

Pequannock Township Police Department



Application Package

Application # _____

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THE APPLICATION

These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information contained in the Application Package be accurate in all respects. This application will be used as the basis for determining your eligibility as a candidate for employment for the Pequannock Township Police Department.

1. This application must be completed by the applicant, printed, clearly and legibly in Black Ink. All questions must be answered to the best of your ability.
2. If a question is not applicable to you, please indicate this by the notation "N/A": in the appropriate space. **LEAVE NO BLANK SPACES.**
3. Avoid errors by reading the question and directions carefully before making any entry on the form. Be sure your information is correct and in proper sequence before you begin. All time periods in your application must be accounted for.
4. You are responsible for obtaining correct addresses. If you are unsure of an address, check it by personal verification. Your public library may have a directory service or copies of local telephone directories.
5. An accurate and complete form will effect your consideration. Consequently, deliberate omissions or falsifications may result in disqualification. Failure to supply a completed application may result in your removal from further participation in the process.
6. Where sufficient space to provide a complete answer has not been provided or the question requires additional information to be submitted, please attach plain sheets of 8" x 11" white paper to the application listing the additional information. Please remember to indicate the question, by number, for which you are submitting the additional information.
7. The following materials must be submitted with the completed application. You may be requested to supply further documentation, should you be considered to participate further in the process.
 - a. Two [2] photographs [measuring no smaller than 2" x 2"] one to be a head and shoulders photograph, the other being a full body photograph, of the applicant.
 - b. Copy of: Birth Certificate, Motor Vehicle Driver's License and Registration Certificates [for all vehicles presently owned by the applicant] and High School Diploma or GED Certificate.

- c. Copy of: College transcripts of all colleges or universities attended. Applicants must possess at minimum, a Bachelor's Degree from an accredited College or University.
- d. Copy of: completion certificate from a Certified Police Training Academy or documentation of Certified Police Training Certificate or be currently accepted or enrolled in a police academy.
- e. The applicant may supply any additional documentation which he/she feels would support an entry in the application form [e.g., license issued by governmental agencies, certificates or diplomas from any professional or technical training program, certificates of memberships to any fraternal, labor union or social organizations, awards, commendations or scholarships received, etc.

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

- 8. The application package along with requested materials must be returned to the Pequannock Township Police Department on or before **June 29, 2018– 3:00PM.**

NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.

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

Signature of Applicant

Date

15. (Cont'd)

b. List Date, Place and Reason for all Separations, Divorces or Annulments.

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

| Name | Date of Birth | Place of Birth |
|------|---------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Attach applicable documentation [e.g. Photocopy of Marriage License, Divorce, Separation or Annulment Records, Child's Birth Certificate, etc.]

RESIDENCES:

16. Current Address: _____
Street Address Apt.#

_____ City County State Zip Code

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

17. Telephone Number: [_____] _____

18. With whom do you reside? _____

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

22. **Basic Police Training Academy and/or Specialized Schools**

| Name & Address | Study or Specialization | Dates Of Attendance |
|----------------|-------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

23. List any Honors or Awards received by you during your educational history. _____

EMPLOYMENT:

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

| | | |
|---------------------------------------|---|-----------------------|
| Name & Address of Employer | Dates Employed From - To Present | Full/Part Time |
| Exact Title of Your Position | Name & Telephone Number of Your Immediate Supervisor | |
| Description of Your Work | Reason for Leaving | |

[] Please indicate by checking the box at left if you **DO NOT** wish us to contact your **PRESENT** employer regarding your character, qualifications and record of employment, at this time.

| | | |
|---------------------------------------|---|-----------------------|
| Name & Address of Employer | Dates Employed From – To Present | Full/Part Time |
| Exact Title of Your Position | Name & Telephone Number of Your Immediate Supervisor | |
| Description of Your Work | Reason for Leaving | |

| | | |
|---------------------------------------|---|-----------------------|
| Name & Address of Employer | Dates Employed From - To Present | Full/Part Time |
| Exact Title of Your Position | Name & Telephone Number of Your Immediate Supervisor | |
| Description of Your Work | Reason for Leaving | |

| | | |
|---------------------------------------|---|-----------------------|
| Name & Address of Employer | Dates Employed From - To Present | Full/Part Time |
| Exact Title of Your Position | Name & Telephone Number of Your Immediate Supervisor | |
| Description of Your Work | Reason for Leaving | |

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

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

27. How many days have you lost from work/school due to illness or injury in the past five [5] years? _____ Explain: _____

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

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

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

MILITARY:

31. Have you ever served on active military duty in the Armed Forces of the United States? _____
- a. If yes, Branch of Service _____
- Dates of Active Duty: From _____ To _____
- Serial Number _____ Highest Rank Achieved _____
- Type of Discharge: _____

32. Are you a member of the Reserve or National Guard? Yes [] No []
 If Yes, detail branch of service, dates, active/inactive: _____

a. If you attend drills, meetings or camps, give name of unit and location:

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

34. Was any type of disciplinary action taken against you in the service? Be sure to include non-judicial punishment[s], if applicable. Detail date, type of action and disposition:

COURT RECORDS:

35. Have You Ever Been Arrested or Charged with Any Violation Including Traffic, but Excluding Parking Tickets? Yes [] No []

