

BERKELEY TOWNSHIP POLICE DEPARTMENT



631 Pinewald-Keswick Road
P.O. Box B
Bayville, N.J 08721
Phone (732) 341-1132
Fax (732) 349-9109

Application for Special Police Officer

Congratulations on taking your first step towards a career in Law Enforcement. This form will serve as your guide for the order of movement through the Application Process.

1. Complete in full the Police Application. Every question must be answered in handwritten form using blue ink.
2. Please answer all questions with a Yes or No answer and if Yes include an explanation. Addition explanations can be written on the backside of the previous paper, including the page number and question number.
3. Complete the Authorization and Release form in the presence of Notary Public, and have said form notarized accordingly.
4. At this time, you will also need to submit the required Application processing fee of \$20.00. This fee is acceptable in certified check or money order form only.

***** Any incomplete or missing forms will result in your Application Packet being removed from further consideration. *****

Further instructions will be provided from the Application Process upon submitting a complete Application Packet. Any questions or concerns regarding the application process should be directed to Detective Lieutenant Peter La Rocca at (732)341-1132, Ext 2117 or at larocca@btpdnj.org

BERKELEY TOWNSHIP POLICE DEPARTMENT
Application for Special Police Officer



Personal History Statement

Candidate Name

NOTICE

Berkeley Township Police Department conducts background investigations of all applicants for public safety positions to decide their suitability for employment. We need information from you so that we may follow the laws that apply to selecting people for employment. If you do not answer these questions, we cannot process your application.

We must have your Social Security Number (SSN) to keep your records straight. Other people may have the same name and/or date of birth. The SSN has been used to keep records since 1943, at the direction of Executive Order 9397.

Berkeley Township Police Department may also use your SSN to ask for information about you from employers, schools, banks, law enforcement agencies, credit agencies and others who know you. We will only use your SSN when the law allows it. Data we collect by using your SSN may also be given to federal, state or local agencies to check for violations, or for studies or statistics that will not identify you. We may also give information we have about you to federal, state or local agencies to conduct other lawful checks.

NOTICE

If any of the following occurs during the time you are being investigated, you must notify the Applicant Investigator in writing:

- 1 Name change
- 2 Address or telephone number change
- 3 Employer change
- 4 If you are arrested
- 5 If you receive a criminal summons
- 6 If you are sued
- 7 If you receive a traffic citation
- 8 If you are involved in a motor vehicle accident
- 9 If you become the subject of a disciplinary action at work
- 10 If you are terminated from any employment
- 11 Any other significant event that occurs in your life

Notify the Applicant Investigator at this address:

Berkeley Township Police Department
Attn: Détective Lieutenant Peter La Rocca
631 Pinewald-Keswick Road
P.O. Box B
Bayville, NJ 08721

NOTICE: N.J.S. 2C:28-3a

A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

POLICE APPLICANT PERSONAL HISTORY QUESTIONNAIRE

INSTRUCTIONS:

- Read through the entire questionnaire before completing the required information. You are responsible for personally preparing the questionnaire and compiling all of the required documents. Answer every question and leave no blank spaces. If a question does not apply to you, write "N/A" in the space provided for the answer. All dates should include the month, day and year.

- The information you provide in this questionnaire and throughout the background investigation will be used in determining your suitability for the position being sought. Any falsification or omission of a material fact, or any deception shall be grounds for removal from the list and, if hired, may be grounds for termination at a later date. Answer all questions fully by providing specific details. If for any reason additional space is needed to answer a question, use the backside of the previous page, number the additional answer and utilize the check-off box at the bottom of the printed page. Questionnaires shall be typed, or clearly written in block lettering using blue ink. Questionnaires must be legible.

- The Berkeley Township Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

- If you are qualified and are entitled to reasonable accommodations to assist you in completing this questionnaire or during any phase of the hiring process you must request an accommodation when needed to Lieutenant Peter La Rocca .

- If you have any contact with a law enforcement agency or ANY information in your background changes contact Detective Lieutenant Peter La Rocca (732) 341-1132, Ext. 2117.

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- If you have specific questions contact Detective Lieutenant Peter La Rocca (732) 341-1132, Ext. 2117.

This background investigation and its result are strictly confidential and are the sole property of the Berkeley Township Police Department. Copies of reports and documents may be forwarded to the Appointing Authority, its agents and CSC as needed. Information we collect about you and our reports may be provided to any federal, state, and local agencies regarding violations of law and for any other lawful purposes. All copies of documents provided by the candidate become the sole property of the Berkeley Township Police Department and will not be returned. This questionnaire is NOT an offer for employment.

**Application must be handwritten in blue ink
Do not type this application.**

**YOU MUST PROVIDE COPIES OF THE FOLLOWING
DOCUMENTS WHEN SUBMITTING THIS APPLICATION**
DO NOT SUBMIT ORIGINAL DOCUMENTS

- Birth certificate.
- High school diploma or certificate of high school equivalency. (High school equivalency certificate (e.g. GED report) must be accompanied by the test score report.)
- Official sealed and unopened high school and college or university transcripts. If the school will not give you the transcripts, have them mailed to: Berkeley Township Police Department, Attn: Lieutenant Peter La Rocca, 631 Pinewald-Keswick Road, P.O. Box B, Bayville, NJ 08721
- DD Form 214, Certificate of Discharge from the Armed Forces, for each period of military service. The DD Form 214 must be the copy that reflects "Reentry Code".
- Marriage license(s).
- Naturalization certificate.
- Court orders or paper such as those listed below. Even if not listed below, if you fail to provide all civil or criminal court papers, we will terminate your interview:
 - 1 Divorce decree (s)
 - 2 Name change(s)
 - 3 Adoption(s)
 - 4 Civil or criminal court orders or dispositions
 - 5 Bankruptcy order(s)
 - 6 Ex Parte orders
 - 7 Paternity suits
- Social Security card.
- Driver's license, any vehicle registration card(s) and proof of insurance.
- Copies of any motor vehicle accident reports.
- Selective Service card or letter from the Selective Service proving you registered (males only).
- State and federal income tax forms, to include W-2s, for the last two years.

