                     | From (month/year) | To (month/year) |
| With whom did you live  |   | - <b>-</b>        |                 |
| If rented, give name, complete address, and phone number of person wi | no 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 wh | no collected the rent                         |                   |                 |
| Reason for moving   |   |                   | 7 000           |
| Address   | City, state, and zip code                     | From (month/year) | To (month/year) |
| With whom did you live  |   | <u></u>           |                 |
| If rented, give name, complete address, and phone number of person wh | to collected the rent                         |                   | ·               |
| Reason for moving   |   | *                 |                 |
|   |   |                   |                 |
|   |   |                   |                 |
| Res   | idence (continued)                            |                   |                 |
| Res   | idence (continued)  City, state, and zip code | From (month/year) | To (month/year) |
|   |   |                   | To (month/year) |
| Address   | City, state, and zip code                     |                   | To (month/year) |
| Address  With whom did you live                                       | City, state, and zip code                     |                   | 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, a  | and zip code                | From (1 | nonth/year)     | To (month/year)                       |  |  |  |  |
| With whom did you live  |                 |                             |         |                 |                                       |  |  |  |  |
| If reuted, give name, complete address, and phone number of person who                    | collected the   | reat                        |         |                 |                                       |  |  |  |  |
| Reason for moving   |                 |                             |         |                 |                                       |  |  |  |  |
| Address   | 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, a  | nd zip code                 | From (1 | nonth/year)     | To (month/year)                       |  |  |  |  |
| With whom did you live  |                 |                             |         |                 | ;                                     |  |  |  |  |
| If rented, give name, complete address, and phone number of person who                    | collected the   | reat                        |         |                 | *                                     |  |  |  |  |
| Reason for moving   |                 |                             |         |                 | , , , , , , , , , , , , , , , , , , , |  |  |  |  |
|   |                 |                             |         |                 |                                       |  |  |  |  |
| Cohal   | oitants         | (roommates)                 |         |                 |                                       |  |  |  |  |
| List those individuals with whom you have resided during                                  | ng the last     | ten years, excluding family | membe   | rs.             |                                       |  |  |  |  |
| Full name   | Age             | Home phone (area code)      |         | Work phone (are | a code)                               |  |  |  |  |

Occupation

Occupation

Age

Home phone (area code)

Current address (include zip code)

Current address (include zip code)

Full name

Years known

Years known

Work phone (area code)

| Full name                          | Age      | Home phone (area code)                    | Work phone (area    | code)       |
|------------------------------------|----------|---|---------------------|-------------|
| Current address (include zip code) | <u> </u> | Occupation                                | Years known         |             |
| Full name                          | Age      | Home phone (area code)                    | Work phone (area    | zode)       |
| Current address (include zip code) |          | Occupation                                |                     | Years known |
| Full name                          | Age      | . Home phone (area code)                  | Work phone (area o  | ode)        |
| Current address (include zip code) |          | Occupation                                |                     | Years known |
| Full name                          | Age      | Home phone (area code)                    | Work phone (area o  | ode)        |
| Current address (include zip code) |          | Occupation                                | Years known         |             |
| Full name                          | Age      | Home phone (area code) Work phone (area c |                     | ode)        |
| Current:address (include zip code) |          | Occupation                                |                     | Years known |
| Full name                          | Age      | Home phone (area code)                    | Work phone (area or | ode)        |
| Current address (include zip code) |          | Occupation                                |                     | Years known |
| Full name                          | Age      | Home phone (area code)                    | Work phone (area co | vde)        |
| Current address (include zip code) |          | Occupation                                |                     | Years known |

|  |  | en |  |  |  |  |  |  |  |
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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 contactin If yes, please explain | g your present employer(s) prior | to your being accept | ted? •                                 | Yes • No                                |                                       |            |  |  |
|---|----------------------------------|----------------------|--|---|---------------------------------------|------------|--|--|
|   |                                  |                      |  |   |                                       |            |  |  |
|   |                                  |                      | ······································ |   |                                       |            |  |  |
|   |                                  |                      |  |   | ···                                   |            |  |  |
|   |                                  |                      |  |   | · · · · · · · · · · · · · · · · · · · |            |  |  |
| Dates of employment From To                           | Name of employer                 |                      | Work phone (area code)                 |   |                                       | , <u>"</u> |  |  |
| Month / year   Month / year                           |                                  |                      |  |   |                                       |            |  |  |
| How long employed there?                              |                                  |                      |  |   |                                       |            |  |  |
| Present employment                                    | Job title or position            |                      | e Full t                               | ime Part-time                           | Salary                                | 14         |  |  |
|   |                                  |                      | Volum<br>Temp                          | eteer <sup>9</sup> Internship<br>porary |                                       |            |  |  |
| Describe your duties                                  |                                  |                      |  |   | <u></u>                               |            |  |  |
| Reason for leaving (be specific)                      |                                  |                      |  |   |                                       |            |  |  |
| Supervisor's name                                     |                                  | Woo                  | rk or home p                           | ohone (area code)                       |                                       |            |  |  |
| List another supervisor                               |                                  | Wor                  | rk or home p                           | hone (area code)                        |                                       |            |  |  |
| List a co-worker                                      |                                  | Wor                  | Work or home phone (area code)         |   |                                       |            |  |  |
| Unemployed From:                                      | То:                              |                      |  |   |                                       |            |  |  |

