

RIVER EDGE POLICE DEPARTMENT



PATROL OFFICER CANDIDATE

APPLICATION PACKAGE

Officer accepting return of application: _____

Date: _____

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THE APPLICATION

These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information contained in the Application Package be accurate in all respects. This application is an important factor in determining your eligibility to be a Patrol Officer for the River Edge Police Department. Your answers must be true, correct, and complete when you write them. Failure to follow instructions will result in termination of the application process. There are many documents that you must obtain; they are necessary for you to answer much of the questions contained in this application packet.

YOU MUST HAVE THIS DOCUMENT NOTARIZED on the last page after thoroughly answering each question.

1. This application must be completed by the applicant, printed, clearly and legibly, in **Black Ink**. All questions must be answered to the best of your ability.
2. If a question is not applicable to you, please indicate this by the notation N/A in the appropriate space. **LEAVE NO QUESTIONS BLANK.**
3. Avoid errors by reading the question and directions carefully before making any entry on the form. Be sure your information is correct and in proper sequence before you begin. All time periods in you application must be accounted for.
4. You are responsible for obtaining correct names, addresses and phone numbers. If you are unsure of an address, check it by personal verification.
5. An accurate and complete form helps expedite your investigation and will effect your consideration for the River Edge Police Department. Consequently, deliberate omissions or falsifications may result in disqualification. Failure to supply a completed application may result in your removal from further participation in the program.
6. Where sufficient space to provide a complete answer has not been provided or the question requires additional information to be submitted, please attach plain sheets of 8" x 11" white paper to the application listing the additional information. Please remember to indicate the question, by number, for which you are submitting the additional information.

7. Photo copies of the following materials must be submitted with the completed application. You will be requested to supply original documents and further records, should you be considered to participate further in the process.
- a. Official Birth Certificate
 - b. Social Security Card
 - c. Naturalization papers (if applicable)
 - d. Proof of residence, i.e., voter registration card
 - e. Motor vehicle driver's license and registration certificates (for all vehicles presently owned by the applicant)
 - f. High School transcript(s) along with diploma or GED certificate.
 - g. College transcripts of all colleges or universities attended.
 - h. Selective Service Card or letter from the Selective Service proving you registered (male applicants only)
 - i. Military discharge and DD Form 214(s) reflecting "Reentry Code" (if applicable).
 - j. All Court Orders or papers such as: divorce decree(s), name change(s), adoption(s), civil or criminal court orders or dispositions, bankruptcy order(s), Ex Parte orders, paternity suits.
 - k. State and Federal Income Tax Forms, to include W-2s for the last two years.
 - l. The applicant may supply any additional documentation which he/she feels would support an entry in the application form (e.g., license issued by governmental agencies, certificates or diplomas from any professional or technical training program, certificates of membership to any fraternal, labor union or social organizations, awards, commendations or scholarships received, etc.

NOTE: The above materials must be submitted as part of the application package, if you cannot obtain all or part of the requested material, you must explain in writing what material is missing and the reason(s) why. Attach the corresponding statement to the application form.

Please do not delay submitting the application package. If you cannot find, or had to send away for any of the above material, submit it at a later date. This is provided that all of the material is received prior to the Background Investigation.

8. The application package with the requested materials must be returned to the River Edge Police Department no later than midnight February 8, 2019

9. The application fee is \$75.00. A check or money order for \$75.00 made payable to the Borough of River Edge must accompany your completed application.

By my signature affixed below, I attest that I have read and fully understand the above instructions.

Signature of Applicant

Date

15. Marital Status: Single () Married () Separated () Divorced () Widowed ()

a. Date and place of marriage: _____

b. List date, place, and reason for all separations, divorces, or annulments.

c. List all children dependant upon you, include children born to you, adopted and step children:

Name	Date of Birth	Place of Birth
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Attach applicable documentation (e.g. photo static copies of marriage license, divorce, separation, or annulment records, child's birth certificate, etc.)

