

APPLICATION FOR POSITION OF SPECIAL POLICE OFFICER

BOROUGH OF MAYWOOD

(Application must be typewritten or completed in ink. Applications not properly filled out will not be accepted; they may be rejected or returned for correction.)

1. Full Name: _____
Last First Middle

2. Have you ever worked or been educated under another name? Yes [] No []

If yes, please provide the full name(s) used:

Last

First

Middle

Last

First

Middle

3. Present Address:

Number

Street

City

State

Zip Code

4. Mailing Address: (if different than above)

Number/P.O. Box

City

State

Zip Code

5. Telephone Numbers:

Home

Work

Cellular

6. Social Security Number:

Are there any other social security numbers associated with your name? Yes: [] No: []

If yes, list: _____

7. Date of Birth:

Are there any other dates of birth associated with your name? Yes: [] No: []

If yes, list: _____

8. Scars, Marks, and/or Tattoos:

9. Are you either a U.S. citizen or an alien authorized to work in the United States? Yes [] No []

Citizenship acquired by: Birth [] Marriage [] Naturalization []

If Naturalized Citizen list: Date: _____ Court: _____

Certificate#: _____ City: _____ State: _____

If you are an alien authorized to work in the United States, you will be required to submit a copy of your INS authorization if an offer of employment is tendered to you.

10. How long have you resided in New Jersey?

11. If you are a resident of Bergen County, how long have you resided here?

12. If you are a resident of the Borough of Maywood, how long have you resided here?

13. Marital Status: Single [] Married [] Separated [] Divorced [] Widowed []

Date and place of marriage: _____

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

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

NAME	DATE OF BIRTH	PLACE OF BIRTH

Attach applicable documents (photo static copies of marriage licenses, divorce, separation or annulments records, child(s) birth certificates).

15. Have you ever been convicted of a crime, disorderly persons or petty disorderly offense?

Yes [] No []

If yes, please explain in detail the nature and circumstances of the conviction including the charge(s), the date(s) of arrest, trial or plea, and final disposition (examples of disposition are: conditional discharge, pretrial intervention, sentenced).

16. Have you ever received any motor vehicle violations which resulted in either a summons or warning? Please also list any pending violations.

Yes [] No []

If yes, list the date, Municipality and disposition below.

DATE	VIOLATION	MUNICIPALTY	DISPOSITION

17. List any other specialized skills, which you would like us to consider, (e.g. teaching, E.M.T., specialized training, counseling, etc.)

EDUCATION

18. High School:

Name and Address	Dates Attended	Graduated (yes/no)

19. College:

Name and Address	Date Attended	Graduated? Major	Type of Degree	Credits Completed

20. Graduate School or Law School:

Name and Address	Date Attended	Graduated? Major	Type of Degree	Credits Completed

20. Have you ever been a member of a trade or profession that required a professional license or certificate?

Yes []

No []

If so, did you apply for this licensing/certification?

Yes []

No []

Was the application: Granted []

Denied []

If it was granted, please provide the nature of the license/certification, (e.g. C.P.A., Private Detective, Paralegal), the license number and the date of expiration, the State or licensing authority, the first year and the latest year of the license or certificate, the number of years the license was/is held and if the credential has expired or been revoked, explain the circumstances:

Note: If you have successfully complete the employment process and are offered employment with the Maywood Police Department, you may be required to give up any affiliation with the above, if it presents a conflict in your employment with this Department.

21. List all skills that are relevant to the type of work you are seeking, (if applicable, note computer programs at which you are proficient, typing, etc).

22. List languages(s), other than English, which you read, speak and/or write fluently and which you are willing to use during employment. Include Braille and sign language.

Language	Read	Write	Speak

MILITARY EXPERIENCE

23. Have you ever served in the Armed Forces of the United States? Yes [] No []

If yes, branch of service: _____

Serial Number: _____ Highest rank achieved: _____

Please provide the dates of active duty, and conditions of your discharge:

24. Are you a member of the Reserve or National Guard: Yes: [] No: []

If yes, detail branch of service, dates, active/inactive: _____

If you attend drills, meeting or camps, give name of unit and location:

25. List any training or special skills you have acquired during your military service: _____

26. Was there any disciplinary action taken against you in the service? Be sure to include no judgment punishment(s), if applicable. Detail date, type of action and disposition.

27. Are you currently registered for selective service: Yes () No ()

If yes, detail date and Selective Service Number: _____

EMPLOYMENT

28. Please list all prior full and/or part-time employment on the next pages. Start with your present or last position and work back. Account for all gaps in employment history, including periods of unemployment. Use additional sheets if necessary.

Please indicate by checking the box at the left if you **DO NOT** wish for us to contact your **PRESENT** employer regarding your character, qualifications and record of employment at this time. Please be advised that inquiry will be made at the time you are accepted, prior to employment.

[] Date of Employment From: _____ To: _____	Exact Title of Position: _____ Number of Staff Supervised: _____
Salary or Wage: Starting: \$ _____ per _____ Present: \$ _____ per: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours Per Week: _____
Name and Type of Business: _____	Name & Telephone Number of Supervisor: _____ () _____
Address of Employer: Street: _____ City/State: _____ Zip Code: _____	Location of Employment (if different): Street: _____ City/State: _____ Zip Code: _____

Reason for leaving: _____

Description of Duties, Responsibilities and Accomplishments:

Date of Employment From: _____ To: _____	Exact Title of Position: _____ Number of Staff Supervised: _____
Salary or Wage: Starting: \$ _____ per _____ Present: \$ _____ per: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours Per Week: _____
Name and Type of Business: _____ _____	Name & Telephone Number of Supervisor: _____ () _____
Address of Employer: Street: _____ City/State: _____ Zip Code: _____	Location of Employment (if different): Street: _____ City/State: _____ Zip Code: _____

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Name and Type of Business: _____ _____	Name & Telephone Number of Supervisor: _____ () _____
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Name and Type of Business: _____	Name & Telephone Number of Supervisor: _____ () _____
Address of Employer: Street: _____ City/State: _____ Zip Code: _____	Location of Employment (if different): Street: _____ City/State: _____ Zip Code: _____

Reason for leaving: _____

Description of Duties, Responsibilities and Accomplishments:

29. Were you ever discharged or asked to resign from any employment?

Yes: [] No: []

If yes, provide details: _____

30. Were you ever subjected to any disciplinary action in connection with any employment?

Yes: [] No: []

If yes, provide details to include date and employer: _____

31. How many days have you lost from work/school due to illness or injury in the past 5 years?

32. Have you ever made application to any other police department or public safety agency?

Yes: [] No: []

If yes, provide date, name, agency address and status: _____

33. Were you ever, or are you now, on any employment list for any police department or public safety agency?

Yes: [] No: []

If yes, provide details: _____

34. Have you ever been rejected for employment by any police department or public safety agency?

Yes: [] No: []

If yes, provide details: _____

PAST RESIDENCES:

35.

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

Dates: From-To	Street Address	City	State

37. Have you ever been accepted into a police academy for a certified Police Training Commission class for basic police officer in any state? Yes: No:

If yes, Location and Dates of Class: _____

38. Did you successfully complete the class and receive a PTC certification?

Yes: No:

If no, explain why: _____

39. If a conditional offer of employment is extended to you based on your successful completion of the testing process, this agency will conduct a drug screening, medical and/or psychological exam and a background investigation prior to hiring you.

Do you understand that you must cooperate with this process and any failure to cooperate in this process may be cause for you conditional offer of employment to be immediately rescinded?

Yes

No

Signature: _____

40. Have you, or to your knowledge, any member of your immediate family ever been a complainant or plaintiff, defendant or witness in an 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 you or your relatives involvement in the matter.

41. Pursuant to the provisions of N.J.S.A. 2C:52-27c, have you ever filed a petition for the purpose of expunging or sealing court records?

Yes: [] No: []

If yes, give details: _____

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

43. Have you ever been adjudicated a bankrupt? Yes [] No: []

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

MOTOR VEHICLE

44. Do you have a valid New Jersey Drivers License: Yes: [] No: []

New Jersey Driver's License Number

Expiration Date

Type

45. Have you ever been issued a drivers license from any other state? Yes: [] No: []

If yes, complete the following:

License number	State	Dates
License number	State	Dates
License number	State	Dates

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

Yes: [] No: [] If yes, explain: _____

If you answered yes, has it been restored? Yes: [] No: []

47. List all motor vehicles you have owner in the past five years:

MAKE	MODEL	YEAR	PERIOD OWNED FROM/TO	REGISTRATION AND STATE

FAMILY

48. Alphabetically, by last name, list 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 whom you reside whether related to you or not:

Name:	Relationship:
Address:	Occupation:
Social Security Number:	Date of Birth:

Name:	Relationship:
Address:	Occupation:
Social Security Number:	Date of Birth:

Name:	Relationship:
Address:	Occupation:
Social Security Number:	Date of Birth:

Name:	Relationship:
Address:	Occupation:
Social Security Number:	Date of Birth:

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Social Security Number:	Date of Birth:

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Social Security Number:	Date of Birth:

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Social Security Number:	Date of Birth:

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Social Security Number:	Date of Birth:

Name:	Relationship:
Address:	Occupation:
Social Security Number:	Date of Birth:

Name:	Relationship:
Address:	Occupation:
Social Security Number:	Date of Birth:

FINANCIAL

49. Do you have any loan, debt, garnish, wage assignments or judgment pending against you (including any mortgage and or credit card debt)?

Yes: [] No: []

If yes, provide details: _____

50. Have you ever defaulted in any loans, including student loans?

Yes: [] No: []

If yes, provide details: _____

51. Have you ever been refused any loan or credit?

Yes: [] No: []

If yes, provide details: _____

ADDITIONAL INFORMATION

52. Have you ever possessed a Firearms Identification Card, Pistol Permit or Firearms Dealers License in this or any other state?

Yes: [] No: []

If yes, provide details: _____

53. Have you ever been denied a Firearms Identification Card, Pistol Permit or Dealers License?

Yes: [] No: []

If yes, provide details: _____

REFERENCES

54. Please provide the names of three (3) people who would be willing to provide a professional or character reference for you, who ARE NOT present or former employers or related to you by blood or marriage:

1. Name: _____

Address: _____

Phone Number: _____ Years Known: _____

Occupation: _____

2. Name: _____

Address: _____

Phone Number: _____ Years Known: _____

Occupation: _____

3. Name: _____

Address: _____

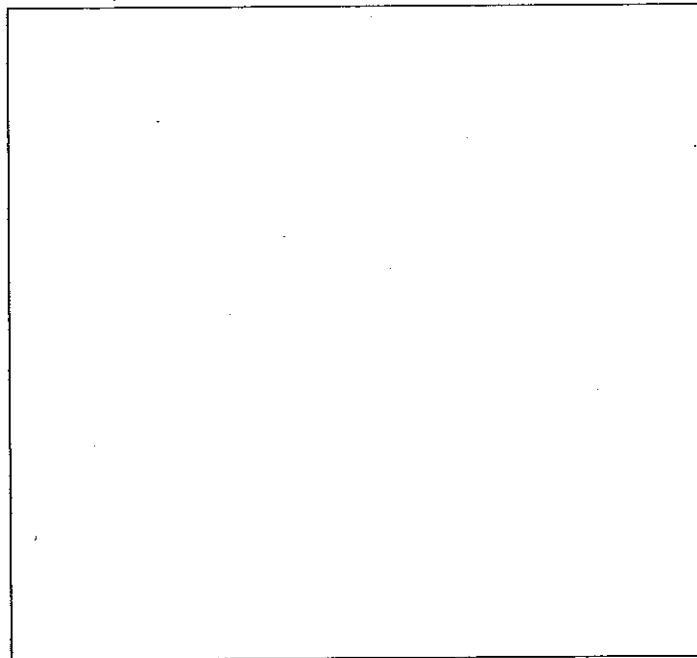
Phone Number: _____ Years Known: _____

Occupation: _____

OTHER INFORMATION

55. If there is any other information that you would like to provide for our consideration, please detail below:

56. In the space below, please provide a current photograph, color or black and white, of yourself.



APPLICANT'S CERTIFICATION

I hereby certify that the information given by me in response to questions and statements in this application are true, complete and correct to the best of my belief and knowledge, and is made in good faith. I understand that any misrepresentation by me, whether by willful misrepresentation, omissions or in reckless disregard of the truth, regarding these facts will be sufficient cause for rejection of my application or discharge from employment, if I should become employed by the Maywood Police Department.

I authorize my former employers to release any information they may have concerning my employment record and I release the Maywood Police Department and all previous employers including their agents listed above, from all liability whatsoever that they may issue from securing this information. I further authorize representatives of this agency and the New Jersey Department of Law and Public Safety to verify any and all information contained in this application, including education, and to review any and all criminal history, driving history, military and disciplinary records of the source.

Subscribed and sworn to
Before me this _____
day of _____, 2015

Applicant Signature

Date Signed

Notary Public of New Jersey

My Commission expires: _____

(Print or type name of Notary under
Signature and affix seal)