#### Experience and Employment (continued) Dates of employment Name of employer Work phone (area code) То Month / year Month / year Complete address Job title or position Salary • Full time Part-time Volunteer Internship How long employed there? Temporary Present employment 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 Name of employer Work phone (area code) From . To Month / year Month / year Complete address Job title or position Salary Full time Part-time How long employed there? Volunteer Internship Present employment 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)

Unemployed From:

## Experience and Employment (continued)

|                                  |                       |      |               | Work phone (area code)                |        |
|----------------------------------|-----------------------|------|---------------|---------------------------------------|--------|
| Month / year                     | Complete address      |      |               |                                       | :      |
|                                  | Job tifle or position |      | • Volu        | time Part-time Salary meer Internship |        |
| Describe your duties             |                       |      |               |                                       |        |
| Reason for leaving (be specific) |                       |      |               |                                       |        |
| Supervisor's name                |                       | Work | c or home     | phone (area code)                     |        |
| List another supervisor          |                       | Work | c or home     | phone (area code)                     |        |
| List a co-worker                 |                       | Work | or home       | phone (area code)                     |        |
| Unemployed From:                 | To:                   |      |               |                                       | -      |
| From To                          | Name of employer      |      |               | Work phone (area code)                | 1. Po. |
| Months year Month / year         | Complete address      |      | <u>.</u>      |                                       |        |
|                                  | Job title or position |      | Full Volu Tem |                                       |        |
| 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:                 | То:                   |      |               |                                       |        |
|                                  |                       |      | *             |                                       |        |

### Experience and Employment (continued)

| Dates of employment From To      | Name of employer       |                   |  |          | Work phone (area code)                |        |
|----------------------------------|------------------------|-------------------|--|----------|---------------------------------------|--------|
| Month / year Month / year        | Complete address       |                   |  |          |                                       |        |
| How long employed there?         | Job title or position  |                   |  |          | time Part-time nteer Internship       | Salary |
| Describe your duties             |                        |                   | <del></del>                            |          | ····                                  |        |
| Reason for leaving (be specific) |                        |                   | · ·                                    |          |                                       |        |
| Supervisor's name                |                        |                   | Work o                                 | or home  | phone (area code)                     |        |
| List another supervisor          |                        |                   | Work o                                 | or bome  | phone (area code)                     |        |
| List a co-worker                 |                        |                   | Work o                                 | or home  | phone (area code)                     |        |
| Unemployed From:                 | То:                    |                   |  |          |                                       |        |
| Dates of employment  From To     | Name of employer       |                   |  |          | Work phone (area code)                |        |
| Month / year Month / year        | Complete address       |                   | · · · · · · · · · · · · · · · · · · ·  | <u>i</u> |                                       |        |
| How long employed there?         | Job title or position. |                   | 9                                      | Voku     | _                                     | Salary |
| Describe your duties             |                        |                   |  |          | · · · · · · · · · · · · · · · · · · · |        |
| Reason for leaving (be specific) |                        | 1 10 THE LOCATION |  | <u></u>  |                                       |        |
| Supervisor's name                |                        |                   | Work or                                | r home   | phone (area code)                     |        |
| List another supervisor          |                        |                   | Work or                                | r home   | phone (area code)                     |        |
| List a co-worker                 |                        |                   | Work or                                | π home j | phone (area code)                     |        |
| Unemployed From:                 | То:                    |                   | ************************************** | ·        |                                       |        |