RESIDENCES:

16. Current Address: _____
Street Address Apt. #

City County State Zip Code

a. If your mailing address is different, please list: _____

17. Telephone Number: () _____ Cell Phone Number: () _____

18. With whom do you reside? _____

19. Using the following chart, chronologically list **all** places you have resided for the past ten (10) years, starting with your present residence. Include addresses while attending school or military services

Dates: From - To	Street Address	City	State
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			

EDUCATION:

20. **High School or Issuer of GED**

Name of School ----- Address	Dates Attended	Graduated
-----	/ / - / /	
-----	/ / - / /	
-----	/ / - / /	
-----	/ / - / /	

21. College or University

Name ----- Address	Major Subject	Dates Attended	Degree	GPA
-----		/ / - / /		
-----		/ / - / /		
-----		/ / - / /		
-----		/ / - / /		
-----		/ / - / /		
-----		/ / - / /		

22. Specialized School(s)

Name ----- Address	Subject / Specialized Training	Dates Attended
-----		/ / - / /
-----		/ / - / /
-----		/ / - / /
-----		/ / - / /
-----		/ / - / /

23. Were you ever dismissed from a school, or were there any disciplinary actions ever taken against you during your scholastic career? Yes () No ()

a. If yes, explain (detail school, date, and action). _____

24. List any Honors, Awards, or Scholarships received by you during your scholastic career (detail school, date, and type).

EMPLOYMENT:

25. List below, starting with your current employment, or unemployment, and working back, each employment and period of unemployment you have had. Account for all periods including casual employment and unemployment. Include within the sequence any period of active military service.

Please indicate by checking the box “[]” to the left of the dates for present employment if you **DO NOT** wish us to contact a **PRESENT** employer regarding your character, qualifications and record of employment at this time. Please be advised that such inquiry will be made if you should accept a conditional offer of employment from the Borough of River Edge.

Employer: ----- Address: ----- ----- -----	Dates Employed: / / - / / or [] / / - Present	Full Time () Part Time ()
Exact Title of Your Position:	Name & Telephone Number(s) of Your Immediate Supervisor:	
Description of Your Work:	Reason for Leaving:	

Employer: ----- Address: ----- -----	Dates Employed: / / - / / or [] / / - Present	Full Time () Part Time ()
Exact Title of Your Position:	Name & Telephone Number(s) of Your Immediate Supervisor:	
Description of Your Work:	Reason for Leaving:	

Employer: ----- Address: ----- -----	Dates Employed: / / - / / or [] / / - Present	Full Time () Part Time ()
Exact Title of Your Position:	Name & Telephone Number(s) of Your Immediate Supervisor:	
Description of Your Work:	Reason for Leaving:	

Employer: ----- Address: ----- -----	Dates Employed: / / - / / or [] / / - Present	Full Time () Part Time ()
Exact Title of Your Position:	Name & Telephone Number(s) of Your Immediate Supervisor:	

Employer: ----- Address: ----- -----	Dates Employed: / / - / / or [] / / - Present	Full Time () Part Time ()
Exact Title of Your Position:	Name & Telephone Number(s) of Your Immediate Supervisor:	
Description of Your Work:	Reason for Leaving:	

Employer: ----- Address: ----- -----	Dates Employed: / / - / / or [] / / - Present	Full Time () Part Time ()
Exact Title of Your Position:	Name & Telephone Number(s) of Your Immediate Supervisor:	
Description of Your Work:	Reason for Leaving:	

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Exact Title of Your Position:	Name & Telephone Number(s) of Your Immediate Supervisor:	
Description of Your Work:	Reason for Leaving:	

Employer: ----- Address: ----- -----	Dates Employed: / / - / / or [] / / - Present	Full Time () Part Time ()
Exact Title of Your Position:	Name & Telephone Number(s) of Your Immediate Supervisor:	
Description of Your Work:	Reason for Leaving:	

Employer: ----- Address: ----- -----	Dates Employed: / / - / / or [] / / - Present	Full Time () Part Time ()
Exact Title of Your Position:	Name & Telephone Number(s) of Your Immediate Supervisor:	
Description of Your Work:	Reason for Leaving:	

