

Sample Applications

Below you will find 5 different employment applications for various types of law enforcement agencies throughout NJ. Print and review the applications. Although the applications differ, each agency asks similar questions. It would be highly advisable in the spirit of practice and future preparation to fully complete the first application. In the applications that follow, fill out any new questions that you did not answer in the first application.

By conducting this “trial” process, you will learn the length of time required to complete this process. It is not uncommon to require 8 – 12 hours, especially if you have to hunt for the information.

Hopefully, through having this “template” filed away in your records, when the time arrives for you to complete an official application, you will not be taken by surprise and the information will be readily available.

Additionally, review and prepare the included documents that you will have to supply with an application in the book titled, “How To Become A NJ Police Officer Or State Trooper”. You may find that you have misplaced many of them. It is also advisable to make multiple copies of each document, clip them together, and file them for the future.

Good Luck!

POSITION

SOCIAL SECURITY NO.

BOROUGH OF _____ POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

PRINT NAME	LAST	FIRST	MIDDLE
MAILING ADDRESS	Number & Street or R.D. Number		City or Town
	County	State	Zip Code

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT APPLICATION

INSTRUCTIONS -- Read every question carefully. **Answer every question -- leave no question unanswered -- if question does not apply to you, so state: DNA.** A candidate will be rejected who has intentionally made a false statement of a material fact or practiced, or attempted to practice, any deception or fraud in this application, in any examination, or in securing eligibility for appointment. This candidate will personally prepare this form. All entries, except the signature, **must be printed legibly in BLOCK LETTERS.** Entries must be made in either **blue or black ink.** If space available for answering any question is insufficient, use **the continuation pages** included and precede each answer with the number of the question being answered.

AN EQUAL OPPORTUNITY EMPLOYER

**ATTACH
PHOTO
HERE**

White (Male) _____

White (Female) _____

Black (Male) _____

Black (Female) _____

Hispanic (Male) _____

Hispanic (Female) _____

Asian (Male) _____

Asian (Female) _____

American Indian (Male) _____

American Indian (Female) _____

Personal Data

1. What is your full name? _____

Last Name
First Name
Middle Name
2. Give any other names you have used or been known by, and attach a statement, giving reasons (if none, so state) _____
3. Where were you born? _____

City/Town
State/Country
Zip Code
4. Birth Certificate _____

Number
City/Town
State
Zip Code
Country
5. Date of Birth _____ Age _____ Sex _____

Height _____
Weight _____
Eyes _____
Hair _____
6. Social Security Number: _____ State Issued: _____
7. Do you wear contact lenses or glasses? Yes or No _____
8. Home Telephone Number: _____

Citizenship

9. Are you a native born or naturalized citizen? Native Born _____ Naturalized _____

If you are of foreign birth, or are a naturalized citizen, fill in the following:

Country of birth _____

Port of place of departure for the United States _____ Date _____

How were you transported into the United States? (Ship, Plane, Train, etc.) _____

Name of transport conveyance and or company you arrived on _____

Port or place of entry into the United States _____ Date _____

If a naturalized citizen, name and address of person who sponsored you on arrival _____

First address after arrival _____

How did you obtain citizenship? _____

Petition Number _____ Date _____ Court _____

State _____ Certificate Number _____

Social Status

10. Are you single, married, separated, divorced, widowed, or widowed? _____

11. Give following information regarding marriage or marriages. List number of times married: _____

When	Where	By Whom	Wifes Maiden Name or Husbands Name

12. If separated, state reason _____

13. If separated or divorced, what is the present address of that person? _____

14. How many times were you legally or voluntarily separated? _____

15. Were you ever divorced or had a marriage annulled? _____ How many times _____

16. If ever separated, annulled, or divorced, indicate which below, and fill in required information:

Separated, Annulled, Divorced (Indicate)	Date Issued	By Whom	Where Issued (Court and State)	Offending Party as Decreed by Law	Reason

17. Were you ever the parent of any children, whether alive or deceased? Yes or No _____

18. List below every child born to you:

Name	Date of Birth	Place of Birth	With Whom and Where Does Child Reside

19. Are you now supporting all children born to you, including adopted, and stepchildren? _____

If no, state full details _____

20. Have you ever been involved as a plaintiff or defendant in a paternity proceeding? _____

If yes, state full details _____

21. If single, list name, etc., (of at least one) girlfriend/boyfriend, past or present:

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

22. Family information – Father, mother, brothers/sisters, spouse, stepfather/stepmother:

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

23. List names of three friends and or associates other than vouchers:

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

List names of members of the ██████ Police Department which you are socially or personally Acquainted with:

Name	Address (if known) or Department	Badge No.	Social/Personal

List names of any relatives in the law enforcement field:

Name	Address (if known) or Department	Badge No.	Relationship

Residence

24. Where do you now reside? _____ Phone No. _____
Number & Street

City County State Zip Code

25. How long have you resided there? _____ With whom do you reside? _____

Floor No. _____ Apartment No. _____ Front _____ Rear _____

(Check) North _____ South _____ East _____ West _____

26. If you live with someone other than spouse or parents list:

Name Date of Birth Occupation Social Security Number

27. In chronological order (starting with most recent), state each and every place in which you have resided since birth.

From		To		
Mo.	Year	Mo.	Year	Address (Street, Apt., City, State, Zip Code)

28. List all places where you registered or voted (if none, so state) ~~none~~

County	State	Year

County	State	Year

Education

29. List chronologically (most recent first) all schools, colleges and training courses you have attended:

<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">School</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Exact Address</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Zip Code</div>	
From		To			
	Month Year		Month Year	Day or Evening	Last Grade or Term
<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">School</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Exact Address</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Zip Code</div>	
From		To			
	Month Year		Month Year	Day or Evening	Last Grade or Term
<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">School</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Exact Address</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Zip Code</div>	
From		To			
	Month Year		Month Year	Day or Evening	Last Grade or Term
<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">School</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Exact Address</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Zip Code</div>	
From		To			
	Month Year		Month Year	Day or Evening	Last Grade or Term
<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">School</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Exact Address</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Zip Code</div>	
From		To			
	Month Year		Month Year	Day or Evening	Last Grade or Term
<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">School</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Exact Address</div>		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Zip Code</div>	
From		To			
	Month Year		Month Year	Day or Evening	Last Grade or Term

30. What college degree(s) or professional license(s) do you possess? _____

Majoring in _____ Grade point average (cummulative) _____

Total credits achieved toward degree _____

31. Other than english what language(s) do you:

Speak _____

Understand _____

32. List any problems with school (absenteeism, tardiness, poor grades, other discipline problems) – include college.

Date	School	Problem

33. It is understood that I will immediately have forwarded transcripts from all colleges attended to: _____ All necessary fees must be forwarded to the college by the applicant.

Military Service

34. Have you ever served in an active military organization of the United States? Yes or No _____

35. Have you ever served in a military organization of any foreign government? Yes or No _____

If yes, give details _____

36. Give branch of service _____

Military Specialty _____

37. Rank held _____ Service Serial Number _____

38. How many periods of active military service have you had (drafts, enlistments or recalls to service)? _____

39. How many discharges or separations from the service were given to you? _____

40. Give period or periods of active service:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

41. List all medals and decorations awarded you as a member of the armed forces: _____

42. What type of discharge(s) or separation(s) (hororable, dishonorable, honorable conditions)

Be exact. _____

43. Has your discharge or separation notice ever been corrected or changed? Yes or No _____

44. What was the nature of the change? Changed from _____ to _____

45. Were you ever court martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?

Yes or No _____ Number of times _____

If yes, give details of charges and dispositions _____

46. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state?

Yes or No _____ If yes, state which – active or inactive _____

Branch _____ Regiment _____ Unit _____ Rank _____

Address _____ From _____ To _____

Selective Service

47. Selective Service Number _____ Last Classification _____

Employment

48. Present Employer:

_____	_____	_____	_____	_____
Name/Company	Number & Street	City/Town	State/Zip	Phone No.

Date hired _____ Supervisor _____

Duties _____

49. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member?

Yes or No _____ If yes, give details _____

50. Has your name ever been submitted or used as a trustee, officer, or in any capacity, or any labor or trade union, organization or affiliate? Yes or No _____ If yes, give details _____

51. Using the chart on the following page list **chronologically** most recent dates first, each and every place you were previously employed: **Omit none.** Give **correct, full addresses.** Give dates of idleness between period of employment in proper sequence. (include all part-time employment.)

52. Were you ever discharged or asked to resign from employment? Yes or No _____
 How many times? _____ Give details of discharge or forced resignations (include employer's full address, phone number, date of occurrence, supervisors name, and the reason for the discharge) _____

53. Were you ever subjected to disciplinary action in connection with any employment?
 Yes or No _____ If yes, give details _____

54. Have you, your spouse, or any corporation or partnership of which he/she was an officer, director, or partner, ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency? Yes or No _____ If yes, give details _____

 Has any such license or permit ever been revoked, cancelled or suspended? Yes or No _____
 If yes, give details _____

55. Have you ever sponsored, vouched for, served as character witness for, or made any recommendations for or concerning any person or premises to any municipal, state or federal agency in connection with the issuance, revocation, or suspension of any license or permit or for any other reason? Yes or No _____ If yes, give details _____

56. Have you ever received unemployment insurance or other federal, state or local benefits or assistance? Yes or No _____ Kind _____
 Local office _____ Address _____
 Give periods:
 From _____ To _____ From _____ To _____
 From _____ To _____ From _____ To _____
 Have you ever received any allowance to which you were not entitled? Yes or No _____
 If yes, explain _____

57. Have you made application with any other police organization? Yes or No _____ If yes, list when, where and the present status of that application _____

58. Have you ever been rejected by another police department for employment? Yes or No _____
 If yes, list when, where and why _____

59. Were you ever a member of a social, labor, or fraternal organization? Yes or No _____ If yes,
 list below every such organization.

From		To		Name & Full Address of Organization	Type of Organization
Mo	Yr	Mo	Yr		

General

60. Have you ever petitioned for bankruptcy? Yes or No _____

61. Have you any loan, debt, garnishee, wage assignment, lien, or judgment pending against you? Yes
 or No _____ If yes, give details _____

Type: Loan, credit card, garnishee, judgment, etc.	With whom: Name Full Address & Phone Number including area code	When Incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears

62. Are you a co-maker on an outstanding loan? Yes or No _____ If yes, give details _____

63. Have you ever been bonded? Yes or No _____ With respect to each time bonded, state
 details below:

Reason	By Whom – Name, Address and Phone Number	Date

64. Have you ever been refused a bond? Yes or No _____ If yes, by whom _____

65. Were you or your spouse ever summoned or subpoenaed to court in a civil action or proceeding in
 this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or

transaction? Yes or No _____ Indicate below **every** civil action or proceeding in which you or your spouse were a party and also the contingent possibilities as described above.

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, Respondent or Witness	Court Disposition

Arrests, Summonses, Etc.

66. Have you ever been arrested for or charged with Juvenile Delinquency? Yes or No _____

If yes, insert information below:

Date	Age	Violation Actual Charge	Location	Charge Reduced To	Court Disposition of Sentence	Police Agency Concerned

67. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, or federal agency, committee or other investigative body? Yes or No _____

If yes, give details: _____

68. Have you ever received a summons for any violation of the fish and game laws? Yes or No _____

If yes, insert information below.

Date	Age	Violation Actual Charge	Location	Charge Reduced To	Court Disposition of Sentence	Police Agency Concerned

69. Have you ever been arrested for, or charged with, a violation of the disorderly persons act or city ordinance? Yes or No _____ If yes, insert information below.

Date	Age	Violation Actual Charge	Location	Charge Reduced To	Court Disposition of Sentence	Police Agency Concerned

70. Have you ever been arrested, indicted, or convicted for any violation of the criminal law? Yes or No _____ Have you ever had any criminal record expunged? Yes or No _____ If the answer to either question is yes, insert information below:

Date	Age	Violation Actual Charge	Location	Charge Reduced To	Court Disposition of Sentence	Police Agency Concerned

71. Have you ever been held as a material witness? Yes or No _____ If yes, insert information below.

Date	Age	Reason	Location	Disposition	Police Agency Concerned

72. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason? Yes or No _____ If yes, insert information below.

Date	Age	Reason	Location	Disposition	Police Agency Concerned

73. Have you ever been fingerprinted? (Exclude only present application with the Police Department)? Yes or No _____ If yes, fill in the following:

When	Where	Purpose

Subversive Affiliations

74. Are you now, or have you ever been, a member of any Communist, Communist-front, or other subversive organization, association, movement, or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of government of the United States by unconstitutional or unlawful means? Yes or No _____
75. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in question 74? Yes or No _____
76. Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any organization or groups described in question 74? Yes or No _____
77. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question 74, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organizations or groups described in question 74? Yes or No _____
78. Have you ever participated in any of the following activities:
- a. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, or project, sponsored or organized by any organization or group described in question 74? Yes or No _____
 - b. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 74? Yes or No _____
 - c. Sale or distribution of any written or printed matter prepared, reproduced, or published by any group or organization described in question 74, or any of its agents? Yes or No _____
 - d. Purchased or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 74 or any of its agents? Yes or No _____
79. If your answer is **YES** to any of the above questions, explain _____

Motor Vehicle History

80. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? Yes or No _____ If Yes, insert information below.