### Experience and Employment (continued)

|                                  | , , , , , , , , , , , , , , , , , , , | <br>                                      | 1                                       |        |
|----------------------------------|---------------------------------------|---|---|--------|
| Dates of employment              | Name of employer                      |   | Work phone (area code)                  |        |
| From To                          |                                       |   |   |        |
| Month / year Month / year        | Complete address                      |   | · · · · · · · · · · · · · · · · · ·     |        |
|                                  |                                       | <br>· · · · · · · · · · · · · · · · · · · |   | 2      |
|                                  | Job title or position                 | •   | 'ull time Part-time                     | Salary |
| How long employed there?         |                                       |   | Volunteer Internship                    |        |
|                                  |                                       | 1 .                                       | Гетрогагу                               |        |
|                                  |                                       |   | rempotary                               |        |
| Describe your duties             |                                       |   |   |        |
| Reason for leaving (be specific) |                                       |   |   |        |
| Supervisor's name                |                                       | Work or he                                | ome phone (area code)                   |        |
| Tite and a                       |                                       | *** * .                                   |   |        |
| List another supervisor          |                                       | Work or he                                | ome phone (area code)                   | 1      |
| Lîst a co-worker                 |                                       | Work or be                                | ome phone (area code)                   |        |
|                                  |                                       | <br>                                      |   |        |
| Unemployed From:                 | To:                                   |   |   |        |
| Datës, of employment             | Name of employer                      | <br>                                      | Work phone (area code)                  |        |
| From To                          |                                       |   | , |        |
| Month / year Month / year        | 0. 1. 11                              | <br>                                      |   |        |
|                                  | Complete address                      |   |   | . '    |
| ///                              | Job title or position                 |   | _                                       | Salary |
| How long-employed there?         |                                       |   | full time Part-time                     |        |
| <u> </u>                         |                                       |   | Volunteer Internship                    |        |
|                                  |                                       |   | Cemporary                               |        |
| Describe your duties             |                                       |   |   |        |
| Reason for leaving (be specific) |                                       |   |   |        |
| Supervisor's name                |                                       | Work or he                                | ome phone (area code)                   |        |
| List another supervisor          |                                       | <br>Work or he                            | ome phone (area code)                   |        |
| List a co-worker                 |                                       | Work or be                                | ome phone (area code)                   |        |
|                                  |                                       | via in ill                                | paono (area erre)                       |        |
| • Unemployed From:               | То:                                   |   |   |        |
|                                  |                                       |   |   |        |

| Experience and Employment (continued) |
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| experience and employment (commued)   |
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|   | Employer   |  | From (month/year)               | to (month/                             |
|---|--|--|---------------------------------|--|
|   |  |  |                                 | 10 (1101111)                           |
|   |  |  |                                 | <u> </u>                               |
|   |  |  |                                 |  |
| lave you ever been terminated<br>yes, start with most recent,<br>eneral information section a | I (fired) or asked to resign from a job o<br>and list the following information, giv<br>t the end of this application. | r position in lieu of terminationing details. If more space is t | n? Yes •<br>needed, please expl | No<br>ain under                        |
| ate   | Employer   |  |                                 | ······································ |
| etails  |  |  |                                 |  |
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| ate   | Frances  |  |                                 | -                                      |
| ***   | Employer   |  |                                 |  |
| etails  |  |  |                                 |  |
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| ate   | Employer   |  |                                 |  |
| etails  | <u> </u>   |  |                                 |  |
| *   | i  |  |                                 |  |
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| ate   | Employer   |  |                                 |  |
| etails  |  |  |                                 |  |
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|   |  |  |                                 |  |
|   | ed work absences for any reason other  | than medical or earned vacati                                    | ons? (Leave of abs              | sence,                                 |
| ispensions, layoffs, etc.).  No   |  |  |                                 | • Ye                                   |
| - N0<br>f yes, list the dates, name of e  | man longer and data:   |  |                                 |  |