36. To your knowledge, has any member of your immediate family ever been arrested or charged with any violation, excluding traffic violations. Yes [] No []

If you answered yes to questions 35 and/or 36, list all such matters even if not formally charged; or no court appearance was required; or found not guilty; or matter settled by payment of fine; or forfeiture of collateral.

| | |
|--------------------------------|------------------------------|
| Date: | Court & Location: |
| Name [Relative]: | Charge: |
| Place & Department: | Disposition: |
| Details: | |

| | |
|--------------------------------|------------------------------|
| Date: | Court & Location: |
| Name [Relative]: | Charge: |
| Place & Department: | Disposition: |
| Details: | |

| | |
|--------------------------------|------------------------------|
| Date: | Court & Location: |
| Name [Relative]: | Charge: |
| Place & Department: | Disposition: |
| Details: | |

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

Yes [] No []

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

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

If yes, give details: _____

39. List any outstanding judgements or liens, giving dates, name of judgment creditor or lienor, amount, docket number and court name and location. _____

40. Have you ever been adjudicated a bankrupt? Yes [] No []
 If yes, detail date, name and location of court: _____

MOTOR VEHICLE:

41. Do you possess a valid N. J. Drivers License? Yes [] No []
 If yes, complete the following: Type: _____
 Number: _____ Exp. Date _____

42. Have you ever been issued a drivers license from any other state? Yes [] No []
 If yes, complete the following:
 Issuing State _____ Dates: From _____ To _____

43. Has you driving privileges or motor vehicle registration ever been revoked or suspended?
 Yes [] No [] If yes, explain: _____

a. If you answered yes, has such registration or license been restored? Yes [] No []

44. List below all motor vehicles owned by you during the past three [3] years.

| Make | Model | Year | Period Owned From/To | Registration and State or Vehicle ID No. |
|------|-------|------|----------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FAMILY:

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

| | |
|-----------------------------|---|
| Name: | Address: [If deceased, so state] |
| Relationship: | |
| Date of Birth: | Occupation: |
| Social Security No.: | |

| | |
|-----------------------------|---|
| Name: | Address: [If deceased, so state] |
| Relationship: | |
| Date of Birth: | Occupation: |
| Social Security No.: | |

| | |
|-----------------------------|---|
| Name: | Address: [If deceased, so state] |
| Relationship: | |
| Date of Birth: | Occupation: |
| Social Security No.: | |

| | |
|-----------------------------|---|
| Name: | Address: [If deceased, so state] |
| Relationship: | |
| Date of Birth: | Occupation: |
| Social Security No.: | |

| | |
|-----------------------------|---|
| Name: | Address: [If deceased, so state] |
| Relationship: | |
| Date of Birth: | Occupation: |
| Social Security No.: | |

| | |
|-----------------------------|---|
| Name: | Address: [If deceased, so state] |
| Relationship: | |
| Date of Birth: | Occupation: |
| Social Security No.: | |

REFERENCES:

46. Give three [3] references [not relatives, former or present employers, fellow employees or school teachers] who are responsible adults of reputable standing in their communities, who have definite knowledge of your background and qualifications, preferable those who have known you for the past five years.

| | |
|--------------------|---|
| Name: | Telephone Numbers Home: [] Bus: [] |
| Address: | Years Acquainted: |
| Occupation: | |

| | |
|--------------------|---|
| Name: | Telephone Numbers Home: [] Bus: [] |
| Address: | Years Acquainted: |
| Occupation: | |

| | |
|--------------------|---|
| Name: | Telephone Numbers Home: [] Bus: [] |
| Address: | Years Acquainted: |
| Occupation: | |

FINANCIAL:

47. Have you any loan, debt, garnish, wage assignment or judgement pending against you? [Exclude any mortgage and credit card debt] Yes [] No []
If yes, give details: _____

48. Have you ever defaulted on any loan, including student loan? Yes [] No []
If yes, give details: _____

49. Have you ever been refused any loan or credit? Yes [] No []
If yes, give details: _____

ADDITIONAL INFORMATION:

50. Have you ever possessed a Firearms Identification Card, Pistol Permit or Firearms Dealer's License in this or any other state? Yes [] No []
If yes, detail date, permit number and type and issuing agency: _____

51. Has any agency ever refused you a firearms permit or license? Yes [] No []
If yes, give details: _____

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

If yes, explain fully: _____

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

If yes, please attach a separate piece of paper, appropriately numbered, giving your version of this/these incident[s].

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

If yes, please attach a separate piece of paper, appropriately numbered, giving your version of this/these incident[s].

WRITING SAMPLES:

The following writing sample is required as part of the screening process to determine your eligibility for employment by the Township of Pequannock and the Pequannock Township Police Department.

This sample must be completed in ***Black Ink***, on plain white paper, measuring 8" x 11". It must be completed by the applicant and may be **either script or printed**, however it must be clear and legible.

PRINT your name at the upper right hand corner of each page. Be sure to appropriately number each page.

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

Please provide a statement explaining why you wish to be considered for employment by the Township of Pequannock and the Pequannock Township Police Department. Include in this essay, an explanation of your training and experience in the law enforcement profession and the qualities you possess that would make you a desirable member of this law enforcement agency.

CERTIFICATION

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

Signature of Applicant

Date