Employer: ----- Address: ----- -----	Dates Employed: / / - / / or [] / / - Present	Full Time () Part Time ()
Exact Title of Your Position:	Name & Telephone Number(s) of Your Immediate Supervisor:	
Description of Your Work:	Reason for Leaving:	

26. Were you ever discharged or asked to resign from any employment? If yes, list employer, date, and reason:

27. Were you ever subjected to any disciplinary action in connection with any employment? If yes, list employer, date, and details:

28. How many days have you lost from work / school due to illness or injury in the past five (5) years? Explain:

29. Have you ever made application to any police department or public safety agency? If yes, detail date, name, and address of agency:

30. Were you ever, or are you now, on any employment list for any police department or public safety agency? If yes, detail date, agency name and address, and position on any list:

31. Have you ever been rejected for employment by any police department or public safety agency?
If yes, detail date, name and address of agency, and reason for rejection:

MILITARY:

32. Are you registered for selective service? Yes () No ()

a. If yes, provide date of registration and Selective Service Number:

b. If no, detail reason for not being registered:

33. Have you served on active military duty in the Armed Forces of the United States?

Yes () No ()

a. If yes, provide Branch of Service: _____

Dates of Active Duty: From _____ to _____

Serial Number: _____ Highest Rank Achieved: _____

Type of Discharge: _____

34. Are you a member of the Reserve or National Guard? Yes () No ()

If yes, provide branch of service, dates, currently active/inactive:

a. If you attend drills, meetings, or camps, provide name of unit and location(s):

35. List any training you have had or special skills acquired during your military service:

36. Was any type of disciplinary action taken against you in the service? Be sure to include discipline for which there was “no judicial punishments,” if applicable. Detail date, type of action and disposition:

COURT RECORDS:

37. Have you ever been **arrested or charged** with any violation, **including** any traffic tickets?

Yes () No ()

38. To your knowledge, has any member of your immediate family ever been arrested or charged with any violation, **excluding** traffic violations? Yes () No ()

If you answered yes to questions 37 and / or 38, list all such matters, even if not formally charged, no court appearance was required, found not guilty, or if matter was settled by payment of fine, or forfeiture of collateral.

Please complete one box for each incident resulting in a charge or charges.

<p>Name: _____, _____ Last First MI</p> <p>Relationship:* _____</p> <p><i>* indicate “Self” if arrest or charge applies to applicant, otherwise identify relationship of family member.</i></p>	<p>Date: _____</p> <p>Charge(s): _____ _____</p>
<p>Charging Agency: Court:</p>	<p>Disposition(s):</p>
<p>Details:</p>	

Name: _____, _____ Last First MI	Date: _____
Relationship:* _____	Charge(s): _____ _____
<i>* indicate "Self" if arrest or charge applies to applicant, otherwise identify relationship of family member.</i>	
Charging Agency: Court:	Disposition(s):
Details:	

Name: _____, _____ Last First MI	Date: _____
Relationship:* _____	Charge(s): _____ _____
<i>* indicate "Self" if arrest or charge applies to applicant, otherwise identify relationship of family member.</i>	
Charging Agency: Court:	Disposition(s):
Details:	

Name: _____, _____ Last First MI	Date: _____
Relationship:* _____	Charge(s): _____ _____
<i>* indicate "Self" if arrest or charge applies to applicant, otherwise identify relationship of family member.</i>	
Charging Agency: Court:	Disposition(s):
Details:	

<p>Name: _____, _____ Last First MI</p> <p>Relationship:* _____</p> <p><i>* indicate "Self" if arrest or charge applies to applicant, otherwise identify relationship of family member.</i></p>	<p>Date: _____</p> <p>Charge(s): _____ _____</p>
<p>Charging Agency: Court:</p>	<p>Disposition(s):</p>
<p>Details:</p>	