| Details  |   |  |
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|  | Experience and Employment   | (continued)  |
| Service Servic |   | Section 20, Section 20, 20 cm. Employed the section is the decreased in the control of the contr |
| Have you ever been investiga employment violations?  | ted by your employer or supervisor for improper o   | conduct, illegal activities, sexual harassment, or equal   |
| Yes No   |   |  |
| If yes, please provide the foll  | lowing information.   |  |
| Date   | Employer  |  |
| Details and results of investigation   |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| F  | d by an employer, or received a formal written rep  | orimand, or verbal warning, or verbal counseling?  |
| Yes No If yes, plea  | se explain.   | 7 2 2  |
| .Date  | Employer  | Circumstances  |
|  |   |  |
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| Date   | Employer  | Circumstances  |
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| Have you ever held a full-tim<br>reserve, or military police)  | e or part-time position with peace   | officer powers? (Prior p   | olice experi                   | ence includes police officer, police   |
|--|--|--|--------------------------------|--|
| • Yes • No   |  |  |                                |  |
| If yes, list dates, employer/ag  | gency, rank ,and duties. Start with  | h the most recent.   |                                |  |
| Date   | Employer / agency  |  | <del></del>                    | Rank   |
| Duties / assignments   |  |  |                                |  |
|  |  |  |                                |  |
|  |  |  |                                |  |
| Date   | Employer / agency  |  |                                | Rank   |
| Duties / assignments   |  |  |                                |  |
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|  |  | an compressive and a superior of the superior of the   | et de la maio maio de la color | is a transfer of the Kint and to another distance, where you arranged beauty       |
|  | Experience and En  | nployment (cont  | inued)                         |  |
|  | Company of the Compan | The state of the s | TEERING DAY, WALLE             | हार्योज्ञेद एक्नियाको विद्यु १८५५ हा १८५८ व्यक्तिको अधिकार स्थापन हार १८५८ व्यक्ति |
| Have von ever attended a nol   | lice academy or a law enforcement  | training center?   | es • N                         | r  |
| If yes, please provide the fol   |  | mannik cemer:  | (es 1                          | lo   |
| Name and address of training site  |  | <u> </u>   | Data martad                    | 75.4.  |
| A THE STATE OF THE |  |  | Date started                   | Date ended   |
| Wandara Cake   | _  |  |                                | *****  |
| Was the training Full-time   | Part-time? List the total numb   | er of hours of the training cour   | reo.                           | 's:  |
|  | Part-time? List the total numb   | er of hours of the training coun   | rse.                           |  |
| Did you complete the training?   | Part-time? List the total mumb Yes No  | er of hours of the training cou  | rse.                           |  |
|  | _  | er of hours of the training coun   | se.                            |  |
| Did you complete the training?   | _  | er of hours of the training coun   | rse.                           |  |
| Did you complete the training?   | _  | er of hours of the training coun   | rse.                           |  |
| Did you complete the training?   | _  | er of hours of the training coun   |                                | Determined   |
| Did you complete the training?  If no, explain the reason.   | _  | er of hours of the training coun   | Date started                   | Date ended   |
| Did you complete the training?  If no, explain the reason.   | Yes • No   | er of hours of the training coun   | Date started                   | Date ended   |
| Did you complete the training?  If no, explain the reason.  Name and address of training site  Was the training  Full-time   | Yes No  Part-time? List the total numb   |  | Date started                   | Date ended   |
| Did you complete the training?  If no, explain the reason.  Name and address of training site  Was the training  Full-time   | Yes No Part-time? List the total numb  |  | Date started                   | Date ended   |
| Did you complete the training?  If no, explain the reason.  Name and address of training site  Was the training Full-time  Did you complete the training?  | Yes No  Part-time? List the total numb   |  | Date started                   | Date ended   |
| Did you complete the training?  If no, explain the reason.  Name and address of training site  Was the training Full-time  Did you complete the training?  | Yes No  Part-time? List the total numb   |  | Date started                   | Date ended   |
| Did you complete the training?  If no, explain the reason.  Name and address of training site  Was the training Full-time  Did you complete the training?  | Yes No  Part-time? List the total numb   |  | Date started                   | Date ended   |
| Did you complete the training?  If no, explain the reason.  Name and address of training site  Was the training Full-time  Did you complete the training?  | Yes No  Part-time? List the total numb   |  | Date started                   | Date ended   |
| Did you complete the training?  If no, explain the reason.  Name and address of training site  Was the training Full-time  Did you complete the training?  | Yes No  Part-time? List the total numb  Yes No   |  | Date started                   | Date ended   |
| Did you complete the training?  If no, explain the reason.  Name and address of training site  Was the training  Full-time  Did you complete the training?  If no, explain the reason.   | Yes No  Part-time? List the total numb  Yes No  cadet or explorer? Yes   | er of hours of the training cour   | Date started                   | Date ended   |
| Did you complete the training?  If no, explain the reason.  Name and address of training site  Was the training Full-time  Did you complete the training?  If no, explain the reason.  | Yes No  Part-time? List the total numb  Yes No  cadet or explorer? Yes   | er of hours of the training cour   | Date started                   |  |
| Did you complete the training?  If no, explain the reason.  Name and address of training site  Was the training Full-time  Did you complete the training?  If no, explain the reason.  Have you ever been a police of the state of | Yes No  Part-time? List the total numb  Yes No  cadet or explorer? Yes   | er of hours of the training cour   | Date started                   | Date ended  Date ended  Date ended   |

| Applications with other agencies   | ender karryn et det graf 5 det.<br>Gest  |
|--|--|
| Have you ever applied for any other law enforcement agency (city, county, state, or federal agencie If yes, list EVERY agency you have applied with. Start with the most recent. Give complete, accumuST be listed regardless of the outcome or current status. Check all boxes that apply for each  | rate addresses. All agencies   |
| Name of agency   | Date applied   |
| Complete address including zip code  | Position   |
| Tribut malician to the state of | Oral interviewed taken estigation conducted made   |
| Name of agency   |  |
| Complete address including zip code  | Date applied   |
| COMPANY MANAGEMENT OF THE COMPANY OF | Position   |
| This is the second of the seco | Oral interviewed taken estigation conducted made Unknown status                          |
| What was your background investigator's name and phone number?   | . T  |
|  | A 1 1 1  |
| Name of agency   | Date applied   |
| Name of agency  Complete address including zip code  |  |
| Complete address including zip code  | Date applied  Position  Drai interviewed taken estigation conducted                      |
| Complete address including zip code  Submitted interest card only Submitted application only Took written test Failed written test Failed oral interview Placed on eligibility list Submitted Personal History Statement Background inverse Background pending Took polygraph Disqualified Was not selected Hired / job offer x No response from agency Withdrew application or declined Other   | Date applied  Position  Drai interviewed taken estigation conducted                      |
| Complete address including zip code  Submitted interest card only Submitted application only Took written test Failed written test Failed oral interview Placed on eligibility list Submitted Personal History Statement Background inv Background pending Took polygraph Disqualified Was not selected Hired / job offer r No response from agency Withdrew application or declined Other  What was your background investigator's name and phone number?   | Date applied  Position  Drai interviewed taken estigation conducted made  Unknown status |

What was your background investigator's name and phone number?