Date	Age	Violation Actual Charge	Location	Charge Reduced To	Court Disposition of Sentence	Police Agency Concerned

81. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever revoked? Yes or No _____ Suspended? Yes or No _____
Which license? _____ When? _____ Where? _____
Why? _____

82. If answer to previous question is "Yes", was such Registration Certificate or Driver's License ever restored? Yes or No _____ When? _____ Where? _____

83. Have you ever been involved in a motor vehicle accident either as a registered owner or operator which resulted in any personal injury or property damage? Yes or No _____ If Yes, state details _____

84. If you possess any of the following, complete the information below:

Item	Number	State		Date Issued	Date Expires
Motor Vehicle Registration	Plate Number		Year/Make Model/Color		
Second Motor Vehicle Registration	Plate Number		Year/Make Model/Color		
Motor Vehicle Driver's License	Number		Restriction Code		
Operator's License Any Other Vehicle	Number		Explain		

85. Did you ever possess a chauffeur's or commercial driver's license (CDL) or operator's license issued by any state other than New Jersey? Yes or No _____ If yes, give state and number _____

Other Information

86. Have you ever possessed any pistol, firearm permit, firearms ID card, firearms dealer license in this state, any other state/federal? Yes or No _____ Permit Number _____
Firearms Dealer's License Number _____ Issuing Agency _____

87. Have you ever used any illegal drugs? Yes or No _____ If yes, state details _____

88. Have you ever previously taken an examination for appointment to the _____ Police Department?
Yes or No _____ If yes, list date(s) of written examination _____

Has a background investigation ever been conducted on you by the _____ Police Department? Yes
or No _____

89. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for the position of Police Officer in the Police Department, including but not limited to, knowledge or information concerning your character, temperance, habits, education, subversive activities, family, association, criminal records, traffic violations, residence or otherwise? Yes or No _____ If yes, give details _____

Vouchers

(NOT TO BE SWORN MEMBERS OF THE POLICE DEPARTMENT OR ANY OTHER PERSON LISTED IN THIS APPLICATION)

Upon completion of this form, the applicant must obtain three reputable citizens (no relatives) who will vouch for the honesty, reputation and ability of the applicant.

The voucher should read carefully all statements made by the applicant **Before Signing**. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

* * * * *

I, the undersigned, declare that I am over eighteen years of age, that I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements herein to be true. I am not related in any way to the applicant. I will, upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

VOUCHER ONE

(Please Print)

Name _____	Business Address, Area Code & Phone No. _____
Address _____	_____
City, State, Zip Code _____	Occupation _____
Phone No. (Area Code) _____	How long have you personally known the applicant? _____
Date of Birth _____	Is applicant of good character and reputation? _____
Social Security Number _____	Signature & Date _____

VOUCHER TWO

(Please Print)

Name _____	Business Address, Area Code & Phone No. _____
Address _____	_____
City, State, Zip Code _____	Occupation _____
Phone No. (Area Code) _____	How long have you personally known the applicant? _____
Date of Birth _____	Is applicant of good character and reputation? _____
Social Security Number _____	Signature & Date _____

VOUCHER THREE

(Please Print)

Name _____	Business Address, Area Code & Phone No. _____
Address _____	_____
City, State, Zip Code _____	Occupation _____
Phone No. (Area Code) _____	How long have you personally known the applicant? _____
Date of Birth _____	Is applicant of good character and reputation? _____
Social Security Number _____	Signature & Date _____

Certification

I certify that all of the the 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 any misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the _____ Police Department to verify any and all information contained herein and to review my employment, education, financial and criminal history, military, disciplinary and other records and information from any source as noted in the duly executed Authority and Release Form.

I have read this Certification and I understand and agree the conditions imposed herein.

Date: _____ Signature: _____
(Sign in Ink)

(Print Name)

State of: _____

County of: _____

Sworn to and subscribed before me this

_____ Day of _____, 19 _____

(Print Name and Title)

Signature (Sign in Ink)

Notary Public, my Commission

Expires: _____

DO NOT WRITE BELOW THIS LINE

Signature of applicant made in presence of investigator

Date

Signature of Investigating Officer

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

BOROUGH OF _____, NEW JERSEY
OFFICE OF CHIEF OF POLICE

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE
SERVICE BOARDS, HOSPITAL, AND OTHER INSTITUTIONS AND
AGENCIES, WITHOUT EXCEPTION:

I, _____, am making application for

As a result, an investigation is being conducted to determine my eligibility. Therefore, you
are authorized to release to the _____ Police Department or its representative any and all
information, documentary or otherwise, pertaining to me that they require.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATE:

SIGNATURE:

WITNESS:

End Of An Application

Next Page,

Begins Another

APPLICATION INSTRUCTIONS

PLEASE READ CAREFULLY

Before considering any individual for law enforcement employment with the New , certain information is required to be disclosed by the applicant.

The application must be completed and submitted with all questions answered and with copies of "Pertinent Documentation" on .

The information that you provide is subject to verification through interviews with persons listed, as well as confirmation via public and other records pertaining to your file.

You are responsible for obtaining correct addresses, where indicated in the application form, as well as any other information listed by you.

An accurate and complete application will help expedite the investigation process, and your completed cooperation is essential to the successful outcome of the investigation.

Should you at any time have questions regarding your application, you should feel free to contact , Chief Law Enforcement or the "Case Investigator" who will be assigned to you.

You will be required to deliver your completed application, in person, on , between 10:00am and 1:00pm at th

WARNING

ANY OMISSIONS, FALSIFICATIONS OR INTENTIONAL FAILURES TO DISCLOSE MANDATORY INFORMATION BY YOU, WILL RESULT IN YOUR REMOVAL FROM FURTHER EMPLOYMENT CONSIDERATION.

FAILURE TO PROVIDE COPIES OF PERTINENT DOCUMENTATION WILL RESULT IN YOUR REMOVAL FROM FURTHER EMPLOYMENT CONSIDERATION.

COPIES REQUIRED (IF APPLICABLE)

PROVIDED OR N/A

1. Social Security Card _____
2. Birth Certificate (include legal name change) _____
3. W-2 for 2002 and 2003 (State & Federal) _____
4. Tax Returns (State & Federal) for 2002 and 2003. Telefile worksheets are acceptable for State Tax Returns _____
5. Marriage certificate or divorce decree _____
6. Unemployment records _____
7. New Jersey Drivers License _____
8. Vehicle Registration(s) A copy of each vehicle registered to you must be provided _____
9. Motor Vehicle Insurance Card(s) _____
10. Copy of Motor Vehicle Accident Reports (if applicable) _____
11. DD-214 (Military Discharge Papers) _____
12. High School diploma or GED certifications _____
13. College degree and transcript (if applicable) _____
14. Judgements, Liens, and Expungement Order and other court actions (i.e. Restraining Orders in NJ and other states) _____
15. Landlord affidavit, a property deed/tax receipt or rental agreement. (If property is not listed in your name please submit a written statement from the person(s) with whom you reside and their relationship to you. _____
16. Two (2) Release Authorization Forms _____
17. One (1) Firearm Restriction Form _____
18. Any documents that you feel would be benefit to the investigator (i.e. specialized training, awards, citations) _____

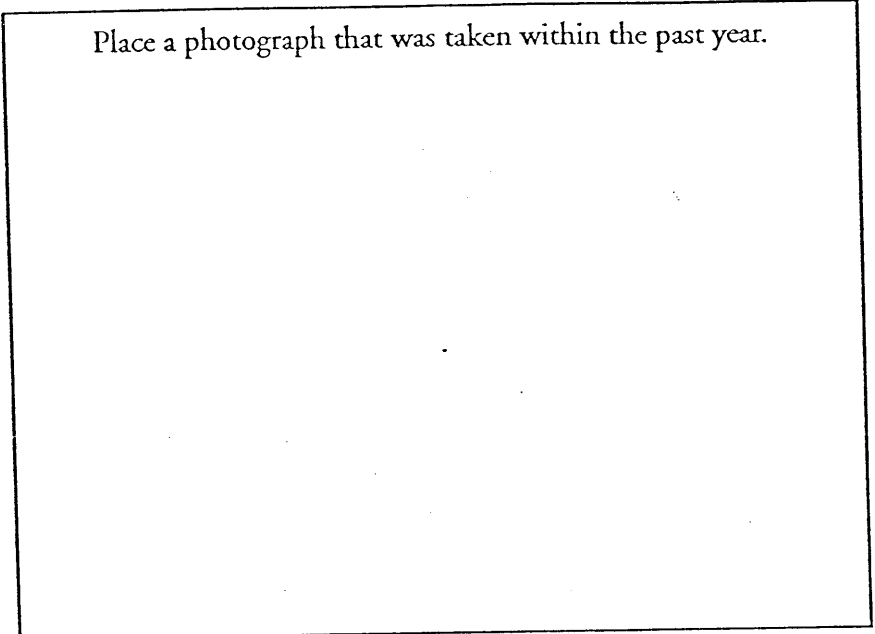
THE FOLLOWING DOCUMENTS WILL BE OBTAINED BY THE INVESTIGATOR:

1. New Jersey Criminal History Check
2. Federal Criminal History Check
3. New Jersey (DMV) Drivers History Abstract
4. Credit Profile

IMPORTANT

Failure to answer any question listed in this application completely and truthfully will result in the revocation of your eligibility for employment. Attach additional pages as necessary.

Place a photograph that was taken within the past year.



Name: _____

PERSONAL DATA

TO BE FILLED IN COMPLETELY

1. Name: _____
Last First Middle Initial

2. Address: _____

3. Date of birth: _____
Month/Day/Year

Place of birth: _____
City State

4. Social Security Number: _____

Alias: _____ Sex: _____

5. Height: _____ Weight: _____

6. Hair Color: _____ Eye Color: _____ Race: _____

8. Scars, Marks, Tattoos (for identification purposes only): _____

9. N.J. Drivers License#: _____

10. U.S Citizen(check one): ☒ yes ☐ no

RESIDENCE

11. Address: _____

12. How long have you resided there? _____

13. With whom do you reside? _____

14. Home Telephone # _____

Work Telephone # _____

15. If you reside with someone other than spouse or parent , list:

Name	Occupation	Date of Birth
------	------------	---------------

Social Security #	Address of Employer
-------------------	---------------------

Revised 5.00

Revised 5.00

5

17. EMPLOYMENT HISTORY:

List all jobs you have worked since your 16th birthday, starting with the most recent and working backwards.

From: Month/Year	To: Month/Year	Name, Address and Phone Number of Employer	Positions/Duties:	Name of Supervisor	Reason for leaving:

18. DISCIPLINARY ACTIONS:

Have you ever been disciplined by any employer, educational or military establishment for improper conduct? (check one) ☐ yes ☐ no

If yes, explain: _____

19. Have you ever received any less than satisfactory performance notices or any written or verbal reprimands in any current or previous employment? (check one) ☐ yes ☐ no

If yes, explain: _____

20. Have you ever applied in any jurisdiction for a position in law enforcement, including Sheriff's Officer, Corrections Positions, Police Titles and Security Positions? (include D.O.P. exams that were taken)

(check one) ☒ yes ☐ no

If yes, supply the following information:

- | | |
|-------------------------------|-------------------------|
| a. Date of application | b. Position applied for |
| c. Disposition (Hired/Denied) | d. Reason for Denial |

ARREST HISTORY

21. For the purposes of this question, the word "ARREST" includes any "DETAINING", "HOLDING", or "TAKING INTO CUSTODY", by "POLICE" or any other "LAW ENFORCEMENT" agency, of a person in order to answer for the alleged performance of any other "OFFENSE", in this or any other state, or foreign country.

The word "CHARGE" includes any "INDICTMENT", "COMPLAINT", "SUMMONS", "INFORMATION", or other notice of the alleged commission of any "OFFENSE" in this or any other state or foreign country.

The word "OFFENSE", includes all "HIGH MISDEMEANORS", "FELONIES", "MISDEMEANORS", "DISORDERLY PERSONS OFFENSES", or any "CRIMINAL STATUTE", listed in New Jersey Code 2C. This includes any and all "Juvenile" violations. This applies to the criminal statutes in any other state or foreign country as well.

22. Have you ever been arrested or charged, EVEN IF NOT CONVICTED, with any felony, crime, misdemeanor, disorderly persons offense, or any other offense, (including traffic violations) in New Jersey or anywhere else. (check one) ☐ yes ☐ no

If yes, explain, complete the following table, and list whether expunged or not?

- 22.(A) If answer is yes, complete the following table:

Nature of Charge of Arrest	Name of Agency or Court Involved	Disposition of Case with Date	Sentence

NOTE: You will be required to supply the proper court documentation with your disclosure.

23. Have you ever been called to testify before , or investigated by any Legislative, Grand Jury, or other official investigative body when that body is engaged in the investigation of criminal activity. ☐ yes ☐ no

Name of Agency	Nature of Investigation	Date

24. Complete the following table for all motor vehicles currently registered and/or owned by you and your spouse.

Year	Make and Model	License Number and State	Registered Owner(s)	Expiration of Registration

25. List all moter vehicle driver licenses issued to you by this state or any other jurisdiction by completing the following:

Date Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date

30. College:

Dates Attended	Name and Address of College	Graduated Degree/Major	Number of Credits

31. Graduate school or Law school:

Dates Attended	Name and Address of College	Graduated Degree/Major	Number of Credits

32. Other schools or training (ie trade, vocation, armed forces, or business), please give name and location, including city, state, and zip code of schools attended, subjects studied, number of class hours of instruction, certificates and any other pertinent data:

MILITARY

33. Have you ever served in any military organization of the United States or been an active member of the reserve forces of the United States? ☒ yes ☒ no

If yes, then provide the information below:

Branch of service and highest rank held _____

Periods of active service:

To: _____ From: _____ To: _____ From: _____

Periods of active service:

To: _____ From: _____ To: _____ From: _____

34. What type of discharge or separation from military service did you receive?

35. Were you ever court martialled, tried on charges, or the subject of a summary court deck, captains mast, company punishment, or the subject of any other disciplinary action while in the military service?

If yes, give details of the charges and their disposition:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard sheet of stationery. There is no handwriting or other markings on the page.

