

SECTION XIII. AGENCY APPLICATIONS

164. Have you ever previously taken a written examination for employment as a Police Officer with New Jersey Transit Police Department? YES: NO: If yes, list month and year of each occasion: _____

165. Have you ever previously submitted information for a background investigation to the New Jersey Transit Police Department for any public employment? YES: NO: If yes, list month and year of each occasion: _____

166. Did you yourself take the NJDOP Law Enforcement exam? YES: NO: If yes, provide dates and the corresponding score you received for each exam: _____

167. Other than NJDOP Law Enforcement exam, have you ever applied to any other law enforcement agency (city, county, state or federal)? YES: NO: If yes, you must list EVERY agency you have ever applied to starting with the most recent and supply the following information for each agency:

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>	HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/>	WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>	HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/>	WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

Additional Information: YES NO See Continuation Page # _____

INITIALS _____

NJ TRANSIT POLICE DEPARTMENT
BACKGROUND INVESTIGATION

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/> HIRED <input type="checkbox"/> ON LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>			
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/> HIRED <input type="checkbox"/> ON LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>			
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/> HIRED <input type="checkbox"/> ON LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>			
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

Additional Information: YES NO See Continuation Page # _____

INITIALS _____

NJ TRANSIT POLICE DEPARTMENT
BACKGROUND INVESTIGATION

SECTION XIII. Question 167 continuations:

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>		HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>		HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>		HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

Additional Information: YES NO See Continuation Page # _____

INITIALS _____

NJ TRANSIT POLICE DEPARTMENT
BACKGROUND INVESTIGATION

SECTION XIII. Question 167 continuations:

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>	HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/>	WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>	HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/>	WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/> ORAL INTERVIEW <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>	HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/>	WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

Additional Information: YES NO See Continuation Page # _____

INITIALS _____

NJ TRANSIT POLICE DEPARTMENT
BACKGROUND INVESTIGATION

SECTION XIII. Question 167 continuations:

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>		HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/>
		WITHDRAWN <input type="checkbox"/>	DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>		HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/>
		WITHDRAWN <input type="checkbox"/>	DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

NAME OF AGENCY	DATE APPLIED	POSITION APPLIED FOR	
AGENCY'S CITY OR TOWN	COUNTY	STATE	ZIP CODE
AGENCY CONTACT OR INVESTIGATOR		PHONE NO. AND EXT.	
CHECK EACH STEP IN THE PROCESS WHICH YOU HAVE COMPLETED:			
RESUME <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	WRITTEN <input type="checkbox"/>	PHYSICAL AGILITY <input type="checkbox"/>
BACKGROUND <input type="checkbox"/>	CHIEF'S ORAL INTERVIEW <input type="checkbox"/>		
DID YOU FAIL ANY PORTION OF THEIR PROCESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHICH PORTION AND EXPLANATION:			
STATUS:			
NOT SELECTED <input type="checkbox"/>		HIRED <input type="checkbox"/>	ON LIST <input type="checkbox"/>
		WITHDRAWN <input type="checkbox"/>	DISQUALIFIED <input type="checkbox"/>
DOCUMENTATION RECEIVED FROM AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE COPIES			

Additional Information: YES NO See Continuation Page # _____

INITIALS _____