# Applications with other agencies (continued)

|   | T  |
|---|--|
| Name of agency  | Date applied                             |
| Complete address including zip code   | Position                                 |
| Submitted interest card only Submitted application only Took written test Failed written test Failed oral interview Placed on eligibility list Submitted Personal History Statement Background inv Background pending Took polygraph Disqualified Was not selected Hired / job offer: No response from agency Withdrew application or declined Other What was your background investigator's name and phone number?   | estigation conducted                     |
| Name of agency  | Date applied                             |
| Complete address including zip code   | Position                                 |
| Submitted interest card only Submitted application only Took written test Failed written test Background investigator Placed on eligibility list Submitted Personal History Statement Background investigator Background investigator Other  Withdrew application or declined Other  What was your background investigator's name and phone number? |  |
| Name of agency  | Date applied                             |
| Complete address including zip code   | Date applied  Position                   |
| Submitted interest card only Submitted application only Took written test Pailed written test   |  |
| Submitted interest card only Submitted application only Took written test Failed written test Committed Personal History Statement Background involved Background pending Took polygraph Disqualified Was not selected Hired / job offer no No response from agency Withdrew application or declined Other  What was your background investigator's name and phone number?  | 1,3                                      |
| Failed oral interview Placed on eligibility list Submitted Personal History Statement Background inverse Background pending Took polygraph Disqualified Was not selected Hired / job offer no No response from agency Withdrew application or declined Other  | estigation conducted                     |
| Failed oral-interview Placed on eligibility list Submitted Personal History Statement Background investigator's name and phone number?  Failed oral-interview Placed on eligibility list Submitted Personal History Statement Background investigator Hired / job offer no No response from agency Withdrew application or declined Other  What was your background investigator's name and phone number?   | estigation conducted nade Unknown status |

|  | Armoniae describ   | Military S   | ervice                             |                                |
|--|--|--|------------------------------------|--------------------------------|
| Did you con  | ply with the draf  | t registration law? * Yes * N                              | Selective Service numb             | per .                          |
| • Yes  | • No   | of the Armed Forces, National Guard, or                    | military reserves?                 |                                |
| If yes, what   | is your current st   | atus with the military? • Active                           | • Reserves • Inactive              | <ul> <li>Discharged</li> </ul> |
| Branch of service  | e  | 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 ev<br>If yes, pleas                             | ver investigated for explain   | or any criminal activity while in the milit                | ary or military reserves?          | Yes No                         |
| Have you ev<br>National Gua<br>If yes, pleasu<br>Approxi | ard, or military re<br>e explain   | in pay grade or been the subject of any serves? Yes No     |                                    |                                |
| 3,0  | and the same of th | Violaton   |                                    | Penalty                        |
|  |  |  |                                    |                                |
|  |  |  |                                    |                                |
|  |  | discharge? * Yes * No ther than honorable, please explain. |                                    | gr. <sub>s</sub> éra           |
|  |  |  |                                    |                                |
| Starting with  | most recent, list  | all duty stations (include basic training,                 | tours overseas, etc.) while in     | the military                   |
| From<br>(Month/Year)                                     | To<br>(Month/Year)   | Location   |                                    | s / purpose                    |
|  |  |  |                                    |                                |
|  |  |  |                                    |                                |
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|  | F  | Education       |                   |                          | n (Car Syr) (<br>Shi ake ayang |                          |
|--|--|-----------------|-------------------|--------------------------|--------------------------------|--------------------------|
| Circle one I possess a high school diplo I possess a two-year college I possess a four-year degree | degree from an accredited co<br>from an accredited college o | _               |                   |                          |                                |                          |
| I passed the GED test meeting  | g the required scores.                                       |                 |                   |                          |                                |                          |
| During the background investig<br>school records may be made in                                    | ation, persons who have kno                                  | own you in a le | arning enviroum   | ent will be contacted.   | . A review                     | of your                  |
|  | h schools attended and/or graduated fi                       |                 | From (month/year  | ) To (month/year)        | Did yo                         | u graduate               |
|  |  |                 |                   |                          | • Yes                          | • No                     |
|  |  |                 |                   |                          | • Yes                          | • No                     |
| Have you ever attended college!  If yes, list all colleges and univ                                |  | post graduate   |                   |                          |                                |                          |
| Name of college or university  | City and state   | Maj             | Fro<br>or (month  |                          | Total<br>units<br>earned       | Type<br>degree<br>earned |
|  |  | ·               |                   |                          |                                | V.                       |
|  | ,  |                 |                   |                          | ,                              |                          |
|  |  |                 |                   |                          |                                |                          |
|  |  |                 |                   |                          |                                | ;-1<br>#                 |
| Have you ever attended a trade,  If yes, please provide the follow                                 |  | ool? * Yes      | • No              |                          |                                | ^ ;·                     |
| Name of school (include  |  | Type of sch     | ool or training   | Dates attended           | 1 -                            | finish the               |
|  |  |                 |                   |                          | • Yes                          | <del></del>              |
|  |  |                 |                   |                          | • Yes                          |                          |
| Have you ever been placed on ac  | ademic probation, suspende                                   | d, or expelled  | from any high sch | 100l, university, or tra | ade school                     | ?                        |
|  |  |                 |                   |                          | ·· ,,, <u></u> ,,              |                          |
|  |  |                 |                   |                          |                                |                          |

| Traffic violation   | City and state            | What action res   | sulted? (Fined, traffic school   | I attended, dismissed)   |
|---------------------|---------------------------|---|--|--|
|                     |                           |   |  |  |
|                     |                           |   |  |  |
|                     |                           |   |  |  |
|                     |                           |   |  |  |
|                     |                           |   |  |  |
|                     |                           |   |  | ····   |
|                     |                           |   |  |  |
|                     |                           |   |  |  |
| at you own and/or   | operate that are register | edtoyou, or if none are   | e registered to w  | ou the vehicles  |
| 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   |
| ires that drivers a | nd owners of vehicles be  | covered by automobile liabili   | ty insurance. Please l   | ist your insurance   |
|                     |                           |   |  | · · · · · · · · · · · · · · · · · · ·  |
|                     |                           | Toncy na.   | inpet  | Expiration date  |
| - 11                |                           |   |  |  |
|                     |                           |   |  |  |
| refused auto insi   | urance for any reason?    | Yes No  | •  |  |
| n.                  |                           |   | <del></del>  |  |
|                     |                           |   |  |  |
|                     |                           |   |  |  |
| u ever been invol   | ved in an accident where  | you left the scene without id   | entifying yourself (hi   | t and run)?  |
|                     | ires that drivers and any | ires that drivers and owners of vehicles be nies any Telephone number (area of the nies) are fused auto insurance for any reason? in. | Make/Model Color License number and state  three that drivers and owners of vehicles be covered by automobile liabilities  any Telephone number (area code) Policy number of the state of the scene without identification in the scene without identification of the scene without identification in the scene with the scene with the scene without identification in the scene with the scene without identification in the scene with the scene with the scene with the scene with the scene without identification in the scene with the sc | Color   License number and state   Currently registered?     Yes   No     Yes   N |

|  |  | • |
|--|--|---|
| Motor vehicle operation & insurance (con | Mark New York Co.  | 4 |
|  | the state of the s |   |
| MATOT MADICIA MARGINAN IT INGUINA A COM  |  | í |
|  |  |   |

|   | ever been involved in a motor vehicle a   |  | No                             |     |             |      |
|---|---|--|--------------------------------|-----|-------------|------|
| If yes, please provide  | e the following information for the past f                                      | four years                                       |                                | ··· |             |      |
| Date  | City and state  | Were you at fault? Yes No:                       |                                |     | \$ <u>:</u> |      |
| Police agency that took the r   | ce agency that took the report  Was there a police report taken?                |  | taken?                         | Yes | • No        | .÷.  |
|   |   | Did the accident cause injury to another person? |                                |     | • No        | ٠.   |
|   |   | Were you cited or arreste                        | Ø.,,,,,,,,,                    | Yes | • No        |      |
|   |   | Was the accident a hit an                        | d run?                         | Yes | • No        | )    |
| Date  | City and state  | Were you at fault? Yes Yes                       |                                |     | • No        |      |
| Police agency that took the r   | eport ·   | 1  | taken?                         |     |             |      |
|   |   |  | jury to another person?        |     | • No        |      |
|   |   | 1  | d?                             |     |             |      |
|   |   | i ·  | d run?                         |     |             |      |
|   |   | was me accapen wint an                           | d till(,                       | res | No          | -,   |
| Date  | City and state  | Were you at fault?                               |                                | Yes | • No        |      |
| Police agency that took the n   | eport   | Was there a police report                        | taken?                         | Yes | No          |      |
|   |   | Did the accident cause inj                       | jury to another person?        | Yes | • No        |      |
|   | Were you cited or arrested?   |  | d?•                            | Yes | • No.       | 4,   |
|   |   | Was the accident a hit and                       | d rm?                          | Yes | • No        | 10 6 |
| List other states when  | e you are, or have been, licensed to oper:                                      | rata a motor vahiola                             |                                |     |             | ŧ.   |
| State   | Name under which license  |  | License number                 |     | ****        |      |
|   |   |  |                                |     | · · · · · · | -    |
|   |   |  |                                |     | <u>.</u>    |      |
| 16 × 100  |   |  |                                |     | >           |      |
|   |   |  |                                |     |             |      |
|   | efused a driver's license by any state. ?  Give state, dates, and reasons       | •  | Yes • No                       | •   |             |      |
|   |   |  |                                |     |             |      |
|   | 1 for, or obtained, a driver's license or sta<br>Give state, dates, and reasons | nte identification card                          | under a fictitious name? • Yes | • N | 0           |      |
|   |   |  |                                |     |             |      |
| Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation by any state. ? |   |  |                                |     |             |      |
|   |   |  |                                |     |             |      |

