



**APPLICATION FOR POSITION OF:
POLICE TELECOMMUNICATOR
BOROUGH OF MAYWOOD**

(Typewriter or 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

6. Social Security Number:

7. Date of Birth:

8. Do you have a valid New Jersey Drivers License: Yes() No()

New Jersey Driver's License Number

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

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. 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, sentence).

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and any failure to cooperate in this process may be cause for your conditional offer of employment to be immediately rescinded?

Yes () No ()

EDUCATION

11. High School:

Name and Address	Dates Attended	Graduated (yes/no)

12. College:

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

13. 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).

14. 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

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

MILITARY EXPERIENCE

16. Have you ever served in the Armed Forces of the United States? Yes () No ()

If yes, please provide the dates, and conditions of your discharge:

Are you currently listed for selective service: Yes () No ()

EMPLOYMENT

17. 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.

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: _____

Reason for leaving: _____

Description of Duties, Responsibilities and Accomplishments:

REFERENCES

18. 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: _____

CERTIFICATIONS

19. Please check and attach copies of the following certifications:

Are you currently certified in CPR: Yes () No ()

Are you currently certified in Emergency Medical Dispatch: Yes () No ()

Are you currently certified in Basic Telecommunications Course: Yes () No ()

OTHER INFORMATION

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

21. 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.

By signing below I also acknowledge that the testing/training process is a non-compensatory position. No compensation will be received until I successfully complete the training process and am officially appointed by the Mayor and Council.

Applicant Signature

Date Signed