**FAILURE TO PROVIDE THESE DOCUMENTS MAY
RESULT IN DISQUALIFICATION**

Automatic Disqualifiers for Employment

As part of the Background Investigation and the Hiring process for the Berkeley Township Police Department, there are certain automatic disqualifiers which will result in the termination of the hiring process. This list includes the following:

- 1 If you were ever convicted of an indictable offense or are presently under indictable conviction expungement.
- 2 A conviction of any offense involving Domestic Violence
- 3 A conviction of any offense involving a "controlled dangerous substance"
- 4 A conviction of any offense involving public office, position or employment (IE, school board, township committee, etc)
- 5 If you were adjudicated to have committed an act of juvenile delinquency. "Juvenile Delinquency" here means the commission of an act, which, if committed by an adult, would constitute an indictable offense.
- 6 If you were adjudicated by a court or found by an employer to have violated any person's civil rights in this State or any other State.
- 7 If you are currently on probation or have ever been on probation at any time within the last 12 months in this State or any other State.
- 8 If you participated in a program of supervisory treatment or pretrial intervention for an indictable offense under N. J. S. A. 2C:43-12 or any out of state equivalent.
- 9 If you have been convicted of driving while intoxicated two times or once within five years in this State or any other State.
- 10 If you're driving privilege is currently revoked or suspended in New Jersey or in any other State.
- 11 If you were dishonorably discharged from any branch of military service or law enforcement agency.
- 12 If you have ever renounced your United States Citizenship
- 13 If you are currently subject to a final domestic violence restraining order
- 14 If you were terminated or asked to resign from a public office, position, or government employment for misconduct involving such public office, position or employment
- 15 If you have used marijuana or hashish within the past three years.
- 16 If you have possessed or used any other illegal drug or drugs other than those prescribed or provided by a physician or purchased over the counter including the use of anabolic steroids with the past ten (10) years.
- 17 If you have ever sold, or given an illegal drug to another person in your life.
- 18 If you have ever manufactured an illegal drug at any time in your life.

NOTICE: N.J.S. 2C:28-3a *A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable*

I certify and attest that none of the aforementioned disqualifiers apply to me.

Signature of Applicant: _____

PERSONAL DATA & CITIZENSHIP INFORMATION

1. Last Name: _____ First: _____ Middle initial: _____
2. Maiden Name _____
3. Other names/ Nicknames / alias: _____
4. Explain other names, include dated when & where used: _____
5. DOB: _____ Place of Birth _____
(name of hospital / clinic, town & state)
6. SS#: _____ / _____ / _____
7. Address: _____
8. Height : _____ Weight: _____
9. Eye Color: _____ Hair Color: _____ Blood type: _____
10. Which hand would you use to shoot a handgun? Left / Right (circle one)
11. Distinguishing scars, marks, tattoos, piercings: _____
12. NJ DL#: _____
13. Endorsements: _____ Restrictions: _____ (Current or Previous DL)
14. Other Drivers Licenses:
State: _____ Number _____
15. Have you ever obtained or possessed a falsified or fictitious driver's license or identification card?
If yes, explain in detail: _____
16. Are you a US Citizen?

If naturalized, provide a certified a copy of Naturalization papers.

17. Where are you registered to vote? (Town, County) _____

Explanation if not registered: _____

18. Have you ever been issued a Passport? Yes / No (circle one)

If yes, list the following:

a. Date _____ Country: _____ Passport #: _____

b. Date _____ Country: _____ Passport #: _____

c. Date _____ Country: _____ Passport #: _____

19. Have you ever been fingerprinted? Yes / No (circle one)

If yes, list the date, details & jurisdiction: _____

20. Have you ever applied within the Township of Berkeley? Yes / No (circle one)

If yes, list the date, department, and results: _____

Current Address:

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Cellular Phone #: _____ Fax: _____

Primary Email Address: _____ @ _____

Reside with: Parent(s) / Other, Name(s) _____

Own / Rent (circle one)

Landlord Name: _____ Address: _____

Landlord Phone number _____

Dates: from _____ until _____

** Provide copy of rental/lease agreement.

21. List below your current, immediate neighbors (to the sides and either above & below or front & rear).
If you do not know your immediate neighbors, contact them and obtain this information.

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip _____ Phone #: _____

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip _____ Phone #: _____

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip _____ Phone #: _____

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip _____ Phone #: _____

Personal Email Address (es)

List all within the past five years:

Website(s) owned, operated
maintained, moderated or posted to

List ALL web ID profiles, groups, blog accounts, mailboxes, addresses, personal web pages owned, operated, maintained (i.e. MySpace, Xawga, Facebook, YouTube, The World is Round etc.):

Are you aware of any videos posted about you? Yes No

Previous Address:

LIST ALL ADDRESSES YOU HAVE EVER LIVED, INCLUDE THE DATES. INCLUDE OFF-BASE MILITARY AND COLLEGE HOUSING. BEGIN WITH THE MOST RECENT.

1.

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Cellular Phone #: _____ Fax: _____

Primary Email Address: _____ @ _____

Reside with: Parent(s) / Other, Name(s) _____

Own / Rent (circle one)

Landlord Name: _____ Address: _____

Landlord Phone number _____

Dates: from _____ until _____

** Provide copy of rental/lease agreement.

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reason for moving: _____

2.

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Cellular Phone #: _____ Fax: _____

Primary Email Address: _____ @ _____

Reside with: Parent(s) / Other, Name(s) _____

Own / Rent (circle one)

Landlord Name: _____ Address: _____

Landlord Phone number _____

Dates: from _____ until _____

** Provide copy of rental/lease agreement.

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reason for moving: _____

3.

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Cellular Phone #: _____ Fax: _____

Primary Email Address: _____ @ _____

Reside with: Parent(s) / Other, Name(s) _____

Own / Rent (circle one)

Landlord Name: _____ Address: _____

Landlord Phone number _____

Dates: from _____ until _____

** Provide copy of rental/lease agreement

Neighbor: Name: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reason for moving: _____

4.

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Cellular Phone #: _____ Fax: _____

Primary Email Address: _____ @ _____

Reside with: Parent(s) / Other, Name(s) _____

Own / Rent (circle one)

Landlord Name: _____ Address: _____

Landlord Phone number _____

Dates: from _____ until _____

** Provide copy of rental/lease agreement.

Neighbor: Name: _____

Address #: _____ Street: _____
Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Reason for moving: _____

Have you ever been evicted or asked to leave a residence? Yes () No ()

Have you ever left a residence owing rent or utilities to the owner, a roommate or company?

If yes to #39 or #40, explain and provide name(s) address & details: _____

II. REFERENCES: List 6 People. DO NOT include members of this department, relatives, employers or housemates. List three business colleagues / professional associates AND three close references that have known you a minimum of (2) years.

1.
Name: _____

Address: # _____ Street _____ Apt #: _____ Town _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Association: _____ Email: _____

2.
Name: _____

Address: # _____ Street _____ Apt #: _____ Town _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Association: _____ Email: _____

3.
Name: _____

Address: # _____ Street _____ Apt #: _____ Town _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Association: _____ Email: _____

4.

Name: _____

Address: # _____ Street _____ Apt #: _____ Town _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Association: _____ Email: _____

5.

Name: _____

Address: # _____ Street _____ Apt #: _____ Town _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Association: _____ Email: _____

6.

Name: _____

Address: # _____ Street _____ Apt #: _____ Town _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Association: _____ Email: _____

III. RELATIONS: If deceased make a notation.

1. Father

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

2. Step-Father

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

3. Mother

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

4. Step-Mother

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

List in order ALL siblings, including half-siblings, step-siblings, foster-siblings, etc.