SELECTIVE SERVICE

36. How many selective service classifications have you had?

37. Have you registered with the selective service ☒ yes ☐ no

If no, state reason:

38. Selective Service # _____

Local Board: _____

Address: _____

SOCIAL STATUS

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each spouse. If you have step parents, legal guardians or others who have reared you instead of parents, the requested information should be furnished concerning them, as well as your real parents. If you are engaged to be married or contemplating marriage in the future, complete information must be included regarding your future spouse. Also, list all members of your household, including those who are not related to you.

39. Marital Status: ☒ Single ☐ Married Date of Marriage _____

Your Maiden Name _____

☐ Widowed ☐ Divorced ☐ Separated Place of Divorce _____

39(A). Give complete name of spouse including middle name, (no initials), and maiden name, date of birth, social security number and complete address.

40. List below every child born to you:

Name	Date of Birth	Place of Birth	Where and with Whom does child reside
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

41. Are you supporting any children, born to you, adopted by you, or stepchildren by marriage? ☐ yes ☐ no

If yes, give name and ages:

42. Have you ever been involved as either a "Plaintiff" or "Defendant" in a Paternity proceeding? ☐ yes ☒ no
If yes, give full details:

43. If single, list name of any persons you are presently seeing.

Name	Address	DOB/SS#	Occupation	Phone
------	---------	---------	------------	-------

44. Give the name of your father, mother (maiden name), sisters, brothers, and spouse (maiden name).
(Include step-parents and family; if deceased, please indicate)

Name	Relationship	Address	Occupation	Phone
------	--------------	---------	------------	-------

45. List the names of at least three (3) people, who are friends or associates, other than references.

Name	Address	DOB/SS#	Occupation	Phone
------	---------	---------	------------	-------

46. List the names of any police officer that you personally or socially are acquainted with, who are employed within the State of New Jersey.

Name	Agency	Rank	Home Address	Phone	Years Known
------	--------	------	--------------	-------	-------------

FINANCIAL HISTORY

47. What is the present amount of yearly income or wages for:

 Yourself \$ _____ Your Spouse \$ _____

48. Do you earn additional income from any source, besides your present occupation? ☐ yes ☐ no

 If yes, list source and amount earned:

49. Do you own real estate? ☒ yes ☒ no

 If yes, give the location and value of said property:

50. List all "Bank Accounts", and "Safety Deposit Boxes", that are either in your name, or that you have legal access to:

Name of Bank	Name on Account or Safety Deposit	Type of Account	Account or Box Number
--------------	--------------------------------------	--------------------	--------------------------

51. Have you ever been bonded? ☒ yes ☒ no

 If yes, list below each time you were bonded:

reason	by whom
reason	by whom
reason	by whom

52. Have you ever been refused a bond? ☒ yes ☐ no

If yes, list by whom:

53. Have you ever received a student loan from a government or private agency? ☒ yes ☒ no

If yes, give details:

54. Did you default on a student loan? ☒ yes ☒ no

If yes, give details:

55. Are you a co-signer on an outstanding loan? ☒ yes ☒ no

If yes, give details:

56. Financial Obligations:

Give the name and address of the individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, and any other debts or payments. Include account numbers where applicable.

Type of Account & Account Number	Name and Address of Creditor	Reason for Debt or Item Purchase	Total Balance	Monthly Payment

57. Are you up to date on all payments? ☒ yes ☒ no

If no, please give details:

58. Have you ever been adjudicated a bankrupt, or filed a petition for any type of bankruptcy or insolvency? ☒ yes ☒ no

If yes, provide the following details:

Date Filed	Docket Number	Name and Address of Court	Name and Address of Filing Party	Name of Trustee
---------------	------------------	------------------------------	-------------------------------------	--------------------

59. Are all tax payments to be made by you current? ☒ yes ☒ no

If no, please explain:

OTHER INFORMATION

60. Do you possess or own any pistol, firearms, firearms I.D. card, or firearms dealers license, in this state or any other state? ☒ yes ☒ no

If yes, please list type and issuing agency along with complete description of firearms:

61. Do you use or have you ever used illegal drugs or narcotics? ☒ yes ☒ no

If yes, give full details and amounts:

62. Do you have any knowledge or information in addition to that specifically called for in the preceeding questions that is or may be relevant, directly or indirectly in connection with an investigation of your eligibility and fitness for this position, including but not limited to, knowledge or information concerning your character, for example: temperence, habits, employment, education, subversive activities, family, associates, criminal records, traffic violations, residence, or etc.?

Give details:

I certify that the information on this application is complete and accurate, to the best of my knowledge. I understand that any omissions, falsifications or intentional failures to disclose mandatory information could result in my removal from further employment consideration or if employed, be just cause for termination.

Signature _____ Date _____

End Of An Application

Next Page,

Begins Another

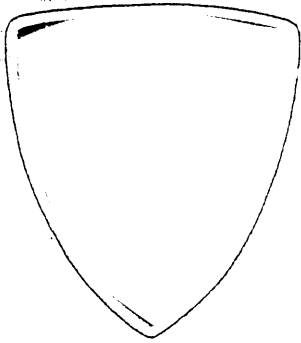
POSITION
SOCIAL SECURITY NO.

CITY OF POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

PRINT NAME	Last	First	Middle
MAILING ADDRESS	Number & Street or R.D. number		City or Town
	County	State	Zip Code
HOME TELEPHONE NO.			

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT APPLICATION

INSTRUCTIONS — Read every question carefully. **Answer every question — leave no question unanswered — if question does not apply to you, so state: DNA.** A candidate will be rejected who has intentionally made a false statement of a material fact or practiced, or attempted to practice, any deception or fraud in this application, in any examination, or in securing eligibility for appointment. This candidate will personally prepare this form. All entries, except the signature, **must be printed legibly in BLOCK LETTERS.** Entries must be made in either **blue or black ink.** If space available for answering any question is insufficient, use the continuation pages included and precede each answer with the number of the question being answered. **Applications not fully completed or illegible will be cause for rejection.**

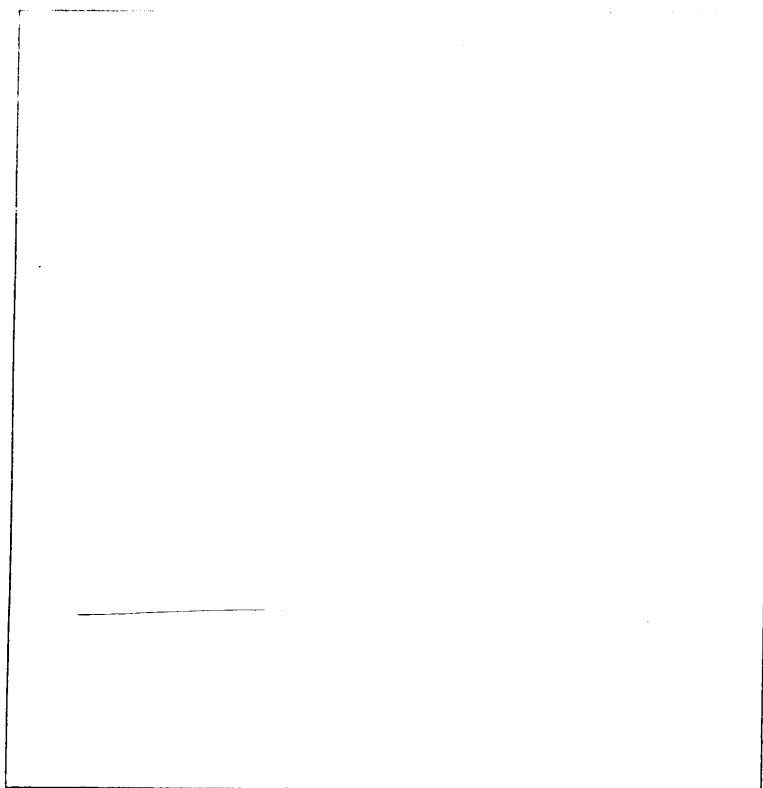


CITY OF
POLICE DEPARTMENT

AY
NEW JERSEY

THE FOLLOWING ADDITIONAL DOCUMENTS ARE REQUIRED AND MUST BE SUBMITTED
WITH THE APPLICATION FOR EMPLOYMENT BOOKLET

1. Photostatic certified copy of high school diploma or certificate and or college transcript
2. Photostatic copy of Form DD214 (applies to previous military personnel only)
3. Photostatic copy of birth certificate/naturalization documentation
4. Copy of Selective Service Registration Card (males between 18 and 26 years old)
5. Marriage Certificate/Divorce decrees
6. Professional Certificates/Certifications
7. Drivers License
8. Social Security Card
9. Credit check History (Information to be sent to the Police Department)
10. Certified New Jersey drivers license abstract (Certified within the last month)



- White (Male) ☐
- White (Female) ☐
- Black (Male) ☐
- Black (Female) ☐
- Hispanic (Male) ☐
- Hispanic (Female) ☐
- Asian (Male) ☐
- Asian (Female) ☐
- American Indian (Male) ☐
- American Indian (Female) ☐

Personal Data

1. What is your full name? _____
Last Name First Name Middle Name
2. Give any other names you have used or been known by, and attach a statement, giving reasons (if none, so state) _____
3. Where were you born? _____
City/Town State/Country Zip Code
4. Birth Certificate _____
Number City/Town State Zip Code County
5. Date of Birth _____ Age _____ Sex _____
Month Day Year
- Height _____ Weight _____ Eyes _____ Hair _____
6. Social Security No.: _____ State issued: _____
7. Do you wear contact lenses or glasses? Yes or No _____
- 7A. Scars, marks or tattoos _____

Citizenship

- 8 Are you a native born or naturalized citizen? Native Born ☐ Naturalized ☐

If you are of foreign birth, or are a naturalized citizen, fill in the following:

Country of birth _____
 Port or place of departure for the United States _____ Date _____
 How were you transported into the United States? (Ship, Plane, Train, etc.) _____
 Name of transport conveyance and/or company you arrived on _____
 Port or place of entry into the United States _____ Date _____
 If a naturalized citizen, name and address of person who sponsored you on arrival _____

First address after arrival _____
 How did you obtain citizenship? _____
 Petition Number _____ Date _____ Court _____
 State _____ Certificate Number _____

Social Status

- 9 Are you single, married, separated, divorced, widowed or widowed? _____
 10. Give following information regarding marriage or marriages. List number of times married: _____

When	Where	By Whom	Wife's Maiden Name or Husband's Name

11. If separated, state reason _____
 12. If separated or divorced, what is the present address of that person? _____
 13. How many times were you legally or voluntarily separated? _____
 14. Were you ever divorced or had a marriage annulled? Yes or No _____ How many times? _____
 15. If ever separated, annulled, or divorced, indicate which below, and fill in required information:

Separated, Annulled Divorced (Indicate)	Date Issued	By Whom	Where Issued (Court and State)	Offending Party as Decreed by Law	Reason

16. Were you ever the parent of any children, whether alive or deceased? Yes or No _____
 17. List below every child born to you:

Name	Date of Birth	Place of Birth	With Whom and Where Does Child Reside

18. Are you now supporting all children born to you, including adopted, and stepchildren? Yes or No _____
 If no, state full details _____
 19. Have you ever been involved as a plaintiff or defendant in a paternity proceeding? Yes or No _____
 If yes, state full details _____

20. If single, list name, etc. (of at least one) girlfriend/boyfriend, past or present:

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.
		()		

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.
		()		

21. Family information - Father, mother, sisters/brothers, spouse, stepfather/stepmother:

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.
		()		

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.
		()		

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.
		()		

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.
		()		

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.
		()		

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.
		()		

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.
		()		

Name		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business Employer	Occupation and Work Phone No.	Home Phone No.
Name		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business Employer	Occupation and Work Phone No.	Home Phone No.
Name		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business Employer	Occupation and Work Phone No.	Home Phone No.

Name	Address (if known) or Department	Badge No	Social/Personal

Name	Address (if known) or Department	Badge No.	Social/Personal

23. Where do you now reside? _____ Phone No. (732)
Number & Street Area

Give Floor No. _____ Apartment No. _____

(Check) North ☐ South ☐ East ☐ West ☐ Front ☐ Rear ☐

(Name) (Date of Birth) (Occupation) (Social Security No.)

From		To		Address (Street, Apt., City, State, Zip Code)
Mo.	Year	Mo.	Year	

27. List all places where you registered or voted (if none, so state):

County	State	Year

County	State	Year

Education

28. List chronologically (most recent dates first) all schools, colleges and training courses you have attended:

School				Exact Address		Zip Code
From	Month	Year	To	Month	Year	
				Day or Evening		Last Grade or Term
School				Exact Address		Zip Code
From	Month	Year	To	Month	Year	
				Day or Evening		Last Grade or Term
School				Exact Address		Zip Code
From	Month	Year	To	Month	Year	
				Day or Evening		Last Grade or Term
School				Exact Address		Zip Code
From	Month	Year	To	Month	Year	
				Day or Evening		Last Grade or Term
School				Exact Address		Zip Code
From	Month	Year	To	Month	Year	
				Day or Evening		Last Grade or Term
School				Exact Address		Zip Code
From	Month	Year	To	Month	Year	
				Day or Evening		Last Grade or Term

29. What college degree(s) or professional license(s) do you possess? _____

Majoring in _____ Grade point average (cumulative) _____

Total credits achieved toward degree _____

30. Other than English what language(s) do you:

Speak _____

Understand _____

31. List any problems with school (absenteeism, tardiness, poor grades, other discipline problems) — include college.

Date	School	Problems

32. It is understood that I will immediately have forwarded transcripts from all colleges attended to:
Department _____

(Proper fee must be forwarded to the college the applicant)

Military Service

33. Have you ever served in an active military organization of the United States? Yes or No _____
34. Have you ever served in a military organization of any foreign government? Yes or No _____
If yes, give details _____

35. Give branch of service _____
Military Speciality _____
36. Rank held _____ Service Serial Number _____
37. How many periods of active military service have you had (drafts, enlistments or recalls to service)?