<p>Name: _____, _____ Last First MI</p> <p>Relationship:* _____</p> <p><i>* indicate "Self" if arrest or charge applies to applicant, otherwise identify relationship of family member.</i></p>	<p>Date: _____</p> <p>Charge(s): _____ _____</p>
<p>Charging Agency: Court:</p>	<p>Disposition(s):</p>
<p>Details:</p>	

<p>Name: _____, _____ Last First MI</p> <p>Relationship:* _____</p> <p><i>* indicate "Self" if arrest or charge applies to applicant, otherwise identify relationship of family member.</i></p>	<p>Date: _____</p> <p>Charge(s): _____ _____</p>
<p>Charging Agency: Court:</p>	<p>Disposition(s):</p>
<p>Details:</p>	

39. Have you, or to your knowledge, any member of your immediate family ever been a complainant / plaintiff, defendant or witness in any criminal, civil, family court proceeding, grand jury, or any administrative or investigative hearing by a municipal, county, state or federal agency?

Yes () No ()

If yes, detail date, name of relative, court/agency, location, purpose of the proceeding and your (or your relative's) involvement in the matter:

40. Pursuant to the provisions of **N.J.S.A. 2C:52-27(c)**, have you ever filed a petition for the purpose of expunging or sealing court records in **any** jurisdiction? Yes () No ()

If yes, provide details:

41. List any outstanding judgments or liens, giving dates, names of judgment creditor or lienor, amount, docket number and court name and location.

42. Have you ever filed for bankruptcy, or been adjudicated bankrupt? Yes () No ()

If yes, detail date, name, and location of court:

MOTOR VEHICLE:

43. Do you possess a valid NJ Driver’s License? Yes () No ()

If yes, complete the following: Type: _____

License Number: _____ Exp. Date: _____

44. Have you ever been issued a driver’s license from any other state? Yes () No ()

If yes, complete the following:

Issuing State: _____ Dates: From _____ to _____

45. Has your driving privileges or motor vehicle registration ever been revoked or suspended?

Yes () No ()

If yes, detail the circumstances:

a. If you answered yes to question 45, has such license and / or registration privilege been restored? Yes () No ()

46. List below, all motor vehicles owned, leased, or principally operated by you during the past three years:

Make	Model	Year	Period Driven From - To	Owned (O) Leased (L) Driven (D)	Registration and State, or Vehicle Identification Number
			/ / - / /		
			/ / - / /		
			/ / - / /		
			/ / - / /		
			/ / - / /		
			/ / - / /		
			/ / - / /		
			/ / - / /		

FAMILY:

47. Alphabetically, by last name, list the **FULL** name (including married and maiden names) of your spouse (present and any former), father, mother, and all siblings, your present father and mother in-law, living or deceased, and any person with whom you reside, whether related to you or not.

Name:	Address: (if deceased, so state)
Relationship:	
DOB: SS #:	Occupation:
Work #: Cell #:	

Name:	Address: (if deceased, so state)
Relationship:	
DOB: SS #:	Occupation:
Work #: Cell #:	

Name:	Address: (if deceased, so state)
Relationship:	
DOB: SS #:	Occupation:
Work #: Cell #:	

Name:	Address: (if deceased, so state)
Relationship:	
DOB: SS #:	Occupation:
Work #: Cell #:	

Name:	Address: (if deceased, so state)
Relationship:	
DOB: SS #:	Occupation:
Work #: Cell #:	

Name:	Address: (if deceased, so state)
Relationship:	
DOB: SS #:	Occupation:
Work#: Cell #:	

Name:	Address: (if deceased, so state)
Relationship:	
DOB: SS #:	Occupation:
Work #: Cell #:	

Name:	Address: (if deceased, so state)
Relationship:	
DOB: SS #:	Occupation:
Work #: Cell #:	

Name:	Address: (if deceased, so state)
Relationship:	
DOB: SS #:	Occupation:
Work #: Cell #:	

REFERENCES:

48. Give at least three (3) references (do not include relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, who have definite knowledge of your background and qualifications, preferably those who have known you for the past five years.

Name: ----- Address: ----- -----	Telephone Numbers: Home: () Cell: () Bus: ()
Occupation:	Years Acquainted:

Name: ----- Address: ----- -----	Telephone Numbers: Home: () Cell: () Bus: ()
Occupation:	Years Acquainted:

Name: ----- Address: ----- -----	Telephone Numbers: Home: () Cell: () Bus: ()
Occupation:	Years Acquainted:

Name: ----- Address: ----- -----	Telephone Numbers: Home: () Cell: () Bus: ()
Occupation:	Years Acquainted:

FINANCIAL:

49. Have you ever had a loan, debt, garnish, wage assessment, or judgment pending against you?
(Include any mortgage and credit card debt) Yes () No ()

If yes, provide details:

50. Have you ever defaulted on any loan, including student loans? Yes () No ()

If yes, provide details:

51. Have you ever been refused any loan or credit? Yes () No ()

If yes, provide details:

ADDITIONAL INFORMATION:

52. Have you ever possessed a Firearms Identification Card, Pistol Purchase Permit, or Firearms Dealer's License in this or any other state? Yes () No ()

If yes, detail date, permit number and type, and the issuing agency.

53. Has any agency ever refused you a firearms permit or license? Yes () No ()

If yes, provide details:

54. Are you now or have you ever been, a member or supported any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of The United States, or which seeks to alter the form of Government of the United States of America by unconstitutional means? Yes () No ()

If yes, explain:

55. An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are, or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or qualifications? Yes () No ()

If yes, explain in detail:

56. Do you have any knowledge or information in addition to that specifically called for in this application which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for participation in this program, including but not limited to your character, physical or mental condition, temperance, habits, employment, education, subversive affiliations, family associations, criminal records, traffic violations, residence, or otherwise? Yes () No ()

If yes, explain in detail:

WRITING SAMPLE:

The following writing sample is required as part of the screening process to help determine your suitability for selection with the River Edge Police Department. You will be evaluated based upon two key criteria:

- 1.) Communication Skills (clarity of expression, proper grammar, punctuation, spelling, and word usage)
- 2.) Motivation and Eagerness (a cogent explanation of the reasons why you wish to be considered for the position of Patrol Officer with the River Edge Police Department.

This sample must be hand written in **BLACK INK**, on plain white paper, measuring 8 1/2" x 11." It must be completed by the applicant and may either be printed or in script, however, it must be clear and legible.

You are to **PRINT** your name and Social Security number at the upper right hand corner of each page.

This writing sample **MUST** be submitted with your completed application package.

Please provide a statement explaining why you wish to be considered for employment with the River Edge Police Department. Include in this essay, an explanation of why you want to pursue a career in law enforcement and the qualities you possess that would make you a desirable candidate for a law enforcement agency.

CERTIFICATION

I, _____, certify that I have personally read and printed by hand, answers to each and every question contained in the River Edge Police Department Candidate Application Package. I further certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I also understand that any intentional false statements or omissions will be automatic grounds for my disqualification from further participation in the candidate selection process. Further, I authorize the River Edge Police Department, or their representatives to verify any and all information contained herein, and to review my criminal, military, employment, and educational records, and I authorize the release of any and all such records.

Signature of Applicant

Date

AUTHORIZATION FOR RELAESE OF RECORDS AND INFORMATION

I, _____ have applied to the River Edge Police Department to be considered for employment as a Patrol Officer.

As such, a background investigation into my character and qualifications will be conducted.

I therefore respectfully request and authorize you to furnish representatives of the River Edge Police Department any and all information and copies of records that you may have concerning my employment, work record, school record, military record, reputation, financial and credit status, medical record, mental health records and reports, including information of a privileged and confidential nature.

This information is to be utilized to assist the River Edge Police Department in determining my qualifications and fitness for service with their agency.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this waiver shall be considered a valid original.

Signature of Applicant Date

Address City State Zip

Date of Birth: _____ Social Security No.: _____/_____/_____

AFFIDAVIT

*STATE OF NEW JERSEY
COUNTY OF BERGEN*

Before me personally appeared the said _____ who Says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public My Commission Expires: