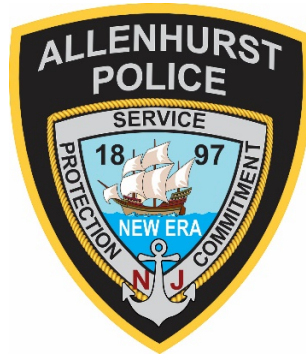


APPLICATION FOR POLICE SERVICE



Allenhurst Police Department
125 Corlies Avenue
Allenhurst, NJ 07711
(732)-531-2255

Name:	
Address:	
Home Telephone:	
Cell Phone:	
E-Mail:	

Position Applying For:
Regular Police Officer:

S.L.E.O. II:

S.L.E.O. I:

Communications Officer:

Matron:

Date of Application: _____

*The Allenhurst Police Department is an equal opportunity employer.

IMPORTANT INSTRUCTIONS

This Application is a permanent record.

It is mandatory that all requested information be supplied, in the manner specified. Each question on this application **MUST** be answered. Leave no blank spaces. An incomplete application may be rejected.

PRINT in **black ink only**, if something does not apply to you, write DNA in that space. LEAVE NO BLANK SPACES.

All applications must be accompanied by copies of the following documents: birth certificate, social security card, driver's license, high school diploma, or it's equivalent, college diploma (or transcript if presently attending classes), any documents pertaining to post-secondary education or training (if applicable), DD-214 (if applicable), and a recent (within the past 6 months) photograph.

1. Read the form carefully.
2. List zip codes and area codes for all requested addresses and telephone numbers.
3. List the FULL names of all references: first name, middle name (or initial), and last name. If the reference has no middle name, indicate by printing NMI (No Middle Initial).
4. Complete all of the information on your educational background. List all high schools attended, and or graduated from, and all colleges you attended.
5. List all of the places you have resided, beginning with your present residence, and list all residences since age 15. Include military assignments and stations (if applicable), and campus, or off-campus addresses while attending college.
6. When listing employment information, begin with your present employer, and follow, in chronological order, all jobs you have had since age 16. List the actual work address, not the corporate headquarters address. Be sure each address is accurate and complete. List the complete name(s) of supervisors for each job held.

Each month and year must be accounted for, including unemployment – if unemployed for a period of time, in the place of “employer,” list *unemployed*. List periods of military service, including the name of your station or assignment.

7. List relatives in the order requested. For deceased relatives, indicate “deceased” next to their name.
8. If there isn't sufficient space to include all information required, place a photocopy of that page (8 ½” x 11”), in the proper page sequence, and complete the information.
9. You are required to report, within five days, to the Allenhurst Police Department, any changes to any information on this Application for Police Service. Failure to do so may cause your name to be removed from the eligibility list, or be cause for immediate termination, if appointment is made.
10. Any false statements or omissions made on this application may cause your name to be removed from the eligibility list, or be cause for immediate termination, if an appointment is made.
11. N.J.S.A. 2C:52-27 requires that information divulged on expunged records shall be revealed by an applicant seeking employment with a law enforcement agency and such information shall continue to provide a disability as otherwise provided by law. Failure to reveal such information may cause your name to be removed from the eligibility list, or be cause for termination, if an appointment is made.

PLEASE READ STATEMENT BELOW AND SIGN BEFORE A NOTARY PUBLIC PRIOR TO
SUBMITTING THIS APPLICATION

I have read and understand the instructions provided. I certify that the facts set forth in this Application are true and complete to the best of my knowledge. I acknowledge that any falsification, misrepresentation or omission will cause rejection of this Application, elimination from further consideration, removal of my name from any eligibility list, or discharge from employment.

Applicant's signature: _____ Date: _____

STATE OF _____)
COUNTY OF _____) :SS

SUBSCRIBED TO AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____

Notary Public

MY Commission Expires:



ALLENHURST POLICE DEPARTMENT
125 Corlies Avenue
ALLENHURST, NEW JERSEY 07711

TELEPHONE
(732) 531-2255
FAX (732) 531-2258

Michael B. Schneider
CHIEF OF POLICE

Personal Information							
Full legal Name	Last			First		Middle	
Sex	Height	Weight	Hair	Eyes	Social Security Number		
Driver's License No.	State	Expiration Date		U.S. Citizen <input type="checkbox"/>	Naturalized Citizen <input type="checkbox"/>	Legal Alien <input type="checkbox"/>	Date applied for citizenship
Date of Birth			Place of Birth (city, county, state, and country)				
List all names (aliases and nicknames) you have used or have been known by (include maiden name).							
Last			First		Middle		Years Used
List and describe all tattoos and where they are located.							

List the current address where you physically reside (not a mailing address).				
Number, Street, and Apt. no.		City	State	Zip Code
Name of the County where you reside.	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other		How long have you resided there?	
			Years:	Months:
List your residence and work phone numbers (include area codes and extension if applicable).	Residence		Work	
			Cellular phone	
List a mailing address if unable to obtain mail at your residence				
Mailing Address		City	State	Zip Code

Are you able, with reasonable accommodation, to perform then essential job functions for this position? (The essential job functions are attached to this application as "Schedule A") **Police Officer categories only**		<input type="checkbox"/> Yes <input type="checkbox"/> No
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Family Members and Relatives

During the background investigation, your family and other relatives will be asked to comment upon your suitability for the position of police officer. Supply the appropriate information in the spaces provided. If a category is not applicable, print DNA in the box provided for the name. If deceased, so indicate.

Name	Residence Address (include zip codes). If same as yours write same.	Telephone (Include area code)	Age
Father		Home	
Occupation		Work	
Mother		Home	Age
Mother's maiden name		Work	
Occupation			
Stepfather		Home	Age
Occupation		Work	
Stepmother		Home	Age
Occupation		Work	
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Occupation		Home	Age
		Work	
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Occupation		Home	Age
		Work	
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Occupation		Home	Age
		Work	
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Occupation		Home	Age
		Work	
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Occupation		Home	Age
		Work	
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Occupation		Home	Age
		Work	
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Occupation		Home	Age
		Work	
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Occupation		Home	Age
		Work	
Brother <input type="checkbox"/> Sister <input type="checkbox"/> Occupation		Home	Age
		Work	

Children

List all of your children (include step-children, adopted children, etc.)

Name	Sex		Date of birth	Relationship to you				Living with you	
	Male	Female		Natural	Step	Adopted	Foster	Yes	No

Marital Status

<input type="checkbox"/> Single/ Dating	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Annulled	<input type="checkbox"/> Divorced
--	---	---	---	--	--

Full name of spouse / significant other	Maiden name	Other names spouse / significant has used	Date of birth	Age
Date of marriage	Place of marriage (city, county, state, and country)			
Spouse / significant other's employer		Occupation or position	How long employed	
Current address of spouse / Significant other, if not living with you		Home phone (area code)	Work phone (area code)	

If divorced, widowed, or had an annulment, provide the following information.

Full name of former spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, county, state, and country)			
Former spouses employer		Occupation or position	How long employed	
Current address of former spouse or last known address		Home phone (area code)	Work phone (area code)	
Date filed for divorce	City, county, and state of divorce			Is divorce final <input type="checkbox"/> Yes <input type="checkbox"/> No

Full name of former, spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, county, state, and country)			
Former spouse's employer		Occupation or position	How long employed	
Current address of former spouse or last known address		Home phone (area code)	Work phone (area code)	
Date filed for divorce	City, county, and state of divorce			Is divorce final <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been ordered by court to pay child support?

☐ Yes ☐ No

If yes, what is or was the monthly amount _____

Have you ever been required to pay alimony?

☐ Yes ☐ No

If yes, what is or was the monthly amount? _____

Have you ever been delinquent in child support payments or alimony payments?

☐ Yes ☐ No

If yes, explain below.

Residences

List all of your residences during the last ten years, or since age fifteen. Begin with Your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, West. Include **unit number or apartment number**, where applicable.

Current address	City, state, and zip code	Since (month/year)
With whom do you live		
If rented, give name, complete address, and phone number of person who collects the rent		

Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Residences Continued			
Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Address	City, state, and zip code	From (month/year)	To (month/year)
With whom did you live			
If rented, give name, complete address, and phone number of person who collected the rent			
Reason for moving			

Cohabitants (roommates)			
List those individuals with whom you have resided during the last ten years, excluding family members.			
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known
Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)	Occupation		Years known

Cohabitants Continued

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

Full name	Age	Home phone (area code)	Work phone (area code)
Current address (include zip code)		Occupation	Years known

Experience and Employment

Beginning with your most current employment, list every job, including military service. Account for all time periods. Jobs include self-employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of the length of employment. Addresses must be complete and accurate. Zip codes are required- If you have periods of unemployment, list those periods in sequence in the spaces specifically provided. Start with your most current employment.

Do you object to our contacting your present employer(s) prior to your being accepted? ☐ Yes ☐ No

If yes, please explain

<p>Dates of employment</p> <p>From To</p> <p>Month / year Month / year</p> <p>____ / ____ ____ / ____</p> <p>How long employed there? _____</p> <p><input type="checkbox"/> Present employment</p>	<p>Name of employer</p> <p>Complete address</p> <p>Work schedule (for example: Monday through Friday, 9 to 5, etc.)</p> <p>Job title or position</p>	<p>Work phone (area code)</p> <p>Salary</p>
<p>Describe your duties</p>		
<p>Reason for leaving (be specific)</p>		
<p>Supervisor's name</p>	<p>Work or home phone (area code)</p>	
<p>List another supervisor</p>	<p>Work or home phone (area code)</p>	
<p>List a co-worker</p>	<p>Work or home phone (area code)</p>	
<p>Unemployed From: _____ To: _____</p>		

Experience and Employment (Continued)

<p>Dates of employment</p> <p>From Month / year To Month / year</p> <p>____ / ____ ____ / ____</p> <p>How long employed there? _____</p> <p><input type="checkbox"/> Present employment</p>	<p>Name of employer</p>		<p>Work phone (area code)</p>
	<p>Complete address</p>		
	<p>Work schedule (for example: Monday through Friday, 9 to 5, etc.)</p>		
	<p>Job title or position</p>	<p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary </p>	<p>Salary</p>
<p>Describe your duties</p>			
<p>Reason for leaving (be specific)</p>			
<p>Supervisor's name</p>		<p>Work or home phone (area code)</p>	
<p>List another supervisor</p>		<p>Work or home phone (area code)</p>	
<p>List a co-worker</p>		<p>Work or home phone (area code)</p>	
<p>Unemployed From: _____ To: _____</p>			

<p>Dates of employment</p> <p>From Month / year To Month / year</p> <p>____ / ____ ____ / ____</p> <p>How long employed there? _____</p> <p><input type="checkbox"/> Present employment</p>	<p>Name of employer</p>		<p>Work phone (area code)</p>
	<p>Complete address</p>		
	<p>Work schedule (for example: Monday through Friday, 9 to 5, etc.)</p>		
	<p>Job title or position</p>	<p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary </p>	<p>Salary</p>
<p>Describe your duties</p>			
<p>Reason for leaving (be specific)</p>			
<p>Supervisor's name</p>		<p>Work or home phone (area code)</p>	
<p>List another supervisor</p>		<p>Work or home phone (area code)</p>	
<p>List a co-worker</p>		<p>Work or home phone (area code)</p>	
<p>Unemployed From: _____ To: _____</p>			

Experience and Employment (Continued)

<p>Dates of employment</p> <p>From Month / year To Month / year</p> <p>____ / ____ ____ / ____</p> <p>How long employed there? _____</p> <p><input type="checkbox"/> Present employment</p>	<p>Name of employer</p>		<p>Work phone (area code)</p>
	<p>Complete address</p>		
	<p>Work schedule (for example: Monday through Friday, 9 to 5, etc.)</p>		
	<p>Job title or position</p>	<p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary </p>	<p>Salary</p>
<p>Describe your duties</p>			
<p>Reason for leaving (be specific)</p>			
<p>Supervisor's name</p>		<p>Work or home phone (area code)</p>	
<p>List another supervisor</p>		<p>Work or home phone (area code)</p>	
<p>List a co-worker</p>		<p>Work or home phone (area code)</p>	
<p>Unemployed From: _____ To: _____</p>			

<p>Dates of employment</p> <p>From Month / year To Month / year</p> <p>____ / ____ ____ / ____</p> <p>How long employed the=? _____</p> <p><input type="checkbox"/> Present employment</p>	<p>Name of employer</p>		<p>Work phone (area code)</p>
	<p>Complete address</p>		
	<p>Work schedule (for example: Monday through Friday, 9 to 5, etc.)</p>		
	<p>Job title or position</p>	<p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary </p>	<p>Salary</p>
<p>Describe your duties</p>			
<p>Reason for leaving (be specific)</p>			
<p>Supervisor's name</p>		<p>Work or home phone (area code)</p>	
<p>List another supervisor</p>		<p>Work or home phone (area code)</p>	
<p>List a co-worker</p>		<p>Work or home phone (area code)</p>	
<p>Unemployed From: _____ To: _____</p>			

Experience and Employment (Continued)

<p>Dates of employment</p> <p>From To Month / year Month / year</p> <p>_____ / _____ / _____</p> <p>How long employed there? _____</p> <p><input type="checkbox"/> Present employment</p>	<p>Name of employer</p>		<p>Work phone (area code)</p>
	<p>Complete address</p>		
	<p>Work schedule (for example: Monday through Friday, 9 to 5, etc.)</p>		
	<p>Job title or position</p>	<p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary </p>	<p>Salary</p>
<p>Describe your duties</p>			
<p>Reason for leaving (be specific)</p>			
<p>Supervisor's name</p>		<p>Work or home phone (area code)</p>	
<p>List another supervisor</p>		<p>Work or home phone (area code)</p>	
<p>List a co-worker</p>		<p>Work or home phone (area code)</p>	
<p>Unemployed From: _____ To: _____</p>			

<p>Dates of employment</p> <p>From To Month / year Month / year</p> <p>_____ / _____ / _____</p> <p>How long employed there? _____</p> <p><input type="checkbox"/> Present employment</p>	<p>Name of employer</p>		<p>Work phone (area code)</p>
	<p>Complete address</p>		
	<p>Work schedule (for example: Monday through Friday, 9 to 5, etc.)</p>		
	<p>Job title or position</p>	<p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary </p>	<p>Salary</p>
<p>Describe your duties</p>			
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<p>Supervisor's name</p>		<p>Work or home phone (area code)</p>	
<p>List another supervisor</p>		<p>Work or home phone (area code)</p>	
<p>List a co-worker</p>		<p>Work or home phone (area code)</p>	
<p>Unemployed From: _____ To: _____</p>			

Experience and Employment (Continued)

<p>Dates of employment</p> <p>From To Month / year Month / year</p> <p>____ / ____ ____ / ____</p> <p>How long employed there? _____</p> <p><input type="checkbox"/> Present employment</p>	<p>Name of employer</p>	<p>Work phone (area code)</p>
<p>Complete address</p>		
<p>Work schedule (for example: Monday through Friday, 9 to 5, etc.)</p>		
<p>Job title or position</p>		<p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary </p>
<p>Salary</p>		
<p>Describe your duties</p>		
<p>Reason for leaving (be specific)</p>		
<p>Supervisor's name</p>		<p>Work or home phone (area code)</p>
<p>List another supervisor</p>		<p>Work or home phone (area code)</p>
<p>List a co-worker</p>		<p>Work or home phone (area code)</p>
<p>Unemployed From: _____ To: _____</p>		

<p>Dates of employment</p> <p>From To Month / year Month / year</p> <p>____ / ____ ____ / ____</p> <p>How long employed there? _____</p> <p><input type="checkbox"/> Present employment</p>	<p>Name of employer</p>	<p>Work phone (area code)</p>
<p>Complete address</p>		
<p>Work schedule (for example: Monday through Friday, 9 to 5, etc.)</p>		
<p>Job title or position</p>		<p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary </p>
<p>Salary</p>		
<p>Describe your duties</p>		
<p>Reason for leaving (be specific)</p>		
<p>Supervisor's name</p>		<p>Work or home phone (area code)</p>
<p>List another supervisor</p>		<p>Work or home phone (area code)</p>
<p>List a co-worker</p>		<p>Work or home phone (area code)</p>
<p>Unemployed From: _____ To: _____</p>		

Experience and Employment (Continued)

Have you ever held employment under another name? ☐ Yes ☐ No

If yes, list the names used, the employer, and the dates of employment.

Name used	Employer	From (month/year)	to (month/year)

Have you ever been terminated (fired) or asked to resign from a job or position in lieu of termination? ☐ Yes ☐ No

If yes, start with most recent, and list the following information, giving details. If more space is needed, please explain under the general information section at the end of this application.

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Date	Employer
Details	

Have you ever had any extended work absences for any reason other than medical or earned vacations? (Leave of absence, suspensions, layoffs, etc.).

☐ Yes ☐ No

If yes, list the dates, name of employer, and details.

Date	Employer
Details	

Experience and Employment (Continued)

Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment, or equal employment violations?

☐ Yes ☐ No

If yes, please provide the following information.

Date	Employ-
Details and results of investigation	

Have you ever been suspended by an employer, or received a formal written reprimand, or verbal warning or verbal counseling?

☐ Yes ☐ No *If yes, please explain.*

Date		Employer		Circumstances	

Date		Employer		Circumstances	

Date		Employer		Circumstances	

Date		Employer		Circumstances	

Date		Employer		Circumstances	

Have you ever held a full-time or part-time position with peace officer powers? (Prior police experience includes police officer, police reserve, or military police)

☐ Yes ☐ No

If yes, list dates, employer/agency, rank, and duties. Start with the most recent.

Date		Employer / Agency	Rank	
Duties / assignments				

Date		Employer / Agency	Rank	
Duties / assignments				

Experience and Employment (continued)

Have you ever attended a police academy or a law enforcement training center? ☐ Yes ☐ No

If yes, please provide the following information.

Name and address of training site	Date started	Due ended
Was the training <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time? List the total number of hours of the training course. _____		
Did you complete the training? <i>If no, explain the reason.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name and address of training site	Date started	Due ended
Was the training <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time? List the total number of hours of the training course. _____		
Did you complete the training? <i>If no, explain the reason.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name and address of training site	Date started	Due ended
Was the training <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time? List the total number of hours of the training course. _____		
Did you complete the training? <i>If no, explain the reason.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been a police cadet or explorer? ☐ Yes ☐ No

If yes, please provide the following information.

Agency	Date started	Date ended
Agency	Date started	Date ended
Agency	Date started	Date ended

Applications with other agencies

Have you ever applied for any other law enforcement agency (city, county, state , or federal agencies)?

If yes, list EVERY agency you have applied with. Start with the most recent. Give complete, accurate addresses. All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only. <input type="checkbox"/> Took written test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Oral interview taken. <input type="checkbox"/> Failed oral interview. <input type="checkbox"/> Placed on eligibility list. <input type="checkbox"/> Background conducted. <input type="checkbox"/> Background pending. <input type="checkbox"/> Disqualified. <input type="checkbox"/> Was not selected. <input type="checkbox"/> Hired / job offered. <input type="checkbox"/> Unknown status. <input type="checkbox"/> No response from agency. <input type="checkbox"/> Withdrew application or declined. <input type="checkbox"/> Other.	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only. <input type="checkbox"/> Took written test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Oral interview taken. <input type="checkbox"/> Failed oral interview. <input type="checkbox"/> Placed on eligibility list. <input type="checkbox"/> Background conducted. <input type="checkbox"/> Background pending. <input type="checkbox"/> Disqualified. <input type="checkbox"/> Was not selected. <input type="checkbox"/> Hired / job offered. <input type="checkbox"/> Unknown status. <input type="checkbox"/> No response from agency. <input type="checkbox"/> Withdrew application or declined. <input type="checkbox"/> Other.	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only. <input type="checkbox"/> Took written test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Oral interview taken. <input type="checkbox"/> Failed oral interview. <input type="checkbox"/> Placed on eligibility list. <input type="checkbox"/> Background conducted. <input type="checkbox"/> Background pending. <input type="checkbox"/> Disqualified. <input type="checkbox"/> Was not selected. <input type="checkbox"/> Hired / job offered. <input type="checkbox"/> Unknown status. <input type="checkbox"/> No response from agency. <input type="checkbox"/> Withdrew application or declined. <input type="checkbox"/> Other.	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only. <input type="checkbox"/> Took written test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Oral interview taken. <input type="checkbox"/> Failed oral interview. <input type="checkbox"/> Placed on eligibility list. <input type="checkbox"/> Background conducted. <input type="checkbox"/> Background pending. <input type="checkbox"/> Disqualified. <input type="checkbox"/> Was not selected. <input type="checkbox"/> Hired / job offered. <input type="checkbox"/> Unknown status. <input type="checkbox"/> No response from agency. <input type="checkbox"/> Withdrew application or declined. <input type="checkbox"/> Other.	
What was your background investigator's name and phone number?	

Applications with other agencies (continued)

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only. <input type="checkbox"/> Took written test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Oral interview taken. <input type="checkbox"/> Failed oral interview. <input type="checkbox"/> Placed on eligibility list. <input type="checkbox"/> Background conducted. <input type="checkbox"/> Background pending. <input type="checkbox"/> Disqualified. <input type="checkbox"/> Was not selected. <input type="checkbox"/> Hired / job offered. <input type="checkbox"/> Unknown status. <input type="checkbox"/> No response from agency. <input type="checkbox"/> Withdrew application or declined. <input type="checkbox"/> Other.	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only. <input type="checkbox"/> Took written test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Oral interview taken. <input type="checkbox"/> Failed oral interview. <input type="checkbox"/> Placed on eligibility list. <input type="checkbox"/> Background conducted. <input type="checkbox"/> Background pending. <input type="checkbox"/> Disqualified. <input type="checkbox"/> Was not selected. <input type="checkbox"/> Hired / job offered. <input type="checkbox"/> Unknown status. <input type="checkbox"/> No response from agency. <input type="checkbox"/> Withdrew application or declined. <input type="checkbox"/> Other.	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only. <input type="checkbox"/> Took written test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Oral interview taken. <input type="checkbox"/> Failed oral interview. <input type="checkbox"/> Placed on eligibility list. <input type="checkbox"/> Background conducted. <input type="checkbox"/> Background pending. <input type="checkbox"/> Disqualified. <input type="checkbox"/> Was not selected. <input type="checkbox"/> Hired / job offered. <input type="checkbox"/> Unknown status. <input type="checkbox"/> No response from agency. <input type="checkbox"/> Withdrew application or declined. <input type="checkbox"/> Other.	
What was your background investigator's name and phone number?	

Name of agency	Date applied
Complete address including zip code	Position
<input type="checkbox"/> Submitted application only. <input type="checkbox"/> Took written test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Oral interview taken. <input type="checkbox"/> Failed oral interview. <input type="checkbox"/> Placed on eligibility list. <input type="checkbox"/> Background conducted. <input type="checkbox"/> Background pending. <input type="checkbox"/> Disqualified. <input type="checkbox"/> Was not selected. <input type="checkbox"/> Hired / job offered. <input type="checkbox"/> Unknown status. <input type="checkbox"/> No response from agency. <input type="checkbox"/> Withdrew application or declined. <input type="checkbox"/> Other.	
What was your background investigator's name and phone number?	

Military Service

Did you comply with the draft registration law?

☐ Yes ☐ No

Selective Service number

Have you ever served in any of the Armed Forces, National Guard, or military reserves?

☐ Yes ☐ No

If yes, what is your current status with the military? ☐ Active ☐ Reserves ☐ Inactive ☐ Discharged

Branch of service	Unit / Occupation	Enlistment date	Discharge date
Service number	Highest Rank attained	Rank at discharge	Type of discharge
Separation code	Reenlistment code	If active or current reserve, list your commanding officer's name	

Were you ever investigated for any criminal activity while in the military or military reserves?

☐ Yes ☐ No

If yes, please explain:

Have you ever been reduced in pay grade or been the subject of any judicial or nonjudicial disciplinary action while in the military, National Guard, or military reserves?

If yes, please explain:

Approximate date	Violation	Penalty

Did you receive an honorable discharge?

☐ Yes ☐ No

If you received a discharge other than honorable, please explain:

Starting with the most recent, list all duty stations (include basic training, tours over seas, etc...) while in the military.

From (Month/Year)	To (Month/Year)	Location	Duties / purpose

Education

Circle one

- I possess a high school diploma from a US institution.
- I possess a two-year college degree from an accredited college.
- I possess a four-year degree from an accredited college or university.
- I passed the GED test meeting the required scores.

During the background investigation, persons whom have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name and address of US high schools attended and/or graduated from	From (month/year)	To (month/year)	Did you graduate
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever attended college? ☐ Yes ☐ No

If yes, list all colleges and universities attended including post graduate.

Name of college or university	City and state	Major	From (month/year)	To (month/year)	Total units earned	Type of Degree Earned

Have you ever attended a trade, vocational, or business school? ☐ Yes ☐ No

If yes, please provide the following information.

Name of school (include city and state)	Type of school or training	Dates attended	Did you finish the course?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been placed on academic probation, suspended, or expelled from any high school, university, or trade school?

☐ Yes ☐ No If yes, please explain in detail.

Motor vehicle operation & insurance				
Have you ever received a traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list all traffic citations for the last four years. Start with most recent.				
Month/year	Traffic violation	City and state	What action resulted? (Fined, traffic school amended, dismissed)	
List all vehicles that you own and/or operate that are registered to you, or if none are registered to you, the vehicles that you operate.				
MAKE/Model	Color	License number and state	Is the vehicle currently registered?	Is the vehicle currently insured?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
N.J. Law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company or companies.				
Company	Telephone number (area code)	Policy number	Expiration date	
Have you ever been refused auto insurance for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				
As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail.				

Motor vehicle operation & insurance (continued)

As a driver, have you ever been involved in a motor vehicle accident?
If yes, please provide the following information for the past four years.

Yes ☐ No

Date	City and state	Were you at fault? _____ <input type="checkbox"/> Yes No
Police agency that wok the report		Was there a police report taken? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
		Did the accident cause injury to another person? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you cited or arrested? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the accident a hit and run? _____ <input type="checkbox"/> Yes No

Date	City and state	Were you at fault? _____ <input type="checkbox"/> Yes No
Police agency that wok the report		Was there a police report taken? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
		Did the accident cause injury to another person? _____ <input type="checkbox"/> Yes No
		Were you cited or arrested? _____ Yes <input type="checkbox"/> No
		Was the accident a hit and run? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

Date	City and state	Were you at fault? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that wok the report		Was there a police report taken? _____ Yes <input type="checkbox"/> No
		Did the accident cause injury to another person? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you cited or arrested? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the accident a hit and run? _____ <input type="checkbox"/> Yes No

State	Name under which license was issued	License number

Have you ever been refused a driver's license by any state?
If yes, please explain. Give State, dates, and reason.

☐ Yes ☐ No

Have you ever applied for, or obtained, a driver's license or state identification card under a fictitious name?
If yes, please explain. Give State, dates, and reasons.

☐ Yes No

Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation by any state?
If yes, please explain. Give state, dates, and reasons.

Yes ☐ No

Motor vehicle operation & insurance (continued)

Have you ever failed to appear in court on a traffic or parking citation?

☐ Yes ☐ No

If yes, provide the following information.

Approximate date	Traffic violation	City / County / State	Reason you failed to appear

Have you ever had a warrant issued for you regarding a traffic or parking citation?

☐ Yes ☐ No

If yes, provide the following information.

Approximate date	Traffic violation	City / County / State	Reason you failed to appear

Legal

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act ?

☐ Yes ☐ No

Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with most recent.

Date	Charges	Police agency	Results
Explain circumstances:			

Date	Charges	Police agency	Results
Explain circumstances:			

Date	Charges	Police agency	Results
Explain circumstances:			

Note: For purposes of this question, a "criminal act" shall include a crime of the 1st, 2nd, 3rd, or 4th degree, a disorderly persons or petty disorderly persons offense or ordinance violation in the State of New Jersey, whether or not such resulting criminal complaint was filed by a law enforcement officer or a private citizen. It shall also include similar offenses in any other State or territory.

Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned, or fingerprinted by any law enforcement agency or military authority, even as a victim or witness? *If yes, provide the following information.*

☐ Yes ☐ No

Date	Charges or reason for investigation	Police agency
Explain circumstances		

Date	Charges or reason for investigation	Police agency
Explain circumstances		

Legal (continued)

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act involving domestic violence, whether or not in this or any other state or territory?

☐ Yes No

Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with most recent.

Date	Charges	Police agency	Results
Explain circumstances:			

Date	Charges	Police agency	Results
Explain circumstances:			

Date	Charges	Police agency	Results
Explain circumstances:			

Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned, or fingerprinted by any law enforcement agency or military authority, even as a victim or witness in an incident involving domestic violence, whether or not in this or any other state or territory? *If yes, provide the following information.*

Yes No

Date	Charges or reason for investigation	Police agency
Explain circumstances		

Date	Charges or reason for investigation	Police agency
Explain circumstances		

Legal (continued)

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? ☐ Yes ☐ No
 Ever had a judgment rendered against you? ☐ Yes ☐ No
 If yes to either question, provide the following information

Date	Location of Court	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
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Details

Note: For purposes of this question, the phrase "civil court action" shall also include a civil restraining order in this or any other state involving domestic violence or relations.

Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates the overthrow of our constitutional form of government by any means other than the democratic procedures provided by our form of government? Yes ☐ No ☐

Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which, advocated or advocates acts of force or violence to deny other persons their rights under the Constitution of the United States, by procedures provided by our form of government? ☐ Yes ☐ No

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? ☐ Yes ☐ No
 Ever had a judgment rendered against you? ☐ Yes ☐ No
 If yes to either question, provide the following information on a separate piece of paper.

Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which, advocated or advocates acts of force or violence to deny other persons their rights under the Constitution of the United States, by procedures provided by our form of government? Yes ☐ No ☐
If yes to any of the above three questions, please explain below.

Have you ever participated in an unlawful demonstration?

☐ Yes ☐ No

If yes, please explain.

Finances

Have you ever filed for or been granted bankruptcy?

☐ Yes ☐ No

If yes, please explain

Date	Reasons

Have you ever been delinquent on income tax payments?

Yes ☐ No

If yes, was it more than once?

☐ Yes ☐ No

Date	Reasons (give the year(s) involved and the current status)

Have you ever had your wages attached or garnished?

☐ Yes ☐ No

If yes, please explain.

Date	Reasons

Have you ever had any of your bills, accounts, or loans turned over to a collection agency?

☐ Yes ☐ No

If yes, list all accounts.

Date	Account / current status

Have you ever had purchased goods, vehicle, property, or any items repossessed? (This includes voluntary repossessions.)

☐ Yes ☐ No

If yes, please explain

Date	Reasons

Have you been refused credit in the last year?

☐ Yes ☐ No

If yes, please explain

Date	Reasons

Are you currently an owner, partner, or investor in any business enterprise that requires a federal, state, county, or city permit/license to operate?

Yes ☐ No ☐

If yes, please provide name and type of business with the address.

References

Please list as references, seven individuals you have known for at least two years, who have knowledge of you, and your qualifications. Examples are personal friends, friends of the family, teachers, neighbors, classmates, or military acquaintances. DO NOT include relatives, family members, or individuals who belong to the law enforcement profession.

Name	Address		Home
Occupation			Work
Relationship	Age	How long have you known?	

Name	Address		Home
Occupation			Work
Relationship	Age	How long have you known?	

Name	Address		Home
Occupation			Work
Relationship	Age	How long have you known?	

Name	Address		Home
Occupation			Work
Relationship	Age	How long have you known?	

Name	Address		Home
Occupation			Work
Relationship	Age	How long have you known?	

Optional: Please list any individuals who are members of law enforcement agencies that you are acquainted with, and who have knowledge of you and your qualifications. The address may be their residence or place of employment. Addresses must be complete, with zip codes. Telephone numbers must include area codes

[illegible]



ALLENHURST POLICE DEPARTMENT
125 Corlies Avenue
ALLENHURST, NEW JERSEY 07711

TELEPHONE
(732) 531-2255
FAX (732) 531-2258

Michael B. Schneider
CHIEF OF POLICE

BACKGROUND INVESTIGATION GENERAL RELEASE AUTHORIZATION

To: All Courts, Probation Departments, Selective Service Boards, Employers, Credit Reporting Agencies, Educational Institutions, Banks, Financial and Other Institutions, and all Governmental Agencies - Federal, State and Local, without exception, both foreign and domestic.

I have authorized the Allenhurst Police Department to conduct a full and thorough investigation into my background and activities as I am seeking a position in law enforcement with the Allenhurst Police Department.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the Allenhurst Police Department.

Information gathered by the Allenhurst Police Department during the course of any background investigation, including information provided by credit-reporting agency, may be a factor in an ultimate hiring decision by the Allenhurst Police Department.

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

The authorization will remain in effect until such time as I have either been hired by the Allenhurst Police Department, or I am no longer being considered for employment by the Allenhurst Police Department, or by an expiration date of eighteen (18) months of the date the release is signed.

(Please print legibly)

Print Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

DL # _____

Current Address: _____

City: _____ State: _____ Zip: _____

Applicant's Signature

Today's Date