38. Give period or periods of active service.
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____
39. List all medals and decorations awarded you as a member of the armed forces. _____

40. How many discharges or separations from the service were given to you? _____
41. What type of discharge(s) or separation(s) (honorable, dishonorable, honorable conditions)
Be exact. _____
42. Has your discharge or separation notice ever been corrected or changed? Yes or no _____
43. What was the nature of the change? Changed from _____ to _____

44. Were you ever court martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?
Yes or no _____ Number of times _____
If yes, give details of charges and dispositions _____

45. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state?
Yes or No _____. If yes, state which - active or inactive _____
Branch _____ Regiment _____ Unit _____ Rank _____
Address _____ From _____ To _____

Selective Service

46. Selective Service Number _____ Last Classification _____

Employment

47. Present Employer:

Name/Company Number & Street City/Town State/Zip (Area Code) Phone No.

Date hired _____ Supervisor _____

Duties _____

48. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member?

Yes or ☒ No _____ If yes, give details _____

49. Has your name ever been submitted or used as a trustee, officer, or in any capacity, or any labor or trade union, organization or affiliate? Yes or No _____ If yes, give details _____

50. List below **chronologically** most recent dates first, each and every place you were previously employed. **Omit none. Give correct, full addresses.** Give dates of idleness between period of employment in proper sequence. (Include all part-time employment.)

From		To		Name, Address, and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation	Immediate Supervisor	Reason for Leaving
Mo.	Yr.	Mo.	Yr.				

54. Have you ever sponsored, vouched for, served as character witness for, or made any recommendations for or concerning any person or premises to any municipal, state or federal agency in connection with the issuance, revocation, or suspension of any license or permit or for any other reason?

Yes or no _____ If yes, give details _____

55. Have you ever received unemployment insurance or other federal, state or local benefits or assistance?

Yes or no _____ Kind _____ Local office _____ Address _____

Give periods:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

Have you ever received any allowance to which you were not entitled? Yes or no _____

If yes, explain _____

56. Have you made application with any other police organization? Yes or no _____

(Where)

(When)

(Present Status)

57. Have you ever been rejected by another police department for employment? Yes or No _____

(When)

(Where)

(Why)

58. Were you ever a member of a social, labor, or fraternal organization? Yes or no _____

If yes, list below every such organization.

From Mo.	Yr.	To Mo.	Yr.	Name of Organization	Address (include zip code)	Type of Organization

General

59. Have you ever petitioned for bankruptcy? Yes or No _____

60. Have you ever has a financial judgment or garnishment placed upon you? Yes or No _____

If yes, explain _____

60A. List all active loans, liens or debts which you are responsible for:

TYPE: Loan, credit card, garnishee, judgment, etc.	With Whom Name, Address and Zip Code	Area Code & Phone Number	When Incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears

61. Are you a co-maker on an outstanding loan? Yes or (no) NO
If yes, give details _____

62. Have you ever been bonded? Yes or (no) NO
With respect to each time bonded, state details below:

Reason	By Whom - Name, Address and Zip Code	Area Code and Phone No.	Date

63. Have you ever been refused a bond? Yes or (no) NO If yes, by whom _____

64. _____
Were you or your spouse ever summoned or subpoenaed to court in a civil action or proceeding in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction?
Yes or no _____

Indicate below **every** civil action or proceeding in which you or your spouse were summoned or subpoenaed, or in which you or your spouse were a party and also the contingent possibilities as described above.

Date	Action or Proceeding	As Plaintiff, Defendant Petitioner, Respondent or Witness	Court Disposition

Arrests, Summonses, Etc.

65. Have you ever been arrested for or charged with Juvenile Delinquency? Yes or (no) NO
If yes, insert information below:

Date	Age	Violation Actual Charge	Location	Charge Reduced To	Court Disposition of Sentence	Police Agency Concerned

66. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, or federal agency, committee or other investigative body?
If yes, give details: _____

67. Have you ever received a summons for any violation of the fish and games laws?
If yes, insert information below.

Date	Violation	Location	Court Disposition	Your Age at Time	Police Agency Concerned

68. Have you ever been arrested for, or charged with, a violation of the disorderly persons act or City ordinance?
Yes or No _____ If yes, insert information below.

Date	Violation	Location	Court Disposition	Your Age at Time	Police Agency Concerned

69. Have you ever been arrested, indicted, or convicted for any violation of the criminal law? NO
Have you ever had any criminal record expunged?
Yes or No _____ If yes, insert information below.

Date	Violation	Location	Court Disposition	Your Age at Time	Police Agency Concerned

- 69A. Have you ever been a defendant or a plaintiff in any domestic violence incident?
Yes or No _____ If yes, insert information below.

Date	Violation	Location	Court Disposition	Your Age at Time	Police Agency Concerned

70. Have you ever been held as a material witness?
Yes or No _____ If yes, insert information below.

Date	Reason	Location	Disposition	Your Age at Time	Police Agency Concerned

71. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason? Yes or No _____ If yes, insert information below.

Date	Reason	Location	Disposition	Your Age at Time	Police Agency Concerned

72. Have you ever been fingerprinted? (Exclude only present application with _____.)
Yes or No _____ If yes, fill in the following:

When	Address and Zip Code	Purpose

Subversive Affiliations

73. Are you now, or have you ever been, a member of any Communist, Communist front, or other subversive organization, association, movement, or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means. Yes or ☒ No No
74. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in question 73? Yes or ☒ No No
75. Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any organization or groups described in question 73? Yes or ☒ No No
76. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question 73, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organizations or groups described in question 73? Yes or ☒ No No
77. Have you ever participated in any of the following activities:
- Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, or project, sponsored or organized by any organization or group described in question 73? Yes or ☒ No No
 - Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 73? Yes or ☒ No No
 - Sale or distribution of any written or printed matter prepared, reproduced, or published by any group or organization described in question 73, or any of its agents? Yes or ☒ No No
 - Purchased or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 73 or any of its agents? Yes or ☒ No No
78. If your answer is **YES** to any of the above questions, explain _____

Motor Vehicle History

79. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (Exclude overtime parking violations) ☒ Yes or No _____ If Yes insert information below.

Date	Offense	Location	Court Disposition	Your Age at Time	Police Agency Concerned

80. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever revoked? Yes or ☒ No No Suspended? Yes or ☒ No No Which license? _____
 When? _____ Where? _____ Why? _____

81. If answer to previous question is "Yes", was such Registration Certificate or Driver's License ever restored?
 Yes or No _____ When? _____ Where? _____

82. Have you ever been involved in a motor vehicle accident either as a registered owner or operator which resulted in any personal injury or property damage?

If yes, state details _____

83. If you possess any of the following, complete the information below:

Item	Number	State		Date Issued	Date Expires
Motor Vehicle Registration	Plate Number	NJ	Year/Make Model/Color		
Second Motor Vehicle Registration	Plate Number		Year/Make Model/Color		
Motor Vehicle Driver's License	Number	NJ	Restriction Code		
Operator's License Any Other Vehicle	Number		Explain		

84. Did you ever possess a chauffeur's or commercial driver's license (CDL) or operator's license issued by any state other than New Jersey? Yes or No NJ If yes, give state and number _____

Other Information

85. Have you ever possessed any pistol, firearm permit, firearms ID card, firearms dealer license in this state, any other state/federal? Yes or No _____

Permit Number _____ Firearms Dealer's License Number _____

Issuing Agency _____

86. Have you ever used any illegal drugs? Yes or No NJ If Yes, state details _____

87. Have you ever previously taken an examination for appointment to the _____ Police Department?

If yes, list date(s) of written examination _____

☐ (Check Box) If a background investigation was ever conducted on you by the New Jersey State Police.

88. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for the position of Police Officer in the _____ Police Department, including

but not limited to, knowledge or information concerning your character, temperance, habits, education subversive activities, family, association, criminal records, traffic violations, residence or otherwise.

Yes or No NJ If yes, give details _____

Vouchers

(NOT TO BE SWORN MEMBERS OF THE L.B.P.D. OR ANY OTHER PERSON LISTED IN THIS APPLICATION)

Upon completion of this form, the applicant must obtain three reputable citizens (no relatives) who will vouch for the honesty, reputation and ability of the applicant.

The voucher should read carefully all statements made by the applicant **Before Signing**. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

* * * * *

I, the undersigned, declare that I am over eighteen years of age, that I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant.

I will, upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

VOUCHER ONE

(Please Print)

Name _____	Business Address, Area Code & Phone No. _____
Address _____	_____
City, State, Zip Code _____	Occupation _____
Phone No. (Area Code) _____	How long have you personally known applicant? _____
Date of Birth _____	Is applicant of good character and reputation? _____
Social Security Number _____	Signature _____ (Date) _____

VOUCHER TWO

(Please Print)

Name _____	Business Address, Area Code & Phone No. _____
Address _____	_____
City, State, Zip Code _____	Occupation _____
Phone No. (Area Code) _____	How long have you personally known applicant? _____
Date of Birth _____	Is applicant of good character and reputation? _____
Social Security Number _____	Signature _____ (Date) _____

VOUCHER THREE

(Please Print)

Name _____	Business Address, Area Code & Phone No. _____
Address _____	_____
City, State, Zip Code _____	Occupation _____
Phone No. (Area Code) _____	How long have you personally known applicant? _____
Date of Birth _____	Is applicant of good character and reputation? _____
Social Security Number _____	Signature _____ (Date) _____

CERTIFICATION

I certify that all of the 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 any misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the _____ Police to verify any and all information contained herein and to review my employment, education, financial and criminal history, military, disciplinary and other records and information from any source as noted in the duly executed Authority and Release Form.

I have read this Certification and I understand and agree to the conditions imposed herein.

Date: _____ Signature: _____
(Sign in Ink)

(Print Name)

State of: _____

County of: _____

Sworn to and subscribed before me this

_____ day of _____, 19 _____

(Print Name and Title)

Signature (Sign in Ink)

Notary Public, my Commission

Expires: _____

DO NOT WRITE BELOW THIS LINE

Signature of applicant made in presence of investigator

Date

Signature of Investigating Officer

End Of An Application

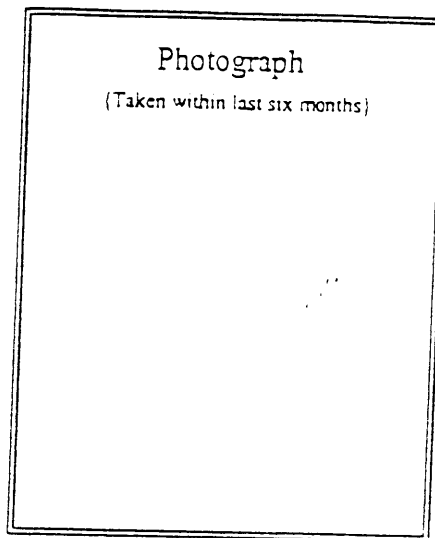
Next Page,

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POLICE DEPARTMENT

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

Warning: Any misstatement of fact, omissions or attempt to mislead this agency, its investigators or the appointing authority, deliberate or in error, may lead to your disqualification. This application must be type-written and all information filled in. If any requested data does not apply to you, indicate by entering "N/A." Initial the bottom of every page on the right-hand side as you complete that page.



1. Name:

Last Name: _____ Date of Birth: _____

First Name: _____ Middle Name: _____

Social Security No. _____ Where Issued: _____

Current Occupation: _____

2. Give any other names you have used or been known by, and attach a statement giving reasons:

3. Current Address: _____
Street City State Zip Code

From: _____ Home Phone: () _____
Month Year

Work Phone: () _____

4. Place of Birth: _____
City or Town State Country

5. Age: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

6. Scars & Tattoos: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

7. Do you wear contact lenses or glasses? _____ What kind: _____

CITIZENSHIP

8. Are you a native born or naturalized citizen? Native born: _____ Naturalized: _____

If you are of foreign birth, or are a naturalized citizen, fill in the following:

Country of birth: _____

Port or place of departure to the United States: _____

Point of Entry into the United States: _____ Date: _____

How were you transported to the United States? _____ Date: _____
(Ship, Plane, Train, etc.)

Name of transport conveyance and/or company you arrived on: _____

If a naturalized citizen, name and address of person who sponsored you on arrival: _____

How did you obtain citizenship? (Give details) _____

Petition number: _____ Date: _____

Court: _____ State: _____ Certificate number: _____

9: List in order, beginning with the most recent, all prior places of residence within the last 20 years:

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With Whom did you reside there: _____

Initials _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With Whom did you reside there: _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With Whom did you reside there: _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With Whom did you reside there: _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With Whom did you reside there: _____

If you lived at additional locations, insert information on those residences on a new sheet and attach at the end of this form.

10. If you reside with or have resided with someone other than a spouse or parents list each below providing the required information and indicate at which residence this occurred:

Name: _____ Date of Birth: _____ Relationship: _____

Phone: (____) _____ Occupation: _____ Soc. Sec. # _____

Place of employment: _____

Current address: _____

Initials _____

Name: _____ Date of Birth: _____ Phone: (____) _____
Occupation: _____ Soc. Sec. #. (if available) _____
Current Address: _____

Name: _____ Date of Birth: _____ Phone: (____) _____
Occupation: _____ Soc. Sec. #. (if available) _____
Current Address: _____

11. List all places where you registered to vote: (If none, so state.)

<u>City</u>	<u>County</u>	<u>State</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If never registered, why not? _____

SOCIAL STATUS

12. Are you Single? __, Married? __ Date: __, Separated? __ Date: __
Divorced? __ Date: __, widowed or widower? __ Date: __

13. Provide the following information regarding marriage or marriages:

Number of times married? __, Where? _____

14. Were you ever divorced or had a marriage annulled? __ How many times? __
Where? _____

Initials _____

15. Were you ever legally or voluntarily separated? _____ How many times? _____
When? _____

16. If separated, annulled or divorced, provide the present address of the spouse(s) from whom you were separated, annulled or divorced.

Name: _____ Phone: (____) _____

Address: _____

Name: _____ Phone: (____) _____

Address: _____

17. If separated, annulled or divorced, indicate which below and provide the date of each action, the Court and State in which the action occurred, the presiding judge, the party initiating the action and the action awarded by the Court.

Initials _____

18. Spouse:

Name: _____ Date of Birth: _____

Maiden Name: _____ Occupation: _____

Place of Employment: _____

Address if different than applicant: _____

19. Were you ever the parent of a child either natural or by legal adoption? _____

20. List below every child either born to you or legally adopted and include step-children:

Name

Sex

Date and Place of Birth

Where and with whom does this/these child(ren) reside? _____

21. Have you ever been involved as a plaintiff _____ or a defendant _____ in a paternity proceeding? _____ If "Yes," state in full detail the date, location, party involved and the outcome of the action. _____

Initials _____

22. If never married, list one or more persons with whom you frequently socialized during the last three years. Provide information as to age, address, occupation, phone number if known, and duration of friendship.

23. Family Information--Father, Mother, Brothers, Sisters: If deceased indicate same.

Father: _____ Living? ☐ Occupation: _____

Address: _____

Phone: (____) _____

Mother: _____ Maiden Name: _____

Living? ☐ Phone: (____) _____ Occupation: _____

Address: _____

Brother/Sister: _____ Occupation: _____

address: _____

Phone: (____) _____ Married? ☐ Spouse's maiden name: _____

Brother/Sister: _____ Occupation: _____

address: _____

Phone: (____) _____ Married? ☐ Spouse's maiden name: _____

Brother/Sister: _____ Occupation: _____

address: _____

Phone: (____) _____ Married? ☐ Spouse's maiden name: _____

Brother/Sister: _____ Occupation: _____

address: _____

Phone: (____) _____ Married? ☐ Spouse's maiden name: _____

Brother/Sister: _____ Occupation: _____

Initials _____

address: _____
Phone: () _____ Married? _____ Spouse's maiden name: _____

24. List names of three close friends and/or associates other than references:

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

25. Provide three references with whom you personally are socially or professionally acquainted:

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Initials _____

EDUCATION

26. List chronologically (earliest dates first beginning at first grade) all schools, colleges and training courses you have attended:

School: _____ From: _____ To: _____

Exact Address: _____

Grade Levels Attended: _____

School: _____ From: _____ To: _____

Exact Address: _____

Grades Levels Attended: _____

School: _____ From: _____ To: _____

Exact Address: _____

Grades Levels Attended: _____

School: _____ From: _____ To: _____

Exact Address: _____

Grades: _____

College or Trade Schools

27. College/School: _____ From: _____ To: _____

Exact Address: _____

Full Time: _____ Part Time: _____ Degree or Certification Sought: _____

Degree or Certification Received? _____ If not, why not: _____

College/School: _____ From: _____ To: _____

Exact Address: _____

Initials _____

Full Time: ____ Part Time: ____ Degree or Certification Sought: ____
Degree or Certification Received? ____ If none, why not: ____

College/School: _____ From: _____ To: _____
Exact Address: _____
Full Time: ____ Part Time: ____ Degree or Certification Sought: ____
Degree or Certification Received? ____ If none, why not: ____

If Degree not received, how many credits have you completed? ____

Transcripts of student records must be provided when submitting this applicant form.

28. What professional license(s) do you possess? _____

29. Other than English what language(s) do you speak?: _____

30. List any problems you had while attending school (absenteeism, tardiness, poor grades, other discipline problems)--include college:

<u>School</u>	<u>Date or Year</u>	<u>Problems</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Initials _____

MILITARY SERVICE

31. Have you ever served on active duty in any military organization of the United States? _____
If yes, what organization? _____ From: _____ To: _____
Highest rank held?: _____ Type of discharge received?: _____
What was your military specialty?: _____
32. Have you ever served in a Reserve military organization or National Guard Unit? _____
If yes, what organization? _____ From: _____ To: _____
Highest rank held?: _____ Type of discharge received?: _____
What was your military specialty?: _____
33. Have you ever served in a military organization of a foreign government? _____
If yes, what organization? _____ From: _____ To: _____
Highest rank held?: _____ Type of discharge received?: _____
Under what circumstances did this foreign service occur? Give details. _____

34. Did you receive any medals or decorations as a member of the military service? _____
If yes, what were they? _____

35. Were you ever subject to a court martial inquiry, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action? _____

If yes, how many times? _____ If yes, give details of charges, agency concerned, dates and dispositions: _____

Initials _____

EMPLOYMENT HISTORY

36. Present Employer: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Phone: _____ Immediate Supervisor: _____
Date Hired: _____ Duties: _____

37. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member? _____ If yes, give details: _____

38. Has your name ever been submitted or used as a trustee, officer, or in any capacity, of any labor trade union, organization or affiliate? _____ If yes, give details. _____

Initials _____

39. List below chronologically, earliest dates first, each and every place you were previously employed since the age of 16. **OMIT NONE.** Give correct, full addresses. Give dates of idleness between period of employment in proper sequence. (Include all part-time employment.)

FROM		TO		Name & Address of Employer	Immediate Supervisor	Reason For Leaving
Mo.	Year	Mo.	Year			

40. Were you ever discharged or asked to resign from employment? _____ If yes, how many times? _____ Give details of discharge or forced resignations below.

Employer

Date

Supervisor's Reason

41. Were you ever subjected to disciplinary action in connection with any employment? _____ If yes, give details.

Employer

Date

Supervisor's Reason

Initials _____

42. Have you or your spouse, or any corporation or partnership of which you or she was an officer, director, or partner, ever possessed a license or permit (excluding driver's license and learner's permit) issued by any governmental agency? _____ If Yes, give details:

43. Have you or your spouse, ever possessed a professional or occupational license, permit or certification? _____ If yes, give details: _____

44. Has any license or permit, including driver's license or learner's permit, issued by any city, state or federal agency ever been denied to you, your spouse, or to any corporation or partnership of which you or your spouse was an officer, director, or partner? _____ Has any such license or permit ever been revoked, canceled or suspended? _____ If yes, give details: _____

45. Have you ever sponsored, vouched for, served as a character witness for, or made any recommendations for or concerning any person or premises to any municipal, state or federal agency in connection with the issuance, revocation, or suspension of any license or permit or for any other reason? _____ If yes, give details: _____

Initials _____

46. Have you ever received unemployment insurance or other federal, state or local benefits or assistance? _____ If yes, give details as to when, from whom, what kind, and for how long.
- _____
- _____
- _____
- _____
47. Have you ever received any public assistance to which you were not entitled? _____ If yes, explain: _____
- _____
- _____
- _____
- _____
48. Have you previously made application for employment with this or any other law enforcement agency? _____ If yes, give full details as to the agency (is), when and the status of that application(s). _____
- _____
- _____
- _____
- _____
- _____
49. Have you ever been rejected by another police department for employment? _____ If yes, give full details as to when, where and why: _____
- _____
- _____
- _____
- _____
- _____
- _____

Initials _____

50. Are you currently on an employment list, or have you taken any tests for potential employment with any other law enforcement agency? ____ If yes, what agency? When?

51. Were you ever or are you a member of a labor, or fraternal organization? ____ If yes, list below every such organization.

FROM		TO		Name of Organization	Type	Address
Mo.	Year	Mo.	Year			

GENERAL

52. Do you smoke cigarettes, cigars or a pipe? ____ If yes, how frequently? ____
53. Do you consume any alcoholic beverage? ____ If yes, how frequently? ____
Quantity; ____ How would you describe your use of alcoholic beverages?

FINANCIAL

You must include a TRW or similar type financial report with this completed form in addition to providing the following financial information.

54. Have you ever filed for bankruptcy, had a debt garnishment or wage assignment or judgment held against you or currently pending against you? ____ If yes, give details:

Initials _____

Have you ever defaulted on a loan, had property of any kind repossessed? _____

If yes, give details: _____

55. Current outstanding debt:

TYPE <small>Loan, Credit Card</small>	With Whom <small>Name, Address & Account Number</small>	Date <small>Incurred</small>	Original <small>Amount</small>	Present <small>Amount</small>	Monthly <small>Payment</small>	Amount <small>Past Due</small>

56. Have you ever received a student loan from a governmental or private agency? ____ If yes.

Initials _____

give details: _____

57. Did you ever default on such loan or are you in now or in the past in arrears more than three months on the scheduled repayments? _____ If yes, give details: _____

58. Are you a co-maker on an outstanding loan? _____ If yes, give details: _____

59. Have you ever been bonded? _____ If yes, give complete details with respect to each bond as to reason it was required, by whom it was required, from whom was it obtained and the amount and date it was obtained: _____

60. Have you ever been refused a bond? _____ If yes, by whom and reason: _____

61. Were you or your spouse ever summoned or subpoenaed to court in a civil action or proceeding in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction? _____ If yes, indicate below every civil action or proceeding in

Initials _____

which you or your spouse were a party to or likely to become a party thereto. Give dates, type of action or proceeding, whether plaintiff, defendant, petitioner or witness, court and disposition. _____

INCOME & FINANCIAL HISTORY

62. What is your present salary or wage? _____
What is your spouse's salary or wage? _____
What was your average yearly income over the past three years? _____
63. Do you have income from any source other than your principal occupation? _____ If yes, how much? _____
The source? _____ How often? _____
64. Do you own any real estate? _____ If yes, what is its value? _____
Location: _____

65. Do you own any bonds, government or other? _____ If yes, what is their current value? _____
66. Do you own any corporate stock? _____ If yes, what is their value? _____
67. Do you have a bank account? _____ If yes, complete the following:

Savings account

Bank

Number

Average balance(s)

Initials _____

Checking Account

Bank

Number

Average balance(s)

Money Market and/or NOW account

Number(s)

Average balance(s)

Name and address of bank(s)

ARRESTS, SUMMONS, ETC.

68. Have you ever been arrested for or charged with Juvenile Delinquency? _____ If yes, complete the following:

Date: _____ Age: _____ Violation charged _____

Location: _____ Police agency: _____

Court Disposition: _____

Sentence: _____

Date: _____ Age: _____ Violation charged _____

Location: _____ Police agency: _____

Court Disposition: _____

Sentence: _____

Date: _____ Age: _____ Violation charged _____

Location: _____ Police agency: _____

Court Disposition: _____

Sentence: _____

Date: _____ Age: _____ Violation charged _____

Location: _____ Police agency: _____

Court Disposition: _____

Sentence: _____

69. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state or federal agency, committee or other investigative body? _____

If yes, give complete details: _____

70. Have you ever received a summons for any violation of the fish and game laws? _____ If yes, complete the following:

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

71. Have you ever been arrested for, or charged with, a violation of the disorderly persons act or city ordinance? _____ If yes, insert the information required below.

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

72. Have you ever been arrested, indicted, or convicted for any violation of the criminal law? _____ If yes, complete the information required below:

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

73. Have you ever had a criminal or arrest record expunged? _____ If yes, give complete details below. _____

74. Have you ever been held as a material witness? _____ If yes, insert the information below.

Date: _____ Violation: _____

Location: _____ Court Disposition: _____

Your Age: _____ Police agency: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

75. Have you ever been held as a suspicious person or investigated by any law enforcement or

private security agency for any reason? _____ If yes, give details below. _____

76. Have you ever been fingerprinted for any reason prior to submitting your application for employment with this agency? _____ If yes, complete the following:

When

Where

Purpose

SUBVERSIVE AFFILIATIONS

77. Are you now, or have you ever been, a member of any organization, association, movement or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means; or who's purpose and intent is to unlawfully deny or circumvent the civil rights of any person in the United States or this State? _____
78. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in question 77 above? _____
79. Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any organization or groups described in question 77 above? _____
80. Have you ever signed or solicited others to sign any petition sponsored or issued by any

Initials _____

organization or group described in question 77ve, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organizations or groups described in question 77 above? _____

81. Have you ever participated in any of the following activities: *

- a. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, or project sponsored or organized by any organization or group described in question 77 above? _____
- b. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 77 above? _____
- c. Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in question 77 or by any of its agents? _____
- d. Purchased or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 77 or any of its agents? _____

82. If you answered "YES" to any of the above questions, explain: _____

Initials _____

MOTOR VEHICLE HISTORY

83. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (Exclude Parking Violations) _____ If yes, insert the required information below.

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>Court Disposition</u>	<u>Police Agency</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

84. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever revoked? _____ Suspended? _____ If yes, which license? _____
When? _____, Where? _____
_____, Why? _____

Was your Registration Certificate or Driver's License ever restored? _____

When? _____

Where? _____

85. Have you ever been involved in a motor vehicle accident either as a registered owner, operator, passenger or pedestrian, which resulted in property damage or personal injury to you or someone else? _____ If yes, give details: _____

Initials _____

86. Do you currently or have you ever possessed any of the following? If yes, provide the following information:

Motor Vehicle Operator's License: State: _____ License Number: _____
Date Issued: _____ Expires: _____ Conditions placed upon license: _____

Name issued to if different from applicant's current name: _____

Commercial Vehicle Operator's License: _____ Type: _____
State: _____ License Number: _____ Date Issued: _____
Expires: _____ Conditions placed upon license: _____

Name issued to if different from applicant's current name: _____

Motor Boat Operator's License: _____ State: _____ Date Issued: _____
Expires: _____ License Number: _____ Conditions placed
upon license: _____

Name issued to if different from applicant's current name: _____

FAA Pilot's License: _____ Type: _____ Date Issued: _____
License Number: _____ Is this license current? _____
Bi-annual due: _____ Conditions placed upon license: _____
Year

Name issued to if different from applicant's current name: _____

87. Do you currently or have you within the past five years owned a motor vehicle, power boat or aircraft of any kind? _____ If yes, provide the following information:

Type	Registration Number	State	Make & Model	Year	Presently Owned?
------	---------------------	-------	--------------	------	------------------

Initials _____

88. List name and address of company which carries your auto or other type craft insurance:

89. Has your auto or other type craft insurance ever been revoked or refused? _____ If yes, give details: _____

90. List below all professional, civic and social organizations of which you have been a member within the last five years. (Other than labor or fraternal)

91. What volunteer or community activities have you engaged in within the last five years?

Provide the name and address of the sponsoring organization or group and a description of the activities performed. _____

Initials _____

92. Do you possess expertise or competence in a particular trade, skill or technology? _____
If yes, briefly describe your level of experience and competence. _____

93. What hobbies and sports do you engage in? _____

Note: If there is other information which may be relevant, directly or indirectly, that this agency should have knowledge of in order to conduct a thorough background investigation of you, as a candidate for employment in this agency, or insufficient space was provided above for complete answers, you are required to add this additional information on a separate sheet(s). Indicate the question number the added information applies to. Attach any additional pages at the back of this form. Indicate below the number of additional pages attached. You are reminded that any false or deliberate misstatement of facts can result in your disqualification for employment by this agency.

Additional pages attached: _____

Initials _____

STATE OF NEW JERSEY

COUNTY OF _____

I, _____ being duly sworn, depose and say I am the above named person. I personally read and entered answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Applicant's Signature: _____ Date signed: _____

Sworn before me this _____ day of _____ 1999.

Signature

(Seal)

DO NOT WRITE BELOW THIS LINE

SIGNATURE OF APPLICANT SIGNED IN PRESENCE OF INVESTIGATOR

Investigator: _____ Agency: _____
Signature

NOTE: The applicant must provide three references from reputable citizens who have personally known the applicant for more than three years and who will vouch for the honesty, reputation and ability of the applicant. **REFERENCES MAY NOT BE MEMBERS OF THIS DEPARTMENT NOR PERSONS LISTED IN ANY OTHER SECTION OF THIS APPLICATION.** Completed references are to be mailed by the reference directly to this agency.

Initials _____

APPLICANT REFERENCE REQUEST

REFERENCE FOR : _____ who is seeking
employment with the _____ as a _____
NAME Agency Position

I, the above named applicant requests that _____ serve
Reference's Name
as a personal reference for me and to provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing the following form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if it that information might unfavorably impact upon my application with the above named law enforcement agency.

Signature of Applicant Date: _____

TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other the information you provide in regarding the above applicant who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person declare that I am over eighteen (18) years of age, that I have personally known of the applicant for at least three years, that I have read the foregoing and all the statements and information provided herein by me is true to the best of my knowledge, and I am not related in any way to the applicant. I will, upon request, give further facts concerning the applicant as I may possess. I understand that my response will be considered to be confidential and not provided to the applicant.

(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)

VOUCHER:

Name: _____ Soc. Security No. _____

Home Address: _____

Initials _____

Phone: _____ Business Address: _____

(Optional)

Phone: _____

OCCUPATION: _____

How long have you personally known the applicant? _____

In your opinion would the applicant make a good law enforcement officer? _____

If you were in danger, would you want the applicant to be the officer assigned to assist you?

_____. Why _____

In your opinion, do most persons who know the applicant as well as you agree with your assessment of the applicant? _____ Why? _____

What do you believe the applicant's most significant attributes are? _____

In your opinion, what deficiencies should the applicant work to improve upon and how would that improvement help the applicant to be a successful law enforcement officer?

Initials _____

Do you personally know of any reason why the applicant should not be hired as a law enforcement officer? _____

On a scale from one to ten, where would you place the applicant as an individual who possesses all of the character, qualities, personality and mental ability necessary to be a good and successful law enforcement officer? _____

On a scale from one to ten, where do you place your level of comfort and willingness to serve as a reference for this applicant, knowing that this agency will give significant weight to your responses in determining whether or not to employ this applicant as a law enforcement officer? _____

Signature

Date

Please return this reference by mail to the person noted below as soon as possible:

Initials_____

End Of An Application

Next Page,

Begins Another

CLASS NO.

APPLICANT NO.

BACKGROUND INVESTIGATION QUESTIONNAIRE

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT THE QUESTIONNAIRE

INSTRUCTIONS: Read through this entire questionnaire before completing the required information. Answer every question. If a question does not apply to you, write DNA in the space provided for the answer. A candidate will be rejected from the selection process who has intentionally made a false statement or practiced, or attempted to practice any deception or fraud in this questionnaire, in any examination, interview, or in securing eligibility for employment. Any misstatement of fact is reason for disqualification for employment, or may be punished by law as per N.J.S. 2C:28-2, 2C:28-3, and 2C:28-7. The questionnaire must be prepared by the applicant, with the exception of Reference Information. References will complete, date and sign their own required information for submission with this questionnaire. All entries, except signature, must be printed legibly by the applicant in black ink. If there is insufficient space available for answering any question, use the continuation pages provided. In the event more continuation pages are needed, you may make copies of a blank continuation page and submit as needed. Precede each answer on continuation pages with the corresponding section title and number of the question being answered.

UPON COMPLETION, THIS QUESTIONNAIRE MUST BE NOTARIZED.

PRINT NAME		Last (Include Maiden Name)	First	Middle
MAILING ADDRESS		Number & Street (or R.D.#)	City or Town	State Zip Code
County	Home Phone Number	Cell Phone Number		
	()	()		
E-Mail Address		Web Site Address		

IF CURRENT RESIDENCE IS DIFFERENT FROM ABOVE, COMPLETE THE FOLLOWING:

RESIDENCE LOCATION				
Number & Street, Apartment No.				
City	State	County	Home Phone Number	
			()	

AN EQUAL OPPORTUNITY EMPLOYER

READ THIS INFORMATION CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE.

NOTICE:

This is to inform you that this background investigation questionnaire will remain a permanent part of your file with the . Your failure to neatly and thoroughly complete the required information will be reflected in a negative manner. **The Background Investigation Questionnaire (BIQ) and additional required documents listed on the back cover shall be submitted to the by the (BIQ) submission deadline date.** Any required documents not provided at that time must be submitted to the

. If you do not submit a completed questionnaire, your participation in the selection process will be terminated.

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize the disclosure of my social security number is voluntary. I also realize my social security number will be used for the purpose of facilitating the background investigation authorized by submission of this questionnaire to the

An applicant who has not supplied a social security number may inhibit his/her advancement in the selection process. Any information released as a result of this questionnaire, including the furnishing of a social security number, shall be used for the express purpose of processing the applicant's background investigation without delay.

APPLICANT NOTICE:

You are required to promptly report any significant changes in your personal background information or involvement in any incident which might result in criminal or civil charges being brought against you while you are an applicant in the selection process. This includes, but is not limited to: changes in your address, employment, or marital status; motor vehicle accidents or summonses; charges or convictions for any offense/crime; civil matters (bankruptcies, liens/judgments, etc.); or involvement in any incident which could lead to criminal or civil charges. **Failure to advise the Recruiting & of any of this information**

could adversely affect your status in the selection process.

WITHDRAWALS:

Any concerns or requests that an applicant may have regarding withdrawal from this selection process must be directed to the . An application for withdrawal will be completed at this time.

ATTACH PICTURE HERE.

The picture attached to this questionnaire will be used solely by investigative personnel in the course of their duties to accurately identify the applicant when verifying the accuracy of the information contained in this background investigation questionnaire.

A. Personal Data

1. Full name: _____
Last Name First Name Middle Name
2. List and explain any other names you have used, or have been known by, including nicknames:

3. Place of Birth: _____
City State County Zip Code
4. Birth Certificate: _____
Certificate Number City County State Zip Code
5. Date of Birth: _____ Age: _____
Month Day Year
6. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

List ALL scars, marks, and/or tattoos (Full description and location of all): _____

Pursuant to Federal Privacy Act of 1974 (5 U.S.C. Section 552a (note b)), the State Police is requesting the voluntary disclosure of your social security number. If you give your consent for the use of your social security number, it may be used: (1) to verify your identity; (2) to aid in the processing of your application; (3) to aid in the completion of a criminal history background check; and (4) to aid in the collection of financial obligations. The provision of your social security number demonstrates your consent to its use for any of the purposes set forth above and that you understand that your consent is voluntary and that if you do not consent, no adverse action or inference will be taken or drawn.

7. Social Security Number: _____ - _____ - _____
8. Have you ever previously taken a written examination for employment as a Police? ☐ Yes ☐ No If Yes, list dates:

Date Class # Date Class # Date Class # Date Class #
9. Have you ever previously submitted information for a background investigation to the _____ Police for any public employment? ☐ Yes ☐ No If Yes, list dates:

Date Date Date Date

B. Citizenship

10. Are you a citizen of the United States? ☐ Native Born ☐ Naturalized ☐ Not a Citizen

11. Have you ever renounced your United States citizenship? ☐ Yes ☐ No

12. Are you now or have you ever been a citizen of another country? ☐ Yes ☐ No

If yes, explain _____

13. If you are a naturalized citizen, fill in the following:

Country of birth: _____

Port or place of departure for the United States: _____ Date: _____

How were you transported into the United States? (*Ship, Plane, Train, etc.*) _____

Name of transport conveyance and/or company you arrived on: _____

Port or place of entry into the United States: _____ Date: _____

If a naturalized citizen, state the name, address and date of birth of the person who sponsored you on arrival:

14. First address after arrival: _____

15. How did you obtain citizenship? _____

16. Petition Number: _____ Date: _____ Court: _____

17. List county where you are currently registered to vote and all counties where you were ever registered to vote.

If none, check box ☐

County:	State:	Year:
County:	State:	Year:
County:	State:	Year:

C. Social Status

18. Are you: ☐ single ☐ married ☐ civil union ☐ separated ☐ divorced ☐ widow ☐ widower

19. Complete the following on each current and former spouse, civil union partner or fiancée. If none, check box ☐

Name: Last	First	M.I. (Maiden)	Relationship:	Date of Birth:
Full Address: Number & Street			City	State Zip Code
Home Phone: ()				
Occupation:	Name of Business/Employer and Full Address:			Work Phone: ()

Name: Last	First	M.I. (Maiden)	Relationship:	Date of Birth:
Full Address: Number & Street			City	State Zip Code
Home Phone: ()				
Occupation:	Name of Business/Employer and Full Address:			Work Phone: ()

20. Complete the following information on your current dating relationship or partner. If none, give your most recent past dating relationship or partner.

Name: Last	First	M.I. (Maiden)	Relationship:	Date of Birth:
Full Address: Number & Street			City	State Zip Code
Home Phone: ()				
Occupation:	Name of Business/Employer and Full Address:			Work Phone: ()

21. Marriage/Civil Union(s):

Date:	Where:
By Whom:	Spouse/Civil Union Partner's Full Name (include maiden name):

Date:	Where:
By Whom:	Spouse/Civil Union Partner's Full Name (include maiden name):

22. If separated, state reason: _____

23. How many times were you separated? _____

24. If separated or divorced, what is the present address and phone number of your current or former spouse/civil union partner?

()

Name	Full Address	Phone Number
------	--------------	--------------

25. List every separation, annulment, or divorce below.

<input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced	Date:	Plaintiff:
Where Issued (Court or State):	Defendant:	
Reason:		

26. Are you the biological, adoptive, foster parent or stepparent or legal guardian of any children (whether children are alive or deceased)? ☐ Yes ☐ No
If deceased, explain: _____

27. List below the information on any child identified under question 26.

Name:	Date of Birth:	Place of Birth:
With Whom and Where Does Child Reside?		
Name:	Date of birth:	Place of Birth:
With Whom and Where Does Child Reside?		
Name:	Date of Birth:	Place of Birth:
With Whom and Where Does Child Reside?		

Additional information ☐ Yes ☐ No

See continuation page _____

28. Are you court ordered to pay child support for any of the children listed in question #27? ☐ Yes ☐ No If yes, for each child include where the child support is paid, court information or probation dept. involved, to whom the support is paid, and the amount of child support paid. If you are delinquent, explain amount in arrears and why.

29. Have you ever been involved as a plaintiff or defendant in a paternity proceeding? ☐ Yes ☐ No
If yes, state full details: _____

30. Family information: Father, mother, father-in-law, mother-in-law, current and past stepparents, sisters/brothers, step brothers/sisters, half-brothers and half-sisters names: If deceased, state in answer.

Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()
Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business of Employer:	Work Phone: ()
Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()

Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()

Additional family information ☐ Yes ☐ No

See continuation page _____

31. If currently engaged, list parents and stepparents of fiancée or partner:

Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()
Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()
Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()
Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()

Additional information ☐ Yes ☐ No

See continuation page _____

32. List full names (first, middle, last - include maiden name) of three friends and/or associates **other than references (listed on page 23); employers, past or present; or dating relationship/partner.**

Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()
Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()
Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()

D. Residence

33. Where do you now reside? _____ From _____ to Present
Number & Street

()

City County State Zip Code Phone Number

Apt. No. _____ Floor No. _____ Landlord Name: _____ Phone No.: ()

Address: _____
No. & Street City County State Zip Code

34. Do you have any ownership interest (either full, partial or joint) in this residence or any other real property?

List lot/block numbers: Lot _____ Block _____

Other real property, list location, including State/County/Lot/Block: _____

35. If you reside with someone other than your spouse, civil union partner, parents or siblings, list complete information below. Include any and all persons with whom you have lived during the past two years.