| 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 issue<br>the following infor | d for you regarding a traffic ci | tation or parking citation? • Yes • No |  |  |  |
| Approximate date  | Traffic violation                          | City / county / state            | Penalty                                |  |  |  |
|   |  |                                  |  |  |  |  |
|   |  |                                  |  |  |  |  |
|   |  |                                  |  |  |  |  |

Motor vehicle operation & insurance (continued)

|   |   | Legal (continued)   |   |
|---|---|---|---|
| • Yes • No  |   | en arrested or charged with a criminal arissed, dropped, or reduced. If yes, prov   | ct ? ide the following information. Start with  |
| most recent  Date   | Charges   | Police agency   | Results   |
|   |   | T Office against  | Асынь   |
| Explain circumstances   |   |   |   |
| Note: For pu<br>degree, a dis<br>New Jersey, w<br>a private cit | rposes of this question, orderly persons or petty hether or not such result izen. It shall also incl  | a "criminal act" shall include<br>disorderly persons offense or o<br>ing criminal complaint was file<br>ude similar offenses occuring i | a crime of the lst, 2nd, 3rd or 4th<br>rdinance violation in the State of<br>d by a law enforcement officer or<br>n any other State or territory. |
| Date  | Charges   | Police agency   | Results   |
| Explain circumstances   |   |   |   |
|   |   |   |   |
| held on suspicion   | t or a juvenile, have you ever be a, or questioned, or fingerprinted If yes, provide the following in | t by any law enforcement agency or mil  | or named as a suspect in a police report, or itary authority, even as a victim or witness?  |
| Date  |   | es or reason for investigation  | Police agency   |
|   | -   |   |   |
| Explain circainstances  |   |   |   |
| er de   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| Date  | Charge  | s or reason for investigation   | Police agency   |
|   |   |   |   |
| Explain circumstances   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| Have you ever re<br>If yes, explain he                          | ceived a misdemeanor citation in<br>Clow giving details, dates, and n                                 | n lieu of going to jail? *Yes *No<br>ame of the law enforcement agency issu   | ing 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 whether or no Yes No I most recent                | or a juvenile, have you ever beet in this, or any other Such declares that were dismin                                       | en arrested or charged with a crimina<br>tate or territory?<br>ssed, dropped, or reduced. If yes, p                   | al act invo                           | olving domestic violence,  |  |
|--|--|---|---------------------------------------|--|--|
| Date   | Charges  | Police agency   |                                       | Results  |  |
| Explain circumstances  |  |   |                                       |  |  |
|  |  |   |                                       |  |  |
|  |  |   |                                       |  |  |
|  |  |   |                                       |  |  |
| Date   | Charges  | Police agency   |                                       | Results  |  |
|  |  |   |                                       |  |  |
| Explain circumstances  |  |   |                                       |  |  |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                              |  |   |                                       |  |  |
|  |  |   |                                       |  |  |
| Either as an adult<br>held on suspicion<br>in an inclident<br>Yes No | or a juvenile, have you ever bee, or questioned, or fingerprinted involving domestric viole if yes, provide the following in | en detained for a criminal investigation of the same law enforcement agency or ence, whether or not in this formation | on, or name<br>military aut           | ed as a suspect in a police report, or thority, even as a victim or witness other State or territory |  |
| Date   |  |   |                                       |  |  |
|  |  |   |                                       |  |  |
| Explain circumstances  |  |   | · · · · · · · · · · · · · · · · · · · | ,  |  |
| · · · · · · · · · · · · · · · · · · ·                                |  |   | ·····                                 |  |  |
|  |  |   |                                       |  |  |
| Date   | Charge   | s or reason for investigation   |                                       | Police agency  |  |
|  |  |   |                                       |  |  |
| Explain circumstances  |  | •   |                                       |  |  |
|  |  |   |                                       |  |  |
|  |  |   |                                       |  |  |

|   |  | Legal (continued)  |   |
|---|--|--|---|
| Has any of you or any other s Yes No Inc. | r immediate family me<br>tate or territory?<br>clude charges that were dis | mbers ever been arrested or comissed, dropped, or reduced. If yes, i | onvicted of a criminal offense in the orovide the following information. Start with |
| Date                                      | Charges  | Police agency  | Results   |
| Explain circumstances                     |  |  |   |

| Date                  | Charges | Police agency | Results |
|-----------------------|---------|---------------|---------|
|                       |         | ·             |         |
| Explain circumstances |         |               |         |
|                       |         |               |         |
|                       |         |               |         |

|  | <del></del> |                   |                           |
|--|-------------|-------------------|---------------------------|
| New York Control of the Control of t |             |                   |                           |
| Legal (continued)  |             |                   |                           |
| Ever had a judgment rendered against you? * Yes * No   | Yes         | • No              |                           |
| If yes to either questions, provide the following information  Date Location of court  | l           |                   |                           |
|  | 9           | Plaintiff         | Defendant                 |
| Details  Note: For purposes of this question the distribution of the purposes of this question the distribution of the distrib |             |                   |                           |
| Note: For purposes of this question, the phrase "civil court action" shall also<br>a civil restraining order in this or any other state involving domestic violence  | be me       | ant to<br>lations | include a                 |
| Date Location of court   | •           | Plaintiff         |                           |
| Details  |             | Plainnit.         | Defendant                 |
|  |             |                   |                           |
| Are you now, or have you ever been, a member of any organized association, movement, group, or conadvocated or advocates the overthrow of our constitutional form of government by any means other the 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 conadvocated or advocates acts of force or violence to deny other persons their rights under the Constitution unconstitutional means?  No.  Are you now associating with, or have you ever associated with, any individuals, including relatives, we 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.   | nan the o   | on of pers        | sons which<br>d States by |
|  |             |                   |                           |
|  |             |                   |                           |
|  |             |                   |                           |
| lave you ever participated in an unlawful demonstration? Yes No  fyes, please explain helow  |             |                   |                           |
|  |             |                   |                           |
|  |             | <u> </u>          |                           |
|  |             | <del></del>       |                           |
|  |             |                   |                           |
|  |             |                   |                           |

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|---|----|------|-------|----|---|
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| - |    | LEJ. | 211   |    |   |

| Have you ever filed                             | for or been granted bankruptcy? • Yes • No   |
|---|--|
| If yes, please explai                           |  |
| Date  | Reasons  |
|   |  |
|   |  |
| Have you exect he en                            |  |
| ľ   | delinquent on income tax payments? • Yes • No  |
| i   | an once? • Yes • No  |
| Date  | Reasons (give the year (s) involved and the current status)  |
|   |  |
| TT  |  |
| Have you ever had yo                            | our wages attached or garnished? • Yes • No  |
| If yes, please explain  Date                    |  |
| Date  | Reasons  |
|   |  |
| TI  |  |
| riave you ever had ar  If yes, list all account | y of your bills, accounts, or loans turned over to a collection agency? Yes No                           |
| Date  | Account / current status   |
| Have you ever had an                            | www.ahoond.co.do.a.l.i.l.  |
| • Yes • No                                      | y purchased goods, vehicle, property, or any items repossessed? (This includes voluntary repossessions.) |
| If yes, please explain                          |  |
| Date  | Reasons  |
| <u></u>   |  |
|   |  |
| Have you been refused                           | l credit in the last year? • Yes • No  |
| If yes, please explain                          | recredit in the last year? Yes No  |
| Date  | Reasons  |
|   |  |
|   |  |
| Are you currently an o                          | wner, partner, or investor in any business enterprise that requires a federal, state, county, or city    |
| permit/license to opera                         | te?  |
| • No  | • Yes  |
| If yes, please provide                          | the following information  |
| Name and type of business &                     |  |
| ——————————————————————————————————————          |  |

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 yo<br>qualifications. Examples are personal friends<br>NOT include relatives, family members, or inc | Triends of the tamily teacher         | ma maialilia 1          | 4 ***.                          |
| Name / occupation / relationship   | Address (includi                      |                         | Telephone (including area code) |
| Name   |                                       |                         | Home                            |
| Occupation   |                                       | -                       | Work                            |
| Relationship   | Age                                   | How long have you kno   | wn?                             |
| Name   |                                       |                         | Ноше                            |
| Occupation   |                                       |                         | Work                            |
| Relationship   | Age                                   | How long have you know  | yn?                             |
| Natue  |                                       |                         | Home                            |
| Occupation   |                                       |                         | Work                            |
| Relationship   | Age How long have you known?          |                         |                                 |
| Name   |                                       |                         | Home                            |
| Occupation   |                                       |                         | Work                            |
| Relationship   | Age                                   | How long have you know  | n?                              |
| Name   |                                       |                         | Home                            |
| Occupation   |                                       |                         | Work                            |
| Relationship   | Age                                   | How long have you know  | n?                              |
| Name   |                                       |                         | Home                            |
| Occupation   |                                       |                         | Work                            |
| Relationship   | Age                                   | How long have you know  |                                 |
| Name   |                                       |                         | Home                            |
| Occupation   |                                       |                         | Work                            |
| Relationship   | Age                                   | How long have you known |                                 |
|  | · · · · · · · · · · · · · · · · · · · | TOUE HAVE YOU KNOW!     | ra                              |

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                       |                              | Ноще                            |
| Agency                     |                              | Work                            |