5. Brother () Sister ()

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

6. Brother () Sister ()

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

7. Brother () Sister ()

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

8. Brother () Sister ()

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

9. Brother () Sister ()

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

10. Spouse () Common Law ()

Name: _____ Occupation: _____

Address#: _____ Street: _____

Apt: _____

City: _____

State: _____ Zip: _____ Phone #: _____

Is your Spouse or Common Law employed? Yes () No ()

If Yes, Employer _____ Phone: _____

Employer Address: _____

Supervisor: _____

Criminal Record? Yes () No ()

Have you ever been separated from your spouse or Common Law? Yes () No ()

If yes, explain & provide dates: _____

If married, maiden name of spouse: _____

Date of Marriage _____ Location: _____

11. Father in Law

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

12. Mother in Law

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal Record? No () Yes () Age: _____

In the following sections list all your children, including natural, adopted, step and / or foster care or any other children who reside(d) with you. Provide the name and contact information of the custodial parent or guardian if other than you. If your children reside with a person other than yourself or ex-spouse, note the person's name & their relationship.

13. Dependents () Children ()

Name: _____ Occupation: _____

Address#: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal / Juvenile Record? No () Yes () Age: _____

14. Dependents () Children ()

Name: _____ Occupation: _____

Address#: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal / Juvenile Record? No () Yes () Age: _____

15. Dependents () Children ()

Name: _____ Occupation: _____

Address#: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Criminal / Juvenile Record? No () Yes () Age: _____

16. Roommate () Previous Roommate ()

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone#: _____

Is roommate or was your previous roommate employed? No () Yes ()

If yes, Employer _____ Phone: _____

Employer Address: _____

Supervisor: _____

Criminal Record? No () Yes () Age: _____

17. ALL Former spouse(s) / Domestic Partners

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Dates of marriage: _____ to _____

Date of divorce: _____ Court: _____

****Provide copy of each divorce complaint, settlement and decree****

Former spouse's maiden name:

Criminal Record? No () Yes () Age: _____

18. Most Recent Dating Partner / Intimate Relation (Not Applicable if more than 7 years ago)

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Dates of marriage: _____ to _____

Date of divorce: _____ Court: _____

****Provide copy of each divorce complaint, settlement and decree****

Former spouse's maiden name:

Criminal Record? No () Yes () Age: _____

19. Most Recent Dating Partner / Intimate Relation (Not Applicable if more than 7 years ago)

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Dates of marriage: _____ to _____

Date of divorce: _____ Court: _____

****Provide copy of each divorce complaint, settlement and decree****

Former spouse's maiden name:

Criminal Record? No () Yes () Age: _____

20. Has your spouse/ fiancée/ significant other/ current dating partner ever been arrested, interviewed, detained or convicted by any law enforcement agency? Yes () No ()

21. Has any former spouse/ fiancée/ significant other/ dating partner ever been arrested, interviewed, detained or convicted by any law enforcement agency? Yes () No ()

22. Were you raised (for any period of time) by anyone other than your parents, provide dates & information concerning those who raised you: Yes () No ()

If yes to questions in Section III, explain and provide completed details including name(s) and addresses:

IV. EDUCATION:

You will be required to furnish transcripts or other proof to support all your educational claims in a sealed facility envelope. If you are unable to attach them to this document it must be noted and the transcript(s) sent directly to the Berkeley Township Police Department Attn: Lieutenant Peter La Rocca.

1. High School- List most recent first Transcript Attached () Yes () No () Being Sent

Dates Attended: _____ to _____ **Graduated () Yes () No**

Name: _____ Overall GPA _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

List Address if attended high school more than 10 years ago:

Address #: _____ Street: _____

City: _____ State: : _____ Zip: : _____

Closest High School Friend: (Last Known Information)

Name: _____ Occupation: _____

Address #: _____ Street: _____

Apt: _____ City: _____

State: _____ Zip: _____ Phone #: _____

1a. How many days were you absent each school year? _____

2. Previous High School

Transcript Attached () Yes () No () Being Sent

Dates Attended: _____ to _____

Name: _____ Overall GPA _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

List Address if attended high school more than 10 years ago:

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Closest High School Friend: (Last Known Information)

Name: _____ Occupation: _____

Address #: _____

Street: _____

Apt: _____

City: _____

State: _____ Zip: _____ Phone #: _____

2a. How many days were you absent each school year? _____

Colleges or Trade schools- Full address / major/ dates graduated. List most recent first.

3. College/Higher Education School#1

Transcript Attached () Yes () No () Being Sent

Dates Attended: _____ to _____ Graduated: Yes () No ()

Degree / Major _____ Credits Earned: _____

Name: _____ Phone#: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

4. College/Higher Education School#1

Transcript Attached () Yes () No () Being Sent

Dates Attended: _____ to _____ Graduated: Yes () No ()

Degree / Major _____ Credits Earned: _____

Name: _____ Phone#: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

5. College/Higher Education School#1

Transcript Attached () Yes () No () Being Sent

Dates Attended: _____ to _____ Graduated: Yes () No ()

Degree / Major _____ Credits Earned: _____

Name: _____ Phone#: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

6. **If your major was not Criminal Justice/Law Enforcement, list how many public administration/criminal justice courses you have taken?**

7. **Have you ever been awarded a Scholarship or grant?**

8. **Have you ever had a scholarship or grant suspended, rescinded or revoked? (i.e. failing to meet requirements (i.e., not maintaining required GPA, etc.)?)**

9. **Have you ever been disciplined from any secondary level school or educational facility?**

10. **Have you ever been suspended, expelled or placed on academic probation from any secondary level school (high school, college, university) or educational facility?**

11. Have you ever been interviewed, cited, detained, disciplined or had any other contact with any college police / security agency?

If yes to questions in Section IV, explain and provide completed details: _____

** Criminal charges must be listed under LEGAL / CRIMINAL HISTORY Section **

V. PROFESSIONAL LICENSES / REGISTRATIONS / CERTIFICATIONS / SPECIALIZED SKILLS / TRAINING

1. Have you, or any corporation or partnership of which you are / were an officer, director or partner, ever possessed a license or permit issued by any governmental agency (excluding driver's license)?

2. Has any license or permit issued by any governmental agency (excluding driver's license) ever been denied to you, your spouse or any corporation, partnership or other business of which you are / were an officer, director or partner?

3. Have you ever acted as a sponsor, voucher, character reference, or made recommendations for or concerning any person or premises to any municipal, state, federal agency in connection with the issuance, revocation, or suspension of any license or permit, or for any other reason, for any person or premises?

4. List any license(s) you have or were issued (i.e. Law, Real Estate, Beautician, Nursing, e)

<u>License</u>	<u>License #</u>	<u>Date</u>	<u>Licensing Board</u>	<u>Expiration</u>
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1. _____

2. _____

3. _____

5. List any specialized skills, training or certifications you have or were issued.

<u>Skill/Certification</u>	<u>Date</u>	<u>Training Center/Facility</u>
----------------------------	-------------	---------------------------------

1. _____

2. _____

6. List all hobbies and special interests you have: _____

7. Have you ever received a Pilot's License from the FAA or any other organization?

VI. ACHIEVEMENTS / AWARDS

1. List any major achievements or awards you have received, include the date and organization:

VII. DISCIPLINE

1. List any school / training / license problems including absenteeism, tardiness, failing grades, discipline and suspensions:

VIII. MILITARY SERVICE

1. Selective Service Number: _____ Not Required to Register ()

2. Have you ever been refused entry into any branch of the armed services, a military academy or program?

3. Have you ever served in the armed forces?
If yes, Branch(s) of Service:

Army Navy Marines Air Force Coast Guard

If yes, list the following information begin with the most recent, if military housing off-base, list residence(s) above in Previous Addresses.

4.
Dates Assigned: _____ to _____ Job / Skill _____

Post / Base/ Ship: _____ Rank: _____

Commander's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____ Phone #: _____

5.

Dates Assigned: _____ to _____ Job / Skill _____

Post / Base/ Ship: _____ Rank: _____

Commander's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____ Phone #: _____

6.

Dates Assigned: _____ to _____ Job / Skill _____

Post / Base/ Ship: _____ Rank: _____

Commander's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____ Phone #: _____

7.

Dates Assigned: _____ to _____ Job / Skill _____

Post / Base/ Ship: _____ Rank: _____

Commander's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____ Phone #: _____

8. Dates of Service: _____

9. Final rank: _____

10. Have you reenlisted? _____

11. How many times? _____

12. Type(s) of Discharge(s): _____

13. How many DD214s do you possess? _____

Other than Honorable discharge explain: _____

14. Are you currently in the National Guard, Military Reserve or subject to military activation?
If yes:

Date obligation ends: _____

Post/Base/Ship: _____ Rank _____

Commander's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

15. Have you ever been recalled to military duty in the past?

Explain states and include dates. _____

16. What was your security clearance?

17. Have you ever been denied a security clearance?

18. What is your highest medal / decoration?

19. Have you ever faced any non-judicial disciplinary action while in the military, including but not limited to a Courts Martial, Article 15, LOR, Captains Mast, or Brig Time?

20. Have you ever been reduced in rank, demoted or received company punishment?

21. Have you ever been AWOL?

22. Have you ever served in any militia, military organization or armed forces of any organization or government?

If yes to questions #2,#12, #14, #16, #18 through #21 provide the details of the incident: _____

23. List the posts/bases/or ships you served on, their mailing address, and your commanders at that time.

24. Dates _____ Disciplinary Action _____

Post / Base/ Ship: _____ Rank: _____

Commander's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

25. Dates _____ Disciplinary Action _____

Post / Base/ Ship: _____ Rank: _____

Commander's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

IX. EXPERIENCE & EMPLOYMENT

Beginning with your most recent employment, list ALL jobs you have held since the age of 18. Include ALL full-time, part-time, self-employment & volunteer work. List dates employed, employer, your duties and Supervisors Name and phone.

List ALL periods of unemployment in excess of 30 days as "UNEMPLOYED" listing the dates of unemployment and explain reason (student, travel etc.).

1. Current () / Most Recent ()

Dates: _____ to _____ Fulltime () Part-time ()

Employer: _____

Supervisor's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Your Position: _____ Responsibilities: _____

1. Coworker's Full Name: _____ Their Position: _____

2. Coworker's Full Name: _____ Their Position: _____

Would there a problem if we contacted your current employer? Yes () No ()

Salary: Starting: _____ Final _____

Reason Left Most Recent Employment _____

2. Previous Employer

Dates: _____ to _____ Fulltime () Part-time ()

Employer: _____

Supervisor's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Your Position: _____ Responsibilities: _____

1. Coworker's Full Name: _____ Their Position: _____

2. Coworker's Full Name: _____ Their Position: _____

Would there a problem if we contacted your current employer? Yes () No ()

Salary: Starting: _____ Final _____

Reason Left Most Recent Employment _____

3. Previous Employer

Dates: _____ to _____ Fulltime () Part-time ()

Employer: _____

Supervisor's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Your Position: _____ Responsibilities: _____

1. Coworker's Full Name: _____ Their Position: _____

2. Coworker's Full Name: _____ Their Position: _____

Would there a problem if we contacted your current employer? Yes () No ()

Salary: Starting: _____ Final _____

Reason Left Most Recent Employment _____

4. Previous Employer

Dates: _____ to _____ Fulltime () Part-time ()

Employer: _____

Supervisor's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Your Position: _____ Responsibilities: _____

1. Coworker's Full Name: _____ Their Position: _____

2. Coworker's Full Name: _____ Their Position: _____

Would there a problem if we contacted your current employer? Yes () No ()

Salary: Starting: _____ Final _____

Reason Left Most Recent Employment _____

5. Previous Employer

Dates: _____ to _____ Fulltime () Part-time ()

Employer: _____

Supervisor's Name: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Your Position: _____ Responsibilities: _____

3. Coworker's Full Name: _____ Their Position: _____

4. Coworker's Full Name: _____ Their Position: _____

Would there a problem if we contacted your current employer? Yes () No ()

Salary: Starting: _____ Final _____

Reason Left Most Recent Employment _____

7. Do you have experience as a sworn law enforcement officer in any capacity?
8. Do you have experience in private or corporate security?
9. Do you have experience as a paid volunteer member of any fire department, rescue, squad, Ambulance corps., or other emergency response agency?
10. Have you ever had any extended work absences for reasons other than medical or earned vacations?
11. Have you ever called in sick when you were neither sick nor calling in because of a family member?
12. In the past five years have you missed work or been in late due to drug or alcohol consumption?
13. In the past five years have you been warned by an employer about alcohol or drugs impacting on your job performance?
14. Have you ever received any sort of disciplinary action against you in your current or previous jobs? (Including job performance counseling i.e. tardiness, absences, demeanor)
15. Have you ever been the subject of a written complaint?
16. Have you ever been terminated, discharged, fired or laid off from any job?
17. Have you ever been asked to resign from a job or position?
18. Have you resigned or quit while anticipating that your employer intended to discharge (fire) you or take any disciplinary action against you for any reason?
19. Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct?
20. Have you ever walked off (left/quit) a job without giving proper notice?
21. Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance?
22. Have you ever been involved in a physical altercation with a supervisor, co-worker or customer?

- 23. **Have you ever stolen or taken anything (without authorization) from any of your employers?**

- 24. **Have you ever had your salary / wages garnished?**

- 25. **Have you ever had problems or been alleged to have had problems dealing with persons of another race, ethnic origin, religious groups, gender or sexual orientations?**

- 26. **Have you ever subjected or been alleged to have subjected others to harassment, discrimination or a hostile work environment?**

- 27. **Have you ever used illegal drugs or alcohol while working on any job?**

- 28. **Have you ever committed any other crimes or offenses (even ones which went undetected) while working on any job you ever held?**

- 29. **Have you ever received unemployment benefits or insurance or other federal, state, county or local benefits or assistance?**

If yes to questions in Section IX, state employer/date/location/reason, submit any documentation, state how many days you missed or were late, state how many days you have used in the past five years which were not due to illness

X. GENERAL QUESTIONS

- 1. Are you currently holding or running for an elected position?**
- 2. Have you traveled or vacationed outside of the United States?**
- 3. Have you ever been involved in a personal relationship in which you threatened, assaulted or harassed another, or where another person sought a domestic violence complaint, temporary restraining order or final restraining order against you?**
- 4. Have you ever been involved in a personal relationship in which you were threatened, assaulted by another, or where you sought a domestic violence complaint, temporary restraining order or final restraining order entered against another?**
- 5. Have you ever been charged with or accused of violating the civil rights of another person?**
- 6. To your knowledge, has any law enforcement agency ever been called, or responded to any home, residence, room in which you resided, occupied or on you at any location for any reason?**
- 7. Do you have any affiliations (including as an officer or member) or made a contribution to any organization(s) that advocate the commission of acts of violence to deny others their constitutional rights, or overthrow the government of the United States, or any other government agencies?**
- 8. Have you ever engaged in any act or activities designed to overthrow the United States Government by force?**
- 9. Have you ever been involved in or attended any school, camp, class, or forum sponsored by any subversive organization?**
- 10. Have you ever been involved in or participated in any parade, picket line, delegation, demonstration affair forum, information distribution activity sponsored by any subversive organization?**
- 11. Have you ever been involved or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization?**

12. **Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state or federal agency, committee, investigative body or court?**
13. **Have you ever been held as a material witness?**
14. **Have you ever been stopped, questioned or held as a suspicious person or investigated by any law enforcement agency or private or corporate security for any reason?**
15. **Have you ever lied or committed perjury in court or other judicial proceeding?**
16. **Have you ever lied to anyone of authority?**
17. **Have you ever entered or remained in any building, business, dwelling, or house without permission?**
18. **Have you ever intentionally or unintentionally injured anyone as a result of a fight?**
19. **Have you intentionally damaged another person's property include tagging / graffiti?**
20. **Have you ever cheated a restaurant or food establishment by walking out on a check?**
21. **Have you ever helped anyone steal anything?**
22. **Have you ever committed a theft or shoplifted, including receiving stolen property (regardless of value)?**
23. **Have you ever taken a vehicle or remove vehicle parts from another person's vehicle without permission?**
24. **Have you ever misappropriated money or valuables entrusted to you?**

25. **Have you ever pressured or scammed money or valuables from someone?**
26. **Have you ever falsified or lied on an employment application?**
27. **Have you ever provided anyone a discount at your place of employment without permission?**
28. **Have you ever conspired with anyone to commit an illegal act or crime of any kind?**
29. **Have you ever given anything to anyone that was not yours to give away?**
30. **Have you ever committed or been questioned, accused of or arrested for elder abuse?**
31. **Have you ever committed or been questioned, accused of or arrested for any act of child abuse?**
32. **Have you ever slapped, pushed or struck your current or former dating partner, wife, ex-wife, husband, ex-husband, girlfriend, boyfriend, or significant other or social companion?**
33. **Have you ever been a lookout or driver for someone else while they committed a crime or criminal act of any kind?**
34. **Have you ever used a weapon of any kind during a fight/altercation?**
35. **Have you ever injured anyone with any type of weapon or object?**
36. **Have you ever displayed or brandished a weapon of any type or carried a concealed weapon without a permit?**
37. **Have you ever told or implied to anyone that you were a law enforcement officer when you were not?**

38. **Have you, as an adult, ever had a physical fight / altercation with anyone?**
39. **Have you ever falsely reported a crime or filed a report, or knowingly given erroneous / misleading information to a police officer from this or any other law enforcement agency?**
40. **Have you ever used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason?**
41. **Have you ever allowed your property or vehicle to be used in the commission of a criminal act?**
42. **Have you ever committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing or modifying?)**
43. **Have you ever been a member of or associated / affiliated with a person promoting criminal activity, any criminal group, or any Criminal Street Gang as defined in N.J.S.A. 2C:44-3?**
44. **Do you know any individuals, including relatives, who you know or have reason to believe are or have been members of any organization listed above in question 43?**
45. **Have you ever engaged in any of the following activities of any organization of the type described above? Contribution(s) to, attendance at, or participation in any organizations, social or other activities of said organizations / member, or of any projects sponsored by them, the sale, gift, or distribution of any written, printed, electronic, or other matter, prepared, reproduced or published, by them or any of their agents or instrumentality's?**
46. **Do you presently know, have you known or do you associate with any person convicted of a criminal offense / felony?**
47. **Have you ever been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being or attempt or planning?**
48. **Have you ever been present at, witness to, or involved in any way in any crime?**

49. **Have you ever been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb, molotov cocktail, explosive or other incendiary device?**
50. **Have you ever filed a false/fraudulent insurance claim with any insurance company regarding a traffic accident, theft, or other monetary or property loss?**
51. **As an adult, have you ever had sexual contact, committed a sex or other unlawful act with a child or person under the age of 16?**
52. **As an adult, have you ever attempted to solicit any sex act involving a juvenile?**
53. **Have you ever engaged in any sexual act without the consent of the other person?**
54. **Have you ever been involved or accused of using illegal force during sex or a date rape**
55. **As an adult, have you ever attempted to solicit any type of sex over the Internet including chat rooms or other forums?**
56. **Have you ever committed an act of indecent exposure including flashing or mooning?**
57. **Have you ever entered a house of prostitution for any reason?**
58. **Have you ever patronized a prostitute?**
59. **Have you ever promoted or been involved in the act of prostitution?**
60. **Have you ever accessed, downloaded or viewed child pornography?**

61. **Have you ever been bonded?**
62. **Have you ever been rejected or refused a bond upon application?**
63. **Have you ever been involved in any college/fraternity hazing/initiation incident/ritual/program?**
64. **Have you ever tortured, mutilated or killed an animal?**
65. **Have you ever been pardoned for any crime?**
66. **Have you ever been involved in setting a fire, an accidental or reckless fire, burning / damaging any property or similar conduct?**
67. **Have you ever called in a false alarm, fire or bomb threat?**
68. **Have you ever committed or received a summons for any gaming, hunting or fishing violations?**
69. **Have you ever resisted arrest or interfered with an officer performing their job, including running from the police?**
70. **Have you ever annoyed, harassed, threatened anyone, or made an obscene gesture using a telephone, the Internet or other electronic communications device?**
71. **Have you ever committed an act of stalking or peeping tom?**
72. **Do you gamble, if yes, how often do you gamble?**

73. **Have you ever used a bookie?**
74. **Have you ever placed a wager/bet by telephone or made a hand-to-hand transaction with bookmaker (bookie or numbers man) on the results of a professional or collegiate sports event, other than a legitimate lottery, or other legalized gambling event?**
75. **Have you ever been “paid off” while or after playing any illegal slot machine, video games or other device?**
76. **Have you ever worked for a bookie?**
77. **Do you currently have any outstanding gambling debts?**
78. **Have you ever borrowed money to gamble?**
79. **Have you ever used an employer’s money to gamble?**
80. **Have you ever stolen money with which to gamble?**
81. **Have you ever possessed alcohol while under the legal age?**
82. **Have you ever been incapacitated due to alcohol in a public place?**
83. **Have you ever purchased alcohol for a minor?**
84. **As an adult, have you ever contributed to the delinquency of a minor?**
85. **Have you ever driven a vehicle while your license was suspended /revoked?**
86. **Have you ever driven any vehicle without insurance?**

- 87. Do you have any relatives who are current or past members of a law enforcement agency?**
- 88. Do you personally know or associate with any members of the Berkeley Township Police Department?**
- 89. Which members of this department have you dealt with in an official capacity as a member of a community organization or group? This does not include officers that have responded to your call(s) for service or assistance:**
- 90. Have you ever been the victim of a crime?**
- 91. Have you ever without authorization, or in excess of authorization accessed any data, data base, computer storage medium, computer program, computer software, computer equipment, computer, computer system or computer network?**
- 92. Have you ever without authorization, or in excess of authorization altered, damaged or destroyed any data, data base, computer, computer storage medium, computer program, computer software, computer system or computer network, or denied, disrupted or impaired computer services, including access to any part of the Internet, that are available to any other user of the computer services?**
- 93. Have you ever without authorization, or in excess of authorization accessed or attempted to access any data, data base, computer, computer storage medium, computer program, computer software, computer equipment, computer system or computer network for the purpose of executing a scheme to defraud, or to obtain services, property, personal identifying information, or money, from the owner of a computer or any third party?**
- 94. Have you ever without authorization, or in excess of authorization obtained, taken, copied or used any data, data base, personal identifying information, or other information stored in a computer, computer network, computer system, computer equipment or computer storage medium?**

95. Have you ever without authorization, or in excess of authorization accessed and recklessly altered, damaged or destroyed any data, data base, computer, computer storage medium, computer program, computer software, computer equipment, computer system or computer network?

If yes to questions in Section X, explain and provide completed details including name(s), dates and locations:

XI. OTHER INFORMATION

Have you ever experimented with, smoked, tasted, ingested, used, injected, sniffed, purchased, transported or been exposed to Controlled Dangerous Substances (illegal drugs, narcotics, etc.):

1. Within the last year?
 2. Within the 3 years?
 3. Within the 10 years?
 4. Within your lifetime?
 5. Have you ever used prescription medication prescribed to another person?
 6. Have you ever sold, distributed, or provided any individual with or without their permission or consent any type of Controlled Dangerous Substance?
 7. Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage or handling of Controlled Dangerous Substances for yourself or for anyone else?
 8. Have you ever made any money or profit in any way from involvement with Controlled Dangerous Substances?
9. Have you ever experimented with, inhaled, used, tried, tasted, injected or had anything else to do with any drugs/narcotic, other than what you have already listed in this application?

If yes to any questions in Section XI, explain and provide completed details including name(s), dates locations and reasons tested:

XII. LAW ENFORCEMENT APPLICATIONS (If Applicable)

1. Have you ever attended a law enforcement academy?

If yes, explain and provide completed details including name(s), dates and locations:

2. Have you ever taken a test for or applied to, or are you currently on any employment list for any other law enforcement agency?

If yes complete the following start with the most recent application (list all applications):

Explain Application Status: i.e. Hired, On List, Withdrawn, Disqualified, Pending, and Declined. Explain the steps completed: Application, Written, Oral, and Physical etc.

3.
Date: _____

Agency: _____ Current Application Status: _____

Address: _____ Town: _____ State: _____

Investigator: _____ Phone Number: _____

4.
Date: _____

Agency: _____ Current Application Status: _____

Address: _____ Town: _____ State: _____

Investigator: _____ Phone Number: _____

5.
Date: _____

Agency: _____ Current Application Status: _____

Address: _____ Town: _____ State: _____

Investigator: _____ Phone Number: _____

6.

Date: _____

Agency: _____ Current Application Status: _____

Address: _____ Town: _____ State: _____

Investigator: _____ Phone Number: _____

7.

Date: _____

Agency: _____ Current Application Status: _____

Address: _____ Town: _____ State: _____

Investigator: _____ Phone Number: _____

8.

Date: _____

Agency: _____ Current Application Status: _____

Address: _____ Town: _____ State: _____

Investigator: _____ Phone Number: _____

9. Have you ever been rejected or not hired?

If so where, when and why?

List all rejections for any reason.

Date: _____ Agency _____ (Town & state) Reason: _____

Date: _____ Agency _____ (Town & state) Reason: _____

Date: _____ Agency _____ (Town & state) Reason: _____

Date: _____ Agency _____ (Town & state) Reason: _____

10. Have you ever withdrawn an application or withdrawn from a selection process?

Date: _____ Agency _____ (Town & state) Reason: _____

Date: _____ Agency _____ (Town & state) Reason: _____

Date: _____ Agency _____ (Town & state) Reason: _____

Date: _____ Agency _____ (Town & state) Reason: _____

Date: _____ Agency _____ (Town & state) Reason: _____

XIII. COMMUNITY GROUPS & VOLUNTEER SERVICE EXPERIENCES

<u>Organization</u>	<u>Dates of Service</u>	<u>Position</u>	<u>Contact Person</u>	<u>Phone #</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				

XIV. FIREARMS ID CARD / PISTOL PURCHASE PERMITS

1. Have you ever applied for a NJ Firearms ID Card?
2. Have you ever applied for a NJ Pistol Purchase Permit?
3. Have you ever been denied a NJ Firearms ID Card or Pistol Purchase Permit, or a permit or license to purchase, carry or hunt with a handgun or any other weapon?

If yes to questions #1, #2 or #3, list the date, details & jurisdiction: _____

4. Would you be prohibited from or unable to obtain a Firearms ID Card or Pistol Purchase Permit?
If Yes, explain and provide reason: _____

5. Have you ever purchased a firearm in another state?

If yes, list the date, details & jurisdiction: _____

6. Have you ever purchased a firearm for another person?

If yes, explain and provide reasons: _____

7. List all firearms that you own or owned in the past 10 years.

Make	Model	Caliber / Gauge	Serial Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

8. Have you ever had a firearm stolen or taken away or seized?

XV. Legal / Criminal History Information

Have you ever been arrested, indicted, charged with or convicted of a criminal or an offense in this state or in any other jurisdiction? (For the purpose of this question, the words “arrested” or “indicted” etc., include any detaining or taking into custody by any police or other law enforcement authorities). This does not apply for motor vehicle / traffic / parking tickets or summonses which will be listed in another section.

Please read the following:

Since you are applying for a public safety position, you must list all arrests, convictions, expungements, even though you may have been advised by your attorney, a judge, prosecutor or other official that there is no record. Juvenile or expunged records are sealed and most employers will not have access to them. Law enforcement agencies, such as this department, do have access to these records. All juvenile arrests, convictions and expungements will surface during the background investigation. NOTE: Failure to disclose the required information may result in your name being removed from our list of eligibles for falsifying your application, or it may cause a serious delay in completing pre-employment processing.

Also, if you were arrested and found not guilty, your arrest will always appear on your record. Remember the question states LIST ALL ARRESTS. Arrests are different from convictions. A “conviction,” a “not guilty” or a dismissal” is the result of the arrest and should be listed as the Disposition.

You must list the original chargeable offense for which you were arrested along with any and all charges from the arrest. For example “June 10, 1994 ABC County Police Dept. New Jersey”, “Aggravated Assault” and “Disorderly Conduct” then convicted of assault. The original arrest in this case was for aggravated assault and disorderly conduct. You must list both “Aggravated Assault” and “Disorderly Conduct” not “assault” as the charge. The simple assault conviction is the result of the downgraded charge and must be listed as the “Guilty Simple Assault” disposition. Explain all fines, penalties or conditions as the result of the court appearance.

Dates and names of arresting authorities must be accurate. Do not abbreviate. If you are not certain of any of the arrest, charge or conviction dates or specifics, mark “not sure” in the appropriate place below. The correct information must be provided in writing within 10 working days of submitting this application.

If you have further questions, please contact your background investigations officer.

I have read the above and acknowledge that all the information has been explained to me by a member of the Berkeley Town Police Department. I fully understand what information is required of me and that failure to supply accurate information will be considered willful falsification of my application, which is adequate cause for removal from the Berkeley Township Police Department eligible list.

Candidate’s Signature

Date

1. No, I do not have any criminal history.
2. Yes, I have a criminal history. If yes, fill out the following:
3. List ALL past and any pending criminal / civil charges in this state or any other jurisdiction.

11. Has a criminal warrant / bench warrant ever been issued for your arrest?
12. Have you ever committed any crime or offense, include those which may not have been detected?
13. Have you ever been required to appear before a juvenile court or conference for an act, which would have been a crime or offense if committed as an adult?
14. Have you ever committed an act as a juvenile which if committed by an adult would have been a crime or offense?
15. Have you ever been subjected to a criminal drug test?
16. Have you ever tested positive on a criminal drug test?

If yes to questions in Section XV, explain by provide full details including dates, agencies, charges etc.:

XVI. Legal / Regulatory / Administrative Investigation

1. To your knowledge, are you presently under investigation for possible violation of any agency for a violation of any by Federal, State, County or City / Municipal law, rule / regulation, ordinance or code?

If yes, supply the following information:

	<u>Date</u>	<u>Court</u>	<u>Reason</u>	<u>Disposition</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

2. Have you or your spouse / partner ever been referred to Division of Youth & Family Services or other type agency?

If yes to questions in Section XVI, explain and provide dates and details: _____

XVII. Legal / Civil History Information

1. Have you ever been or are you currently a party to a civil suit?

If yes, supply the following information:

	<u>Date</u>	<u>Court</u>	<u>Reason</u>	<u>Disposition</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

2. Have you ever been named in a paternity proceeding?

If yes to questions in Section XVII, explain and provide dates and details: _____

XVIII. Legal / Motor Vehicle History Information

1. List EVERY license suspension / revocation. List ALL motor vehicle summonses, mail-in-fine, appearance tickets you have ever received . Do not include parking tickets:

	<u>Date</u>	<u>Court</u>	<u>Reason</u>	<u>Disposition</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

2. To the best of your knowledge, how many point are currently on your driver's license?

3. Have you ever driven while under the influence of alcohol and or drugs?

4. Have you ever been detained, arrested or charged, with Driving While Intoxicated / Impaired (DWI) or Driving While Under the Influence (DUI) in this state or any other jurisdiction?

If yes, explain in detail including, date, location, arresting agency, disposition, etc: _____

5. Have you ever received a "Warning Letter" from the Motor Vehicle Services of this state or any state that your driver's license, or vehicle registration, could or would be canceled, suspended or revoked?

6. Have you ever had your driver's license privileges restored?

7. Do you currently have any outstanding parking tickets in this state or any other state that have not been paid?

8. List ALL unpaid / pending parking tickets. List ALL parking tickets you have received in the last 4 years:

<u>Date</u>	<u>Agency</u>	<u>Charge/Reason</u>	<u>Disposition</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

9. Has a traffic warrant ever been issued for your arrest?

10. List all vehicles, which you have owned, leased or regularly driven in the last 5 years:

Plate _____ State _____ Make _____

Model _____ Color _____ Year _____

If not owned by you or your spouse list the vehicle owner _____

Plate _____ State _____ Make _____

Model _____ Color _____ Year _____

If not owned by you or your spouse list the vehicle owner _____

Plate _____ State _____ Make _____

Model _____ Color _____ Year _____

If not owned by you or your spouse list the vehicle owner _____

Plate _____ State _____ Make _____

Model _____ Color _____ Year _____

If not owned by you or your spouse list the vehicle owner _____

11. List ALL, including unreported, motor vehicle accidents you have been involved in within the last 5 years or accidents resulting in a summons, criminal charge or a lawsuit as either a plaintiff or defendant. Note who was at fault. Include copies of the accident reports and attach them to the back of this application.

<u>Date</u>	<u>Location/Agency</u>	<u>Report #</u>	<u>Fault</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

12. Have you ever been involved in or witness to a motor vehicle collision fatality?

13. Have you ever been involved in any personal injury motor vehicle collision?
14. Have you ever been involved in a "Hit & Run" motor vehicle collision?
15. Has your motor vehicle insurance cancelled within the past 10 years?
16. Have you ever been denied automobile insurance in this state or any other state for non-medical reasons?
17. Has your vehicle registration ever been canceled, refused, revoked or suspended for any non-medical reason?
18. In the past seven years how many times have you been stopped by a law enforcement agency for a violation without receiving a summons, violation or written warning?

If yes to questions in Section XVIII, explain and provide completed details including name(s), dates, summons numbers, locations and reasons:

XIX. SOCIAL ORGANIZATIONS

1. List any social, professional, or fraternal organizations that you have been involved in within the past 10 years.

<u>Dates</u>	<u>Organization</u>	<u>Address</u>	<u>Phone Contact</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

XX. FINANCIAL

1. Have you had liens, judgments or civil litigation placed against you?
2. Have you settled any civil suit in which you, your insurance company or anyone else on your behalf was required to make payment to another party?
3. Have you ever been notified by any taxing authority concerning an audit or examination of your tax returns or filings?
4. Have you ever been found to be delinquent on income or any other tax payments?
5. Have you ever been divorced?
If yes, provide a copy of the divorce decree, property settlement.
6. Do you have a financial obligation as a result of a divorce / separation?
7. Are you failing to, in default or behind on providing child support for all children born to you, including adopted and stepchildren?
8. Are you failing to, in default or behind on providing spousal support, alimony or other obligated support for any spouse or dependent?
9. Do you currently have any outstanding debts including any college (deferred loans include the number of deferments, tuition, grants, parking citations, lab costs, etc.)?
10. Did you ever default on a loan or financial obligation, or are you now, or have you been in arrears more than 60 days on scheduled payments?
11. Have any of your bills been turned over to a collection agency?
12. Have any of your accounts been written-off, charged-off or closed by the creditor with a pending balance?
13. Have you had any checks returned by a bank or other party?
14. Have you ever received any public assistance or benefits to which you were not entitled?
15. Have you ever been the victim of Identity Theft? If yes, did you report it? Where and when?

16a. State Taxes

List by year the last three times you filed state income tax returns (Provide copy of your return with attachments: W-2s, 1099, tax schedules etc.). If claimed as a dependent, indicate such.

- 1. _____ Claimed as a dependent by: _____
- 2. _____ Claimed as a dependent by: _____
- 3. _____ Claimed as a dependent by: _____

16b. FEDERAL TAXES

List by year the last three times you filed federal income tax returns (Provide copy of your return with attachments: W-2s, 1099, tax schedules etc.). If claimed as a dependent, indicate such.

- 1. _____ Claimed as a dependent by: _____
- 2. _____ Claimed as a dependent by: _____
- 3. _____ Claimed as a dependent by: _____

17. Assets: List current accounts (include CD's, bank certificates, all investments, credit unions etc.)

Account Type & Name	Bank Name	Balance

18. Have you ever failed to file income tax returns?

19. Debts- List current obligations monthly payment and account balance.

	Monthly Payment	Acct. Balance
1. Rent / Mortgage	\$ _____	\$ _____
2. Car Payment	\$ _____	\$ _____
3. Phone	\$ _____	\$ _____
4. Utilities	\$ _____	\$ _____
5. Credit Cards	\$ _____	\$ _____
6. Child Support	\$ _____	\$ _____
7. Insurance	\$ _____	\$ _____
8. Student Loans	\$ _____	\$ _____
9. Other Loans	\$ _____	\$ _____
10. Other Expenses _____	\$ _____	\$ _____
11. Other Expenses _____	\$ _____	\$ _____
Total Monthly Expenses	\$ _____	

Income (Monthly)

Salary of Candidate	\$ _____
Salary of Spouse / Roommate	\$ _____
Other Income (Identify Source _____)	\$ _____
Other Income (Identify Source _____)	\$ _____
Other Income (Identify Source _____)	\$ _____
Other Income (Identify Source _____)	\$ _____

Total Monthly Income \$ _____

20. Do you have any private loans or financial obligations not listed?

List any obligations below:

	<u>Date</u>	<u>Creditor/ Person</u>	<u>Amount</u>	<u>Purpose</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Explain the Loan / Obligation: _____

21. Do you own any businesses or have any partnerships?

List any business interests or partnerships you have:

	Business Name	Address	Partner's Name	Type of Business
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

22. Do you own or have ANY financial interest in ANY real estate?
 List ALL real estate owned by you or in which you have ANY financial interest (besides your primary residence previously listed):

	<u>Address</u>	<u>Type of Property</u>	<u>Partner/Partnership Name</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

23. Have you co-signed any loans with or for another party?
 List any outstanding loans that you have co-signed:

	<u>Lender</u>	<u>Address</u>	<u>Partner's Name</u>	<u>Type of Loan</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

24. Have you filed for or declared bankruptcy?
 List any bankruptcies you have filed:

1.	_____
2.	_____
3.	_____

Explain the reason for filing for bankruptcy: _____

If yes to questions in Section XXI, explain and provide completed details including name(s), dates, locations, amounts and reasons:

XXI. FULL DISCLOSURE

1. **Is there anything that would prevent you from taking an Oath of Office, supporting and defending the Constitution of the United States and the State of New Jersey?**

2. **Is there anything that would prevent you from using force or taking of a life in the line of duty?
(For Police Officer/Special Police Officer Applicants)**

3. **Have you been a member of any organization and / or adhere to any belief which would in any way:**

A. **Limit or prohibit your use of weapons or firearms?**

B. **Restrict or prohibit you from working on particular days or hours?**

C. **Restrict you from conforming to departmental standards of appearance and / or grooming?**

4. **You have been provided with a list of essential functions for the position sought. You are to read those and if you have any questions concerning any of them you are to contact the Berkeley Township Police Department, Attn: Lieutenant Peter La Rocca. Having read the essential functions, and having had all your questions answered, do you believe that you can perform satisfactorily all of those essential functions once you receive basic training at a Police Training Commission approved academy (if applicable)?**

5. **Did anyone prepare this application or any part on your behalf?
If yes, who:**

6. **Did anyone provide advice, guidance or other assistance to you in regards to the completion of this confidential application?**

If yes,

who: _____

7. **Is there anything in your past or present, the nondisclosure of which to the department would embarrass you or this department so as to possibly cause you to compromise the discharge of your duties should you be hired for the position sought?**



BERKELEY TOWNSHIP POLICE DEPARTMENT

Chief Karin T. DiMichele

631 Pinewald-Keswick Road

Bayville, NJ 08721

732-341-1132

Authorization and Release of Information

This page must be completed in the presence of a notary public

(Print Full Name)

I, _____, do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Berkeley Township Police Department, weather the said records or information are of a public, private or confidential nature to include information contained in any expunged or sealed records. I also authorize and request every person, firm, company, organization, government agency, be they municipal, county, state or federal court, financial or medical institution or any other organization having control of any documents, records and other information pertaining to me, to furnish to the Township of Berkeley any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Township of Berkeley or any of its agents or representatives to inspect and make copies of such documents, records and other information. I also authorize the New Jersey Division of Taxation to obtain and provide to the Township of Berkeley any and all records pertaining to the filing of state, federal and out of state tax returns.

Military Records Release

I hereby request and authorize the Department of _____ (*Army, Navy, Air Force*) to furnish to the Township of Berkeley the record of each period of my service therein, and to furnish the character and service rendered for each period. My serial number (*Social Security Number*) is _____ (supply from DD 214). [] **Check box if never in the military.**

- I understand that any information obtained by a confidential background investigation which is developed directly or indirectly, in whole or part, upon this Authorization and Release will be considered in determining my suitability for employment by the Township of Berkeley.
- I hereby release, discharge and exonerate the Township of Berkeley, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Berkeley Township Police Department.
- A photo copy of this Authorization and Release from will be valid as a original thereof, even though the said photo copy does not contain an original writing of my signature.

I have read and fully understand the contents of this Authorization and Release. _____ (*Initials*)

Sworn to and subscribed before

This _____ day of _____, 20_____

(*Signature*)

(*Print Name and Title*)

(*Affix Notary Seal*)

Signature – (Include maiden name)

Date: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

**** This oath must be completed in the presence of a notary public ****

NOTICE: N.J.S. 2C:28-3a

A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

<p>I, _____, a candidate for the position of _____ _____ for the Berkeley Township Police Department, N.J.; being duly sworn, depose and say that I am the above named person; I have read and answered each and every question contained in the foregoing pages honestly and completely. I have reviewed the contents of my answers on each page, and have personally initialed each page on the bottom to indicate such.</p> <p>I fully understand that any deception, misstatement of fact or record, or omissions made which in any manner or way may affect my eligibility for the position sought may result in the automatic removal of my name from eligibility and subject to penalty under the law.</p>	
_____	sworn before me this
Candidate's signature	_____ day of _____ 20_____

Notary Public	

Staple 2"x2
color
passport type

photo
here

Candidate's Signature

Officer Receiving

Date & Time