Full Name (Maiden):	Relationship:	Date of Birth:	Dates of Residence:
Occupation:	Employer and Address:	Work Phone and Ext.: ()	
Full Name (Maiden):	Relationship:	Date of Birth:	Dates of Residence:
Occupation:	Employer and Address:	Work Phone and Ext.: ()	
Full Name (Maiden):	Relationship:	Date of Birth:	Dates of Residence:
Occupation:	Employer and Address:	Work Phone and Ext.: ()	
Full Name (Maiden):	Relationship:	Date of Birth:	Dates of Residence:
Occupation:	Employer and Address:	Work Phone and Ext.: ()	
Full Name (Maiden):	Relationship:	Date of Birth:	Dates of Residence:
Occupation:	Employer and Address:	Work Phone and Ext.: ()	
Full Name (Maiden):	Relationship:	Date of Birth:	Dates of Residence:
Occupation:	Employer and Address:	Work Phone and Ext.: ()	

Additional information ☐ Yes ☐ No

See continuation page _____

36. **Past Residences:** In **chronological** order, starting with the most recent **past** residence, state each and every previous residence since birth (include college residence, summer homes, military residence, etc.)

FROM:	TO:	Full Address: (Apartment #)	Landlord Name:	Landlord Phone No.: ()
Mo.	Yr.	City:	State:	Zip Code:
Mo.	Yr.	County:		
FROM:	TO:	Full Address: (Apartment #)	Landlord Name:	Landlord Phone No.: ()
Mo.	Yr.	City:	State:	Zip Code:
Mo.	Yr.	County:		
FROM:	TO:	Full Address: (Apartment #)	Landlord Name:	Landlord Phone No.: ()
Mo.	Yr.	City:	State:	Zip Code:
Mo.	Yr.	County:		

FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	
FROM:		TO:		Full Address: (Apartment #)		Landlord Name:		Landlord Phone No.: ()	
Mo.	Yr.	Mo.	Yr.	City:		State:		Zip Code: County:	

Additional information ☐ Yes ☐ No

See continuation page _____

E. Education & Intern Study Programs

Upon receipt of this application, I will immediately order transcripts from all colleges I attended and have them sent by the college directly to:

(Proper fee must be forwarded to the college by the applicant.) Date Transcripts Requested: _____

37. List (most recent dates first) all post secondary schools attended, including trade schools and colleges/universities:

Name of College:		City/Town of College:		County:		State:		Zip Code:	
List Major:	Degree:	Date of Graduation:	# Credits Earned:	From Month Yr.		To Month Yr.		College Phone No.: ()	
Name of College:		City/Town of College:		County:		State:		Zip Code:	
List Major:	Degree:	Date of Graduation:	# Credits Earned:	From Month Yr.		To Month Yr.		College Phone No.: ()	
Name of College:		City/Town of College:		County:		State:		Zip Code:	
List Major:	Degree:	Date of Graduation:	# Credits Earned:	From Month Yr.		To Month Yr.		College Phone No.: ()	

Additional information ☐ Yes ☐ No

See continuation page _____

38. College Intern Program Information:

Company or Organization Name _____ to _____
Dates Participated _____

Immediate Supervisor _____ Area Code & Telephone Number _____

Additional information ☐ Yes ☐ No

See continuation page _____

39. List **chronologically** (most recent dates first) all schools attended, grades 9 through 12. **I will submit the form provided requesting records from all high schools I attended.** Date Transcripts Requested: _____

School:	From _____ To _____ Month/Year Month/Year	Phone No.: ()
Address: Number & Street City/Town State Zip Code County		
School:	From _____ To _____ Month/Year Month/Year	Phone No.: ()
Address: Number & Street City/Town State Zip Code County		
School:	From _____ To _____ Month/Year Month/Year	Phone No.: ()
Address: Number & Street City/Town State Zip Code County		
School:	From _____ To _____ Month/Year Month/Year	Phone No.: ()
Address: Number & Street City/Town State Zip Code County		
School:	From _____ To _____ Month/Year Month/Year	Phone No.: ()
Address: Number & Street City/Town State Zip Code County		

Additional information ☐ Yes ☐ No

See continuation page _____

40. List any suspensions, expulsions or disciplinary action taken by the college, high school or trade school attended.

School:	Year:	Reason:
School:	Year:	Reason:
School:	Year:	Reason:

Additional information ☐ Yes ☐ No

See continuation page _____

41. List other formal schooling or specialized training (i.e., teaching, EMT, trade certification, SCUBA, counseling, intern programs, etc.). Submit respective certification documents.

Date Attended	School /Course Name	Location	Certification
Date Attended	School /Course Name	Location	Certification
Date Attended	School /Course Name	Location	Certification

42. Were you ever or are you a member of any social, fraternal, charitable, educational or nonprofit organizations (include collegiate team, club, and college fraternity/sorority organizations)? ☐ Yes ☐ No If yes, list every such organization.

From		To		Organization Name	Type of Organization
Mo.	Yr.	Mo.	Yr.		
Organization Address and Phone No.					

Additional information ☐ Yes ☐ No

See continuation page _____

F. Selective Service

43. Draft Registration Number (Male applicants only): _____ Registration Date: _____
To obtain your Draft Number, call (1-847-688-6888), or visit www.sss.gov.

- 43a. Date you faxed your "Request for Military Records" to (314) 801-9195: _____

G. Military Service

44. Have you ever served in an active military organization of the United States? ☐ Yes ☐ No
45. Have you ever served in a military organization of any foreign government? ☐ Yes ☐ No If yes, give details:

46. Give branch of service: _____
Military Specialty: _____
47. Rank held: _____
48. How many periods of active military service have you had (drafts, enlistments or recalls to service)? Note the branch of service: _____

49. Give period or periods of active service.

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

50. How many discharges or separations from the service were issued to you? _____

51. List type of discharge(s) or separation(s) (honorable, dishonorable, honorable conditions):

Be exact. _____

52. Has your discharge or separation notice ever been corrected or changed? ☐ Yes ☐ No

53. If yes, what was the nature of the change? Changed from _____ to _____

54. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?

☐ Yes ☐ No Number of times: _____

55. Have you ever been the subject of a military police investigation? ☐ Yes ☐ No

If yes, give details of allegation(s) and facts surrounding the incident:

56. Have you ever been the subject of an inquiry by someone in command which resulted in discipline or counseling?

☐ Yes ☐ No If yes, explain: _____

57. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States or the National Guard of any state or any foreign government?

☐ Yes ☐ No If yes, state which - active or inactive _____

Branch: _____ Regiment: _____ Unit: _____ Rank: _____

Address: _____ From: _____ To: _____

H. Employment

58. Present and Past Employers

List all present employer(s) first, including part-time and self-employment. Then CHRONOLOGICALLY list all previous employment, beginning with the most recent past employment back to the age of 18. OMIT NONE. If applicable, include dates of military service, school (not working), part-time and summer employment, and unemployment. For example: 9/97 to 6/98 Unemployed - Attending College.

From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone Number & Ext. ()	Reason For Leaving:
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone Number & Ext. ()	Reason For Leaving:
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone Number & Ext. ()	Reason For Leaving:
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone Number & Ext. ()	Reason For Leaving:
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone Number & Ext. ()	Reason For Leaving:
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone Number & Ext. ()	Reason For Leaving:
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone Number & Ext. ()	Reason For Leaving:
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone Number & Ext. ()	Reason For Leaving:
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone Number & Ext. ()	Reason For Leaving:
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone Number & Ext. ()	Reason For Leaving:

Additional former employment ☐ Yes ☐ No

See continuation page _____

59. Are you now or have you ever engaged in any business as an owner (active or silent), partner, or corporate member?

☐ Yes ☐ No

If yes, give details: _____

60. Were you ever subjected to disciplinary action in connection with any employment? ☐ Yes ☐ No

If yes, explain: _____

61. Were you ever terminated or asked to resign from employment (this does not include being laid off)?

☐ Yes ☐ No

How many times? _____ List each event below.

Date:	Employer Name & Address:		
Immediate Supervisor:	Phone No. and Ext. ()	Reason for Discharge:	

Date:	Employer Name & Address:		
Immediate Supervisor:	Phone No. and Ext. ()	Reason for Discharge:	

Additional termination or resignation ☐ Yes ☐ No

See continuation page _____

62. Whether or not employed in a specific area, have you ever been professionally licensed or certified (i.e., law, real estate, nursing)? ☐ Yes ☐ No If yes, list: _____

If so, is license or certification current? ☐ Yes ☐ No If no, explain: _____

63. Has any such license or permit been revoked, cancelled or suspended? ☐ Yes ☐ No If yes, give details: _____

64. Were you ever or are you a member of a social, labor or fraternal organization? ☐ Yes ☐ No

If yes, list every such organization.

From	To	Organization Name:	Type of Organization:
Mo.	Yr.	Mo.	Yr.
Organization Address and Phone No.: ()			
From	To	Organization Name:	Type of Organization:
Mo.	Yr.	Mo.	Yr.
Organization Address and Phone No.: ()			

Additional information ☐ Yes ☐ No

See continuation page _____

65. Have you ever applied for and received unemployment insurance or other federal, state or local benefits or assistance? ☐ Yes ☐ No

If yes, explain: _____

Benefit Assistance Given: _____ Local Office: _____

Address: _____

Give periods:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

Additional information ☐ Yes ☐ No See continuation page _____

66. Have you ever applied for or received any unemployment insurance, workman's compensation, public assistance or disability insurance allowance or benefit?

☐ Yes ☐ No If yes, explain on continuation page _____.

67. List applications submitted to other law enforcement agencies.

Organization & Address	Phone No.	Test Date	App. Date	Status	Withdraw Date	Reject Yes/No

Additional information ☐ Yes ☐ No See continuation page _____

68. Have you ever attended a police academy? ☐ Yes ☐ No

If yes, where? _____ Dates _____ Graduated? _____

Reason for discontinuing: _____

I. Financial

69. List all Financial Liabilities; credit cards, utilities, insurance, loans (mortgages, home equity, education, pension):

Type Loan/Credit Card:		Name of Institution:		Address:	
Account No.:	Original Amount:	Present Balance:	Monthly Payments:	Amount of Arrears:	

Type Loan/Credit Card:		Name of Institution:		Address:	
Account No.:	Original Amount:	Present Balance:	Monthly Payments:	Amount of Arrears:	

Type Loan/Credit Card:		Name of Institution:		Address:	
Account No.:	Original Amount:	Present Balance:	Monthly Payments:	Amount of Arrears:	

Type Loan/Credit Card:		Name of Institution:		Address:	
Account No.:	Original Amount:	Present Balance:	Monthly Payments:	Amount of Arrears:	

Type Loan/Credit Card:		Name of Institution:		Address:	
Account No.:	Original Amount:	Present Balance:	Monthly Payments:	Amount of Arrears:	

Type Loan/Credit Card:		Name of Institution:		Address:	
Account No.:	Original Amount:	Present Balance:	Monthly Payments:	Amount of Arrears:	

Type Loan/Credit Card:		Name of Institution:		Address:	
Account No.:	Original Amount:	Present Balance:	Monthly Payments:	Amount of Arrears:	

70. Do you have any debt not listed above? ☐ Yes ☐ No If yes, give details: _____

71. Other than standard withholding deductions, has any part of your wages ever been withheld and paid to another party to satisfy a debt, obligation or for any other purpose? ☐ Yes ☐ No If yes, give details: _____

72. Do you have a lien or judgment pending against you? ☐ Yes ☐ No If yes, give details: _____

73. Have you ever had a lien or judgment against you? ☐ Yes ☐ No If yes, give details: _____

74. Are you a co-signer on an outstanding loan? ☐ Yes ☐ No If yes, give details: _____

75. Have you ever been bonded? ☐ Yes ☐ No Refused a bond? ☐ Yes ☐ No

With respect to each time bonded or refused, give details below:

Bonded	Refused	By Whom	Full Address	Phone No. ()
Reason Bonded/Reason refused				Date

Additional information ☐ Yes ☐ No See continuation page _____

76. Have you ever petitioned for bankruptcy? ☐ Yes ☐ No If yes, give details: _____

77. List current assets (include all stocks, bonds, savings accounts, checking accounts, money market accounts, current holdings, pension funds and real estate property, etc.).

Type/Name of Asset:		Full Address or Location:		
Account No.:	Date Acquired:	Original Value:	Present Value:	
Co-owner:	Co-owner Address:		Co-owner Phone Number:	

Type/Name of Asset:		Full Address or Location:		
Account No.:	Date Acquired:	Original Value:	Present Value:	
Co-owner:	Co-owner Address:		Co-owner Phone Number:	

Type/Name of Asset:		Full Address or Location:	
Account No.:	Date Acquired:	Original Value:	Present Value:
Co-owner:	Co-owner Address:		Co-owner Phone Number:

Type/Name of Asset:		Full Address or Location:	
Account No.:	Date Acquired:	Original Value:	Present Value:
Co-owner:	Co-owner Address:		Co-owner Phone Number:

Type/Name of Asset:		Full Address or Location:	
Account No.:	Date Acquired:	Original Value:	Present Value:
Co-owner:	Co-owner Address:		Co-owner Phone Number:

78. Have you filed all federal and state personal income tax returns for which you are required to submit?

☐ Yes ☐ No If no, explain: _____

79. Have you accurately reported all of your taxable income (receipts) on each of your own income tax returns filed with the federal and state government? ☐ Yes ☐ No

If no, explain: _____

J. General

80. Have you ever had problems or been alleged to have had problems dealing with persons of another race, ethnic origin, religious group, gender, or sexual orientation? ☐ Yes ☐ No If yes, explain: _____

81. Have you ever subjected or been alleged to have subjected others to harassment, discrimination or a hostile work environment? ☐ Yes ☐ No If yes, explain: _____

82. Have you ever been involved in a personal relationship where you threatened, assaulted or harassed another party or had a domestic violence complaint, temporary restraining order or final restraining order entered against you? ☐ Yes ☐ No If yes, explain: _____

83. Have you ever been involved in a personal relationship in which you were threatened, assaulted, or harassed or where you sought a domestic violence complaint, temporary restraining order or final restraining order against another person? ☐ Yes ☐ No If yes, explain: _____

84. Have you ever been charged with, or accused of violating the civil rights of another person? ☐ Yes ☐ No
If yes, explain: _____

85. Have you ever been involved in a civil court action in this state or elsewhere? ☐ Yes ☐ No If yes, explain:

Date	Action or Proceeding	County	State
As Plaintiff, Defendant Petitioner, Respondent or Witness		Court Disposition	

Date	Action or Proceeding	County	State
As Plaintiff, Defendant Petitioner, Respondent or Witness		Court Disposition	

Date	Action or Proceeding	County	State
As Plaintiff, Defendant Petitioner, Respondent or Witness		Court Disposition	

86. Have you ever possessed or do you possess any pistol permits, permit to purchase a handgun, firearm permits, firearm ID cards, or firearm dealer licenses, in this or any other state or area under federal jurisdiction? ☐ Yes ☐ No
If yes, give details:

Firearm ID Card _____ Firearm Dealer License Number _____ Issuing Agency _____

List all firearms that you possess/own:

Serial #	Make/Importer	Model	Caliber/Gauge	Pistol Permit #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

K. Arrests, Summonses, Etc.

NOTICE: Expungements, PTI, and conditional discharges must be disclosed on this application. Such disclosure is for law enforcement purposes.

87. As a juvenile, have you ever had any police contact, been taken into custody, received a summons complaint(s) or charged with Juvenile Delinquency? ☐ Yes ☐ No If yes, explain:

Date:	Age:	Violation/Charge if act were committed as an adult:	Police Agency Concerned: Phone No. ()
Municipality/Township:		County State	Court Disposition/Sentence:

Date:	Age:	Violation/Charge if act were committed as an adult:	Police Agency Concerned: Phone No. ()
Municipality/Township:		County State	Court Disposition/Sentence:

Date:	Age:	Violation/Charge if act were committed as an adult:	Police Agency Concerned: Phone No. ()
Municipality/Township:		County State	Court Disposition/Sentence:

Date:	Age:	Violation/Charge if act were committed as an adult:	Police Agency Concerned: Phone No. ()
Municipality/Township:		County State	Court Disposition/Sentence:

Additional information ☐ Yes ☐ No See continuation page _____

88. Have you ever been summoned, subpoenaed, or required to testify before any municipal, county, state, or federal agency or other investigative body for a criminal matter? ☐ Yes ☐ No If yes, give details: _____

89. Since the age of 18 years, have you ever received a summons complaint, been arrested, indicted, or convicted for any violation of the law including fish and game laws? Include disorderly persons, petty disorderly persons offenses, city, borough or county ordinances/violations. **(DO NOT LIST MOTOR VEHICLE VIOLATIONS.)**

☐ Yes ☐ No If yes, explain:

Date:	Violation:	Municipality/Twp.:	County	State
Court Disposition:		Your Age at Time:	Police Agency Concerned:	Phone No. ()

Date:	Violation:	Municipality/Twp.:	County	State
Court Disposition:		Your Age at Time:	Police Agency Concerned:	Phone No. ()

Additional information ☐ Yes ☐ No See continuation page _____

90. Have you ever had a criminal record expunged, or been accepted into a Pre-Trial Intervention or Conditional Discharge Program? ☐ Yes ☐ No If yes, explain:

Date:	Violation:	Municipality/Twp.:	County	State
Court Disposition:		Your Age at Time:	Police Agency Concerned:	Phone No. ()

Date:	Violation:	Municipality/Twp.:	County	State
Court Disposition:		Your Age at Time:	Police Agency Concerned:	Phone No. ()

Additional information ☐ Yes ☐ No

See continuation page _____

91. Have you ever been the subject of a criminal investigation or investigated by any law enforcement or private security agency for any reason (other than pre-employment for a police dept.)? ☐ Yes ☐ No If yes, explain: _____

Date	Violation	Municipality/Twp.	County	State
Court Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()

Date	Violation	Municipality/Twp.	County	State
Court Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()

Additional information ☐ Yes ☐ No

See continuation page _____

92. Have you ever been fingerprinted? (Exclude this application and applications for employment with other police departments, but include if fingerprinted for criminal or noncriminal purposes such as licensing or employment.)

☐ Yes ☐ No If yes, explain: _____

L. Motor Vehicle History

93. Driver's License(s):

Current: _____
Number State Expiration Date

94. Have you ever held or do you hold a driver's license in another state? ☐ Yes ☐ No

Number State Expiration Date

Number State Expiration Date

95. Vehicle Registration(s): List all vehicles presently owned/leased:

Year	Make/Model/Color	Lic. Plate No./State	Exp. Date	Insurance Policy No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

96. Vehicle Insurance Company:

Present Insurance Co.	Address	()	Phone No.
Present Insurance Co.	Address	()	Phone No.
Present Insurance Co.	Address	()	Phone No.

97. If you do not own or lease a vehicle, what vehicle do you operate as your primary mode of transportation?

Year	Make/Model/Color	Registration/State	Insurance Policy No.	Owner's Name
------	------------------	--------------------	----------------------	--------------

98. Have your driving privileges ever been suspended or revoked in this or any other state or country?

☐ Yes ☐ No If yes, explain (include dates of revocation and restoration): _____

99. Have you ever been arrested for driving while under the influence of alcohol or drugs in this or any other state?

☐ Yes ☐ No

If yes, list where/when/specific detail: _____

Additional information ☐ Yes ☐ No See continuation page _____

100. Have you ever possessed a chauffeur's or a commercial driver's license? ☐ Yes ☐ No If yes, list:

Dates of Issue/Expiration	State	Number
---------------------------	-------	--------

101. Have you ever had your auto insurance discontinued for any reason? ☐ Yes ☐ No If yes, explain: _____

102. Have you ever received a summons for a violation of the Motor Vehicle Laws in this or any other state? (Exclude parking violations). ☐ Yes ☐ No If yes, list:

Date:	Violation:	Municipality:	County	State
Disposition:		Your Age at Time:	Police Agency Concerned:	Phone No. ()
Date:	Violation:	Municipality:	County	State
Disposition:		Your Age at Time:	Police Agency Concerned:	Phone No. ()
Date:	Violation:	Municipality:	County	State
Disposition:		Your Age at Time:	Police Agency Concerned:	Phone No. ()
Date:	Violation:	Municipality:	County	State
Disposition:		Your Age at Time:	Police Agency Concerned:	Phone No. ()
Date:	Violation:	Municipality:	County	State
Disposition:		Your Age at Time:	Police Agency Concerned:	Phone No. ()

Additional information ☐ Yes ☐ No

See continuation page _____

103. Have you or a vehicle owned or leased by you ever been involved in any motor vehicle accident? ☐ Yes ☐ No If yes, state dates, locations, circumstances: Number of accidents: ____ (NOTE: Obtain a copy of each accident report.)

Date _____ Municipality/Twp. _____ Circumstances _____

Date _____ Municipality/Twp. _____ Circumstances _____

Date _____ Municipality/Twp. _____ Circumstances _____

Date _____ Municipality/Twp. _____ Circumstances _____

Additional information ☐ Yes ☐ No

See continuation page _____

M. Other Affiliations

104. Are you now, or have you ever been, a member or an affiliate of any organization, association, movement, or group which you know to advocate the commission of acts of force or violence designed to overthrow the government of the United States or this state?
- ☐ Yes ☐ No
105. Are you now, or have you ever been, a member of any organization, association, movement, or group which you know to advocate the commission of acts of force or violence designed to deny others their rights under the Constitution of either the United States or the state of New Jersey?
- ☐ Yes ☐ No
106. If your answer is YES to either of the above questions, please provide an explanation and the name of the organization, association, movement or group:

N. Other Information

107. Have you used or possessed marijuana/hashish?
- ☐ Yes ☐ No
- 107a. Date of last usage: Month _____ Year _____
108. Have you used any other illegal drug or drugs other than those prescribed or provided by a physician to you or purchased over the counter (including the use of anabolic steroids) in your life? ☐ Yes ☐ No
109. Have you sold an illegal drug at any time in your life?
- ☐ Yes ☐ No
110. Have you manufactured an illegal drug at any time in your life?
- ☐ Yes ☐ No
111. Have you distributed an illegal drug at any time in your life?
- ☐ Yes ☐ No
112. Have you engaged in the unauthorized usage of any illegal drug or drugs other than those prescribed by a physician or provided to you by a physician or purchased over the counter while employed in a position of public trust (e.g., a sworn Law Enforcement Officer, etc.)? ☐ Yes ☐ No

113. If your answer is YES to any of the above questions, explain: _____

114. Have you ever participated in a drug testing program and had a positive test?

☐ Yes ☐ No If yes, provide explanation: _____

115. Are there any matters which may involve a conflict of interest or any problems in connection with your appointment to the position of _____ which are not fully covered by your answers to this questionnaire? If so, please set forth the pertinent facts below, including an explanation of how you would propose to resolve such conflict of interest or problem (e.g., divestiture, resignation, etc.).

116. Is there any event or matter in your past which, if it were public knowledge, might reflect adversely on you or on the _____ if you were appointed?

117. List any and all web sites, web pages, web logs, and social networking web groups of which you are a member, including all screen names.

1.

2.

3.

4.

5.

O. References

(NOT TO BE SWORN MEMBERS OF THE NJSP OR ANY OTHER PERSON LISTED IN THIS APPLICATION.)

Upon completion of this form, the applicant must obtain three reputable citizens (no relatives) who will vouch for the honesty, reputation and ability of the applicant.

The reference portion of this form shall be completed by the reference and signature affixed.

I, the undersigned, declare that I am over twenty-one years of age, and I have personally known the applicant for at least one year. I am not related in any way to the applicant.

I will upon request, give further facts concerning the applicant that I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

REFERENCE ONE

(Please Print)

Name _____ Occupation _____ (_____) _____
Business Phone Number
Address _____ Business _____
Name Address
City, State Zip Code _____ How long have you personally known the applicant? _____
Phone No. (_____) _____ Date of Birth: _____
Signature: _____ Date: _____

REFERENCE TWO

(Please Print)

Name _____ Occupation _____ (_____) _____
Business Phone Number
Address _____ Business _____
Name Address
City, State Zip Code _____ How long have you personally known the applicant? _____
Phone No. (_____) _____ Date of Birth: _____
Signature: _____ Date: _____

REFERENCE THREE

(Please Print)

Name _____ Occupation _____ (_____) _____
Business Phone Number
Address _____ Business _____
Name Address
City, State Zip Code _____ How long have you personally known the applicant? _____
Phone No. (_____) _____ Date of Birth: _____
Signature: _____ Date: _____

AFFIDAVIT AND CERTIFICATION OF APPLICANT

I will assist in any way to obtain any and all documents and information requested by the

I certify that all of the 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 any intentional misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the _____ to verify any and all information contained herein and to review my employment, education, financial and criminal history, military, disciplinary and other records and information from any source as noted in the duly executed Authorization and Release Form.

I have read this Certification and I understand and agree to the conditions imposed herein.

Date: _____ Signature: _____
(Sign in Ink)

(Print Name)

State of: _____

County of: _____

Sworn to and subscribed before me this

_____ day of _____, 20__

(Print Name and Title)

Signature (Sign in Ink)

Notary Public, my Commission

Expires: _____

DO NOT WRITE BELOW THIS LINE

Signature of applicant made in the presence of investigator

Date

Signature of Investigating Officer

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CONTINUATION PAGE

REQUIRED DOCUMENTS

All applicants must provide COPIES of the below-listed documents, along with this completed Background Investigation Questionnaire. Use this Check-Off List to organize your collection of these REQUIRED DOCUMENTS. Check the "Enclosed" box only if the document is provided with this completed Questionnaire. (*Leave blank if you **have not obtained** the required document.*) Check the "Not Applicable" box if this document does not apply to you. These documents and the completed Background Investigation Questionnaire shall be submitted by you to _____ personnel when you report to the Physical Qualification Test.

<u>ENCLOSED</u>	<u>NOT APPLICABLE</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Naturalization Papers
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	<input type="checkbox"/>	Driver's License(s)
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Registrations (all owned/leased or vehicles used)
<input type="checkbox"/>	<input type="checkbox"/>	Automobile Insurance Cards (all owned/leased or vehicles used)
<input type="checkbox"/>	<input type="checkbox"/>	Financial Statements (All assets, including most recent Savings, Checking, CD's, Investments of any kind, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	ALL Loans (mortgages, auto loans, student loans, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Federal and State Tax Returns (<u>Last 3 years</u> , including all W-2 Form(s), 1099 Form(s), and Schedules.) • to obtain copies of prior years' tax returns, contact: IRS: 1-800-829-1040 www.irs.ustreas.gov NJ Taxpayer Customer Service Center: 609-292-6400 www.state.nj.us/treasury/taxation
<input type="checkbox"/>	<input type="checkbox"/>	<u>Most Recent Pay Stub</u>
<input type="checkbox"/>	<input type="checkbox"/>	Firearms Purchaser Identification Card
<input type="checkbox"/>	<input type="checkbox"/>	Permits to Purchase Handgun
<input type="checkbox"/>	<input type="checkbox"/>	Permits to Carry Handgun
<input type="checkbox"/>	<input type="checkbox"/>	Police Training Certificate
<input type="checkbox"/>	<input type="checkbox"/>	<u>ALL</u> Motor Vehicle Accident Reports
<input type="checkbox"/>	<input type="checkbox"/>	<u>ALL</u> Court Documents (Criminal, Civil, Family)
<input type="checkbox"/>	<input type="checkbox"/>	Professional Licenses and Certificates
<input type="checkbox"/>	<input type="checkbox"/>	Military Separation Forms (DD-214)
<input type="checkbox"/>	<input type="checkbox"/>	Marriage/Divorce records, Marriage, Civil Union or Divorce Records
<input type="checkbox"/>	<input type="checkbox"/>	Rental/Leasing Agreements (Vehicle, Apartment, Boat, etc.)

CHECK WHEN COMPLETED

☐ High School Transcripts Requested from School ☐Yes ☐No
Name of School(s) _____

☐ College Transcripts Requested on (Date) _____
Name of College(s) _____