Absecon Police Department

500 N. Mill Road, Absecon, NJ 08201 609-641-0667, Fax: 609-383-2187



COMMUNICATIONS OFFICER

FORMAL APPLICATION FOR EMPLOYMENT

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT QUESTIONNAIRE

INSTRUCTIONS: Read through this entire questionnaire before completing the required information. Answer every question. If a question does not apply to you, write DNA in the space provided for the answer. A candidate will be rejected from the selection process who has intentionally made a false statement or practiced, or attempted to practice any deception or fraud in this questionnaire, in any examination, interview, or in securing eligibility for appointment. Any misstatement of fact is reason for disqualification for employment, or may be punished by law as per N.J.S. 2C:28-2, 2C:28-3, and 2C: 28-7. The questionnaire must be prepared by the applicant, with the exception of Reference Information. References will complete, date and sign their own required information for Submission with this questionnaire. All entries, except signatures must be printed legibly in black ink. If there is insufficient space available for answering any question, use the continuation pages provided. In the event more continuation pages are needed, you may make copies of a blank continuation page and submit as needed. Precede each answer on continuation pages with the corresponding section title and number of the question being answered

UPON COMPLETION, THIS QUESTIONNAIRE MUST BE NOTARIZED

PRINT NAME	Last (Include Maiden Name)		First	Middle
MAILING ADDRESS Num	ber& Street	City	State	Zip Code
County		Home	Phone No	
,		()	
E-Mail Address Web Site A	Address			
IF CURRENT RESIDENCE	S IS DIFFERENT FROM ABOVE, C	OMPLETE THE FO	DLLOWING:	
RESIDENCE LOCATION	Number & Street, Apartment No.			
City Sta	ate Zip Code	County	Home Phone Numbe	r
			()	

AN EQUAL OPPORTUNITY EMPLOYER

NOTICE:

This is to inform you that this background investigation questionnaire will remain a permanent part of your file with the Absecon Police Department. Your failure to neatly and thoroughly complete the required information will be reflected in a negative manner.

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize the disclosure of my social security number is voluntary. I also realize my social security number will be used for the purpose of facilitating the background investigation authorized by submission of this questionnaire to the Absecon Police Department. An applicant who has not supplied a social security number may inhibit his/her advancement in the selection process. Any information released as a result of this questionnaire, including the furnishing of my social security number, shall be used only for the express purpose of processing the applicant's background investigation without delay.

APPLICANT NOTICE:

You are required to promptly report any significant changes in your personal background information or involvement in any incident which might result in criminal or civil charges being brought against you, while you are an applicant in the Absecon Police Department selection process. This includes, but is not limited to: changes in your address, employment, or marital status, motor vehicle accidents or summonses; charges or convictions for any offense/crime; civil matters (bankruptcies, liens/judgments, etc.); or involvement in any incident which could lead to criminal or civil charges. Failure to advise the Chiefs Office at (609)641-0667 of any of this information could adversely affect your status in the selection process.

WITHDRAWALS:

Any concerns or requests that an applicant may have regarding withdrawal from this selection process must be directed to the Chiefs Office, Absecon Police Department, 500 N. Mill Road Absecon, NJ 08201 (609) 641-0667

A. Personal Data

. Full name:		First	Middle	
2. List and explain any oth	er names you have			cknames:
_				
3. Place of Birth:				
City	State	County	Zip Code	
·		·	·	
4. Birth Certificate:	cate Number City	State	County	Zip Code
5. Date of Birth:		Age:		
		ear		_
6. Height:	Weight:	Eye Color:	Hair Co	olor:
7. Social Security Number	- :			
3. Have you ever previous	sly submitted inform	ation for a background i	nvestigation to the	Ahsecon
Police Department for a			iivootigatioii to tiio i	1,0000011
Yes No				
If yes, list date(s):	 Vate	Date	 Date	
	_			
	E	3. Citizenship		
). Are you a native born o	r naturalized citizen	of the United States?	Native Bo	rn Naturalized
	Trataranzoa omzori	or the ornica otates.	1441176 26	Trattaranzoa
l0. Have you ever renour	nced your United Sta	ates citizenshin?	Yes	No
o. Have you over remour	iood your ormod on	atoo onizorioriip .	100	
11. Are you now or have y	ou ever been a citiz	zen of another country?	Yes	No
Journan or mave y	. 5.5. 55511 4 51112	in a country :	1.00	
yes, explain				
2. If you are a naturalized	d citizen, till in the fo	llowing:		
Country of birth:				

Port or place of departure for	rt or place of departure for the United States: Date:		
How were you transported in	nto the United State	es? (Ship, Plane, Train, etc	.)
Name of transport conveyar	nce and/or compan	y you arrived on:	
Port or place of entry into th	e United States:		Date:
If a naturalized citizen, state	the name, address	s and date of birth of the pe	erson who sponsored you on arrival:
13. First address after arriva			
15. Petition Number:	Date:	Court:	
State:		Certificate Number: _	
16. List county where you a	re currently register	red to vote and all counties	where you ever registered to vote.
It none, check			
County	State		Year
	C.	Social Status	
17. Are you: single _	marrieds	separated divorced	widow widower
18. Complete the following i	nformation on each	current and former spous	e or fiancée, If none, check
Name: Last First	MI (Maiden)	Relationship	Date of Birth
Full Address: Number & Street City	/ State Zip Code		Home Phone
Occupation	Name of Business Employ	er and Full Address	Work Phone
Name: Last First	MI (Maiden)	Relationship	Date of Birth
Full Address: Number & Street City	/ State Zip Code		Home Phone

			()
Occupation	Name of Business Employe	r and Full Address	Work Phone
			()
Additional information	n Yes	No	See continuation page
Complete the follow	ving information on your o	current dating relati	ionship partner. If none, check box
Name: Last Firs	t MI (Maiden)	Relationship	Date of Birth
	(,	,	
Full Address: Number & Str	eet City State Zip Code		Home Phone
			()
Occupation	Name of Business Employe	r and Full Address	Work Phone
			()
. Marriage(s):			
Date:	Where:		
By Whom		Wife's Full Ma	aiden name or Husband's Full Name
Dy WIIOIII		vviie S Full Ma	aiden name of Flusballu 5 Full Name
Date:	Where:	L	
DuWhom		Wife's Full Ma	aiden name or Husband's Full Name
By Whom		VVIIe'S Full IVIA	alderi name of Husband's Full Name
, How many times w If separated or divo		address and phor	ne number of your current or former spou
			()
Name	Full Address		Phone No.
⊦. List every separatio	on or divorce below.		
- ,		[=	
SeparatedAnnu Divorced	Date:	Plaintiff:	
Where Issued (Court / State	0).		
Reason	е).	Defendant:	
INCOSUII	e).	Defendant:	
	ь).	Defendant:	
SeparatedAnnu	Date:	Defendant:	
SeparatedAnnu Divorced Where Issued (Court / Stat	Date:		

Additional information _	Yes	No	See	e continuation pa	ıge
i. Are you the biological, add children are alive or decea If deceased, explain:	= =		, or legal guardia	an of any childrer	n (whether
i. List below the information	on any child id	dentified under qu	estion 25.		
Name:		Date of Birth:	Place of Birth:		
With Whom and Where Does Child Reside:					
Name:		Date of Birth:	Place of Birth:		
With Whom and Where Does Child Reside:					
Name:		Date of Birth:	Place of Birth:		
With Whom and Where Does Child Reside:					
	Yes	No	See	e continuation pa	ide
. Are you now supporting ea				Yes	No
		·			110
If no, as to any child identif	•				
B. Have you ever been involv	ved as a plain	tiff or defendant ir	n a paternity proc	ceeding? Ye	s No
yes, state full details:					
					
_					

29. Family information- Father, mother, father-in-law, mother-in-law, stepparents, sisters/brothers, step brothers/sisters, half-brothers and half-sisters names: If deceased, state in answer.

	Relation:	Date of Birth:
Full Address with zip code:	<u> </u>	Home Phone:
		()
Occupation:	Name of Business or Employer:	Work Phone:
Name:	Relation:	Date of Birth:
Full Address with zip code:		Home Phone:
		()
Occupation:	Name of Business or Employer:	Work Phone:
Name:	Relation:	Date of Birth:
Full Address with zip code:		Home Phone:
Tuil Audi Coo Will Elp Couc.		()
Occupation:	Name of Business or Employer:	Work Phone:
Name:	Relation:	Date of Birth:
Full Address with zip code:		Home Phone:
Occupation:	Name of Business or Employer:	Work Phone:
		()
additional information	Yes No	Con continuation name
dulional information	165 100	See continuation page
Full Address with zip code:		Home Phone:
·		()
Occupation:	Name of Business or Employer:	Work Phone:
Name:	Relation:	Date of Birth:
Full Address with zip code:		
Tuli Address with zip code.		Home Phone:
		Home Phone:
Occupation:	Name of Business or Employer:	Home Phone: () Work Phone:
		() Work Phone: ()
Name:	Name of Business or Employer: Relation:	() Work Phone: () Date of Birth:
Name:		() Work Phone: ()
Name: Full Address with zip code:		() Work Phone: () Date of Birth:
Name: Full Address with zip code: Occupation:	Relation: Name of Business or Employer:	() Work Phone: () Date of Birth: Home Phone: () Work Phone: ()
Name: Full Address with zip code: Occupation:	Relation:	() Work Phone: () Date of Birth: Home Phone: ()
Name: Full Address with zip code: Occupation: Name:	Relation: Name of Business or Employer:	Work Phone: () Date of Birth: Home Phone: () Work Phone: ()
Name: Full Address with zip code: Occupation: Name: Full Address with zip code:	Relation: Name of Business or Employer: Relation:	Work Phone: () Date of Birth: Home Phone: () Work Phone: () Date of Birth:
Name: Full Address with zip code: Occupation: Name: Full Address with zip code:	Relation: Name of Business or Employer:	() Work Phone: () Date of Birth: Home Phone: () Work Phone: () Date of Birth: Home Phone: ()
Name: Full Address with zip code: Occupation: Name: Full Address with zip code: Occupation:	Relation: Name of Business or Employer: Relation:	() Work Phone: () Date of Birth: Home Phone: () Work Phone: () Date of Birth: Home Phone: ()
Full Address with zip code: Occupation: Name: Full Address with zip code: Occupation:	Relation: Name of Business or Employer: Relation: Name of Business or Employer:	() Work Phone: () Date of Birth: Home Phone: () Work Phone: () Date of Birth: Home Phone: () Work Phone: ()
Name: Full Address with zip code: Occupation: Name: Full Address with zip code: Occupation: Additional information	Relation: Name of Business or Employer: Relation: Name of Business or Employer:	() Work Phone: () Date of Birth: Home Phone: () Work Phone: () Date of Birth: Home Phone: () Work Phone: () See continuation page
Name: Full Address with zip code: Occupation: Name: Full Address with zip code: Occupation: Additional information	Relation: Name of Business or Employer: Relation: Name of Business or Employer:	() Work Phone: () Date of Birth: Home Phone: () Work Phone: () Date of Birth: Home Phone: () Work Phone: () See continuation page
Name: Full Address with zip code: Occupation: Name: Full Address with zip code: Occupation: Additional information List full names (first, mid	Relation: Name of Business or Employer: Relation: Name of Business or Employer:	() Work Phone: () Date of Birth: Home Phone: () Work Phone: () Date of Birth: Home Phone: () Work Phone: ()

Full Address with zip code	:			Home Phone:
Occupation:	Name of Busines	s or Employer:		Work Phone:
Name:		Relation:		Date of Birth:
Full Address with zip code	:			Home Phone:
Occupation:	Name of Busines	ss or Employer:		Work Phone:
Name:		Relation:		Date of Birth:
		ivelation.		
Full Address with zip code	:			Home Phone:
		D. Reside	ence	
2. Where do you cur	rently reside?			From to
resent		Number & Stre	eet	
		rumbor a one		()
City	County	State	Zip Code	Phone No.
If Renting- Landlo	rd Name:			Phone No
)				
Address: Number & Stree	et	City	Count	y State Zip Code
3. Do you have any o	ownership interest (eith	er full, partial c	or joint) in this reside	ence or any other real property
Yes No	If Yes L	ist block/lot nu	mbers: Block	Lot
Other real property	, list location, including	State/County/	Lot/Block:	
•	someone other than yo I persons with whom yo	•	•	complete information below. years.
Full Name:		Relation:	Date of Birth:	Dates of Residence:
Full Address with zip code	:			Home Phone:
Occupation:	Name of Busines	s or Employer:		() Work Phone:
Full Name:			Data of Birth:	Dates of Residence:
		Relation:	Date of Birth:	
Full Address with zip code	: <u></u> -			Home Phone: ()
Occupation:	Name of Busines	ss or Employer:		Work Phone:
				[()

Full Name	:			Relation:	Date of Birth	n: Dates of Resider	nce:
Full Addre	ss with zip	code:				Home Phone:	
Occupation	n:		Name of Bu	usiness or Employer:		Work Phone:	
Full Name				Relation:	Date of Birth	() n: Dates of Resider	200:
				Relation.	Date of Bilti		ice.
Full Addre	ss with zip	code:				Home Phone:	
Occupatio	n:		Name of Bu	Business or Employer: Work Phone:			
ddition	al inforr	nation	n Yes	No	;	See continuation page	
						residence, state each nes, military residence,	
FROM:	то	F	full Address:		Landlord Name:	Landlord Phone:	,
Mo. Yr.	Mo.	Yr. C	City	State Zi		Code County	
FDOM	T0	F	Full Address: Landlord Name:		Landlord Phone:		
FROM: Mo. Yr.	Mo.		ity	State		Code County	
111.	IVIO.		•	Olato			
FROM:	TO	F	ull Address:		Landlord Name:	Landlord Phone:	
Mo. Yr.	Mo.	Yr. C	City	State	Zip	Code County	
FROM:	TO:	F	ull Address:		Landlord Name:	Landlord Phone:	:
Mo. Yr.			ity	State	Zip	Code County	
					Landlord Name:		
		1 F	ull Address:		I I andlord Name.		
FROM:	TO				Landiora Name.	Landlord Phone:	
FROM: Mo. Yr.			City	State		Code County	
Mo. Yr.	Mo.	Yr. C	city	State			
	Mo.	Yr. C	•	State	Zip Landlord Name:	Code County	
Mo. Yr. FROM: Mo. Yr.	Mo. TO:	Yr. C	ull Address:		Zip Landlord Name:	Code County Landlord Phone:	
Mo. Yr.	Mo. TO:	Yr. C	full Address:		Zip Landlord Name: Zip Landlord Name:	Code County Landlord Phone: Code County	
FROM: FROM: FROM:	Mo. TO:	Yr. C	full Address: City full Address:	State	Zip Landlord Name: Zip Landlord Name:	Code County Landlord Phone: Code County Landlord Phone: Code County	
FROM: FROM: FROM: FROM: FROM:	Mo. TO: Mo.	Yr. C	full Address:	State	Zip Landlord Name: Zip Landlord Name:	Code County Landlord Phone: Code County Landlord Phone: Code County Landlord Phone:	
FROM: FROM: FROM: FROM: FROM:	Mo. TO: Mo. TO: TO:	Yr. C	full Address: City full Address:	State	Zip Landlord Name: Zip Landlord Name: Zip Landlord Name:	Code County Landlord Phone: Code County Landlord Phone: Code County	
FROM: FROM: FROM: FROM: FROM:	Mo. TO: Mo. TO: TO:	Yr. C	full Address: full Address: full Address: full Address:	State	Zip Landlord Name: Zip Landlord Name: Zip Landlord Name:	Code County Landlord Phone: Code County Landlord Phone: Code County Landlord Phone:	

Additional information	Yes	No	See continuation page
/ taaitional illionnation	100		Coo continuation page

E. Education & Intern Study Programs

36. List all post secondary schools attended, including trade schools, colleges & universities: (most recent school first)

		Credits Earned/GPA:	From Mo Yr	To Mo Yr	Registrar Phone #:
Major/Degree	Date Confirmed	Town of College	State	Zip Code	e County
Name of College:		Credits Earned/GPA:	From Mo Yr	To Mo Yr	Registrar Phone #:
Major/Degree	Date Confirmed	Town of College	State	Zip Code	e County
Name of College:		Credits Earned/GPA:	From Mo Yr	To Mo Yr	Registrar Phone #:
Major/Degree	Date Confirmed	Town of College	State	Zip Code	e County
		es No s 9 through 12 (most rec	cent dates first).	ation page
School:		FromMo/Yr		Phone Number	:
Full Address		State	Zip Code	County	
School:		FromMo/Yr	To	Phone Number	:
Full Address		State	Zip Code	County	
School:		FromMo/Yr	To	Phone Number	:
		State	Zip Code	County	
Full Address		State	Zip Codo	County	
Full Address School:		From	To	Phone Number	:
			To	•	:
School:		From	To Mo/Yr	Phone Number	
School: Full Address		FromMo/Yr State	To Mo/Yr Zip Code	Phone Number () County	
School: Full Address School: Full Address Additional infort		From Mo/Yr State From Mo/Yr State State Mo/Yr State Mo/Yr State Mo/Yr State Mo/Yr State Mo/Yr Mo/Yr State Mo/Yr Mo/Yr Mo/Yr State Mo/Yr Mo/Yr	To To Zip Code To Mo/Yr Zip Code	Phone Number () County Phone Number () County See continu	:
School: Full Address School: Full Address Additional infort		From Mo/Yr State From Mo/Yr State	To To Zip Code To Mo/Yr Zip Code	Phone Number () County Phone Number () County See continu	

School:		Year		Reason:	
Additional information	Yes	No		See cor	ntinuation page
39. List other formal scho SCUBA, counseling, inter					
Date Attended	School/Course Name		Location		Certification
Date Attended	School/Course Name		Location		Certification
Date Attended	School/Course Name		Location		Certification
10. Were you ever or are organizations (include		o, and co	ollege fraternity/		
From To Mo/Yr					Type of Organization
From To Mo/Yr Mo/Yr Organization Address and Pho	Organization Name				Type of Organization
Additional information	Yes	No	2		ntinuation page
(Place check mark in appropria	ate box)				
Read: Speak: Write:				 	
2. Draft Registration Nur To obtain your Draft N	mber (Male applicant	s only) _			ation Date
To obtain your Drait is	idilibel, call (1-0-7-0	00-0000).		
			11		
	G. I	Milita	ry Service)	
13. Have you ever served	d in an active military	organiza	ation of the Unit	ed States?	Yes No

•		anization of any foreign	-		
. Give branch of s	ervice:				
. How many period Note the branch	ds of active military se of service:	ervice have you had (dr	afts, enlistments o	or recalls to s	service)?
	eriods of active servic				
From	To	From	To		
From	To	From	To		
. Has your discha	rge or separation noti	(s) (honorable, dishono	or changed? _	Yes	 No
If yes, what was		nge?			
		n charges, or were you or any other disciplinar		summary cou	ırt, deck co
Yes	No Number of t	imes:			
If yes, give detail	s of charges and disp	oositions:			

Branch:	Regiment:	Unit:	Rank:
	H. Employm	ent	
Present and Past Emp	•		
List all present employ	rer(s) first, including part-time a	nd self employment.	Then CHRONOLOGICALL
	beginning with most recent pa es of military service, school (r		
	cample: 9/97 to 6/98 Unemploy		
From To Mo/Yr	Employer and Complete Address		Occupation
Immediate Supervisor	Phone # and Ext.	Reason for Lea	ving
From To Mo/Yr	Employer and Complete Address	1	Occupation
Immediate Supervisor	Phone # and Ext.	Reason for Lea	ving
From To	Employer and Complete Address	1	Occupation
Immediate Supervisor	Phone # and Ext.	Reason for Lea	ving
From To Mo/Yr Mo/Yr	Employer and Complete Address		Occupation
Immediate Supervisor	Phone # and Ext.	Reason for Lea	ving
	Employer and Complete Address	l	Occupation
From Io			
Mo/Yr Mo/Yr	Phone # and Ext.	Reason for Lea	ving
Mo/Yr Mo/Yr Immediate Supervisor From To	Phone # and Ext. Employer and Complete Address	Reason for Lea	ving Occupation
Mo/Yr Mo/Yr Immediate Supervisor From To Mo/Yr		Reason for Lea	Occupation
Mo/Yr Mo/Yr Immediate Supervisor From To Mo/Yr Mo/Yr Immediate Supervisor From To	Employer and Complete Address		Occupation
Mo/Yr Mo/Yr Immediate Supervisor From To Mo/Yr Mo/Yr Immediate Supervisor From To Mo/Yr Mo/Yr	Employer and Complete Address Phone # and Ext.		Occupation Ving Occupation
From To Immediate Supervisor From To Mo/Yr	Employer and Complete Address Phone # and Ext. Employer and Complete Address	Reason for Lea	Occupation Ving Occupation

53. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, the National Guard of any state or any foreign government?

corporate	or have y	ou ever engaged in any busines	s as an owner (active or silent), partner, or
member?	No	If yes, give details:	
-	-	ted to disciplinary action in conne	ection with any employment?
	140	ii yes, explain.	
	140	II you, explain.	
			ployment (this does not include being laid off)? List each event below:
57. Were you ev	ver termina	ated or asked to resign from emp	
57. Were you ev	ver termina No	ated or asked to resign from emp	
57. Were you ev	ver termina No Empl	ated or asked to resign from emp How many times? oyer Name and Complete Address	List each event below:
57. Were you ev Yes Date Immediate Super	ver termina No Empl	ated or asked to resign from emp How many times? oyer Name and Complete Address Phone # and Ext.	List each event below:
57. Were you ex Yes Date Immediate Super Immediate Super	ver termina No Empl rvisor Empl	How many times? oyer Name and Complete Address Phone # and Ext. oyer Name and Complete Address Phone # and ExtYes No	Reason for Discharge Reason for Discharge See continuation page
57. Were you ev Yes Date Immediate Super Date Immediate Super Additional infe	ver termina No Empl rvisor Empl rvisor ormation	How many times? oyer Name and Complete Address Phone # and Ext. oyer Name and Complete Address Phone # and ExtYes No	Reason for Discharge Reason for Discharge See continuation page ever been professionally licensed or certified (i.e.,

See continuation page _____

Additional information ____ Yes ____ No

59.	Has any such lice	nse or pe	ermit been	revoked	, canceled or	suspended	d?		
	Yes N	lo li	f yes, give o	details:_					
60.	Have you ever ap assistance? Yes N								
	Benefit Assistance								
	Address Give periods:							_ To	
		From		To		From		To	
	Additional informa	ation _		1	No		See contir	_ To nuation page 	
1.	Additional informa Have you ever ap assistance or disa Yes N	ation _ plied for ability insu	Yes or received urance allov	l l any uno wance o	No employment	insurance, v	See contir workman's ere not enti	nuation page compensation	on, public
	Have you ever ap assistance or disa	ation _ plied for ability insults to literation _	Yes or received urance allow f yes, give o	any und wance o details:_ 1	No employment r benefit to w	insurance, v	See contir workman's ere not enti	nuation page compensation	on, public
	Have you ever ap assistance or disa Yes N Additional informa	ation _ plied for ability insults to literation _ ubmitted	Yes or received urance allow f yes, give ofYes to other law	any und wance o details:_ 1	No employment r benefit to w	insurance, v	See contir workman's ere not enti	nuation page compensation	on, public
	Have you ever ap assistance or disa Yes N Additional informatist applications s	ation _ plied for ability insults to literation _ ubmitted	Yes or received urance allow f yes, give ofYes to other law	any uno wance o details:! w enforce	No employment r benefit to w No ement agence	insurance, v hich you we	See contir workman's ere not enti	compensation tled?	on, public

If yes, where?	Dates:	To
Did you graduate? Yes No	If Yes, date of graduation	:
List all awards, accolades or recognition recei	ved:	
If you did not graduation, explain why:		

s (mortgage, home equity, car, educational, personal):

Type Loan/Credit Card	Name of Institution an	d Complete Address		
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution an	d Complete Address		
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution an	d Complete Address		I
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution an	d Complete Address		
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution an	d Complete Address		
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution an	d Complete Address		
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution an	d Complete Address		
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution an	d Complete Address	,	,

	Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
	Additional information				ation page
65.	Do you have any deb		Yes No		
	Additional information	Yes	No	See continu	ation page
66.	Other than standard another party to satis	fy a debt, obligation	or for any other purpo	ose? Yes	No
	Additional information Do you have any lien If yes, give details:	s or judgments pend	ding against you?	Yes No	ration page
	Additional information Have you ever had a If yes, give details:	lien or judgment ag	ainst you? Y	es No	ation page
	Additional information Are you a co-signer of the second s	on an outstanding lo	an? Yes	No	nation page
	Additional information	Yes	No	See continu	nation page

70. Have y	ou ever b	een bor	nded? _	Yes	No)	Refus	sed a b	ond? _	Yes		_ No
With re	spect to e	each tim	e bonde	d or ref	used, g	ive deta	ails bel	ow:				
Bonded	Refused	By Whom	n and Full A	ddress						Pho	one #	
Reason E	 Bonded/Reas	l on Refused								Da	te)	
Addition	nal inform	ation	Ye	es	No)			See	continu	ation	page
71. Have y	ou ever p	etitioned	d for bar	kruptcy	/?	Y	es	1	No			
If yes,	give detai	ls:										
Additior	nal inform	ation	Ye	es	No)			See	continu	ation	page
												. 0
	holdings,											rket accounts, nstitutions and

			J. General	
73. Have you ever	r had problems eligious group,	s or been alleg	jed to have had problei kual orientation?	ns dealing with persons of another race
Additional infor	mation	 _ Yes	No	See continuation page
	subjected or l			rs to harassment, discrimination or a
Yes explain:	_ No	If yes,		
Additional infor	mation		No	See continuation page

75. Have you ever been involved in a personal relationship where you threatened, assaulted or harassed another party or had a domestic violence complaint, temporary restraining order or final restraining order

	entered agains	st you?				
exp	Yes plain:	₋ No	If yes,			
	Additional infor	mationYe	No)	See c	ontinuation page
hara	assed	sought a domestic	•	•	-	reatened, assaulted or rder or final restraining order
exp	Yes vlain:	_ No	If yes,			
77.	Have you ever	mation Ye r been charged wit	th, or accused o	of violating the	e civil rights of a	ontinuation page
	Additional infor	mation Ye				ontinuation page ? Yes No
F	If yes, explain:					
	Date	Action or Proceeding			County	State
		ant, Petitioner, Responder		Court Dispo		
	Date	Action or Proceeding			County	State
	As Plaintiff, Defenda	ant, Petitioner, Responder	nt or Witness	Court Dispo	osition	
	Date	Action or Proceeding	ng	·	County	State
	As Plaintiff, Defenda	ant, Petitioner, Responder	nt or Witness	Court Dispo	sition	

•	earm ID ca	• •	ess any pistol permit r licenses, in this or a		•
Yes olain:	No	If yes,			
			irearms Dealer Licer		
Issuing Age	ency				
List all firea	rms that yo	u possess/own:			
Seri	al#	Make/Importer	Model	Caliber/Gauge	Pistol Permit #
NOTICE	E: Expunge	ements and conditi	ts Summons	st be disclosed on	this application.
As a juven	ile, have yo	ements and conditi Such disclosure ou ever had any poli	onal discharges mu e is for law enforcer ce contact, been take	ist be disclosed on nent purposes. en into custody, rece	ived a summons
As a juven	ile, have yo	ements and conditi Such disclosure ou ever had any poli	onal discharges mu e is for law enforcer	en into custody, rece	ived a summons
As a juven	nile, have you	ements and conditi Such disclosure ou ever had any poli charged with Juveni	onal discharges mu e is for law enforcer ce contact, been take	en into custody, rece	ived a summons If yes, explain: nent – Phone No. ()
As a juven complaint(nile, have you	ements and conditing Such disclosure ou ever had any policharged with Juveni	onal discharges mue is for law enforcer ce contact, been take e Delinquency?	en into custody, rece Yes No Police Departm Court Disposition	ived a summons If yes, explain: nent – Phone No. ()
As a juven complaint(Age Age	ements and conditing Such disclosure ou ever had any policharged with Juvening Violation/Charge	onal discharges mue is for law enforcer ce contact, been take e Delinquency?	en into custody, rece Yes No Police Departm Court Disposition	ived a summons If yes, explain: nent – Phone No. () on/Sentence nent – Phone No. ()
As a juven complaint() Date Municipality/To	Age Age	ements and conditing Such disclosure ou ever had any policharged with Juvenil Violation/Charge County Violation/Charge	onal discharges mue is for law enforcer ce contact, been take e Delinquency?	en into custody, rece Yes No Police Departm Court Disposition Court Disposition Court Disposition	ived a summons If yes, explain: nent – Phone No. () on/Sentence nent – Phone No. ()
As a juven complaint(Date Municipality/To Date Municipality/To	Age Downship Age Age Age Age	ements and conditing Such disclosure ou ever had any policharged with Juvening Violation/Charge County Violation/Charge County County	onal discharges mue is for law enforcer ce contact, been take e Delinquency?	en into custody, rece Yes No Police Departm Court Disposition Court Disposition Court Disposition	ived a summons If yes, explain: nent – Phone No. () on/Sentence nent – Phone No. () on/Sentence nent – Phone No. () on/Sentence
As a juven complaint() Date Municipality/To Date Municipality/To	Age Downship Age Age Age Age	ements and conditing Such disclosure ou ever had any policharged with Juvenil Violation/Charge County Violation/Charge County Violation/Charge	onal discharges muse is for law enforcer ce contact, been take e Delinquency? State	en into custody, rece Yes No Police Departm Court Disposition Police Departm Court Disposition Police Departm Court Disposition Police Departm Court Disposition Police Departm	ived a summons If yes, explain: nent – Phone No. () on/Sentence nent – Phone No. () on/Sentence nent – Phone No. () on/Sentence
As a juven complaint() Date Municipality/To Date Municipality/To Date Municipality/To	Age Dwnship Age Dwnship Age Dwnship Age Dwnship Age	ements and conditic Such disclosure ou ever had any policharged with Juveni Violation/Charge County Violation/Charge County Violation/Charge County County County County	onal discharges muse is for law enforcer ce contact, been take e Delinquency? State	en into custody, rece Yes No Police Departm Court Disposition Police Departm Court Disposition Police Departm Court Disposition Police Departm Court Disposition Police Departm	ived a summons If yes, explain: nent – Phone No. () on/Sentence nent – Phone No. () on/Sentence nent – Phone No. () on/Sentence nent – Phone No. () on/Sentence

	_			
dditional info	ormation	Yes	_ No	See continuation page
violation of	the law incl		aws? Include disord	been arrested, indicted, or convicted erly persons, petty disorderly persones No If yes, exp
Date	Age	Violation/Charge		Police Department – Phone No.
Municipality/To	wnship	County	State	Court Disposition/Sentence
Date	Age	Violation/Charge		Police Department – Phone No.
Municipality/To	wnship	County	State	Court Disposition/Sentence
Date	Age	Violation/Charge		Police Department – Phone No.
Municipality/To	wnship	County	State	Court Disposition/Sentence
Date	Age	Violation/Charge		Police Department – Phone No.
Municipality/To	wnship	County	State	Court Disposition/Sentence
	ever had a		-	See continuation pageed into a Pre-Trial Intervention progra
Have you e Yes	ever had a	criminal record expunç	ged, or been accepto	
Have you e Yes	ever had a d	criminal record expunç If yes, explair	ged, or been accepto	ed into a Pre-Trial Intervention progra
Have you eYes Date Municipality/To	ever had a d	riminal record expunç If yes, explair	ged, or been accepton:	ed into a Pre-Trial Intervention progra
Have you e Yes Date Municipality/To	ever had a demonstrate No Age wnship Age	If yes, explair Violation/Charge County	ged, or been accepton:	Police Department – Phone No. () Court Disposition/Sentence
Have you eYes	Age wnship Age wnship Age wnship	Violation/Charge County Violation/Charge County Violation/Charge County Yes	ged, or been accepted: State State No al investigation or inverted or employment for a	Police Department – Phone No. () Court Disposition/Sentence Police Department – Phone No. () Court Disposition/Sentence See continuation page vestigated by any law enforcement o
Have you e Yes Date Municipality/To Date Municipality/To Additional in Have you e ate security age	Age wnship Age wnship aformation ever been the	Violation/Charge County Violation/Charge County Violation/Charge County Yes Yes y reason (other than page Cother than page Cother than page Yes Yes Yes y reason (other than page Yes y reason (other than page Yes y reason (other than page Yes Yes y reason (other than page Yes Yes y reason (other than page Yes Yes y reason (other than page Yes y reason (other than page Yes Yes y reason (other than page Yes	ged, or been accepted: State State No al investigation or inverted or employment for a	Police Department – Phone No. Court Disposition/Sentence Police Department – Phone No. Court Disposition/Sentence See continuation page
Date Municipality/To Date Municipality/To Additional in Have you evate security age Yes	Age wnship Age wnship Age wnship Age wnship Age wnship Age Age Age Age	Violation/Charge County Violation/Charge County Violation/Charge County Yes Yes yreason (other than pure lif yes, explain	ged, or been accepted: State State No al investigation or inverted or employment for a	Police Department – Phone No. () Court Disposition/Sentence Police Department – Phone No. () Court Disposition/Sentence See continuation page vestigated by any law enforcement of a police dept.)?

	Municipality/Township	County	State	Court Disposition	/Sentence
,	Additional information	Yes	No	See continuat	ion page
85.			lude this application and a printed for criminal or none		-
	Yes No	If yes, exp	olain: 		
	Additional information	n Yes	No	See continuat	ion page
		L. Mc	otor Vehicle Hist	ory	
86.	Driver's License(s):				
	Current: Number:		State: Ex	o. Date:	
87.	Have you ever held or Yes No		er's license in this state o	or any other state?	
	Number:	Stat	e: Exp. Date:	Reason	:
	Number:	Stat	e: Exp. Date:	Reason	:
88.	Vehicle Registration(s):	List all vehicles p	presently owned/leased:		
	Veh.# Year Make	:/Model/Color	Lic Plate No./State	Exp. Date	Insurance Policy No
	Additional information	Yes	No	See continuat	ion page
89.	Vehicle Insurance Com Veh.# Insurance Co		Full Address		Phone Number

							_()	<u> </u>
							_()	
	Additional information	Yes	No		See	continua	tion pa	ge
90.	If you do not own or lease a	vehicle, w	hat vehicle d	o you opera	ate as your	primary m	node of	transportation?
	Year Make/Model/Color		Lic Plate No	o./State	Insurance F	Policy No.	Owne	ers Name
	Additional information	 _Yes	No		See	continua	tion pa	ge
91.	Have your driving privileges Yes No		·	or revoked	in this or ar —	ny other s	tate or	country?
92.	Additional information			r the influer		continua		-
	state? Yes No	If yes, e	xplain:					
93.	Have you ever possessed a	chauffeur	or a comme	cial driver's	s license?	Yes	N	No If yes, list:
	Number:	S	tate:	Exp. Date	:	Reasor	า:	
	Number:	s	tate:	Exp. Date	o:	Reasor	ղ:	
	Additional information	Yes	No		See	continua	tion pa	ge
94.	Have you ever had your auto	o insuranc	e discontinue	ed for any r	eason?			
	Yes No	If yes, e	xplain:					

(Exclude	u ever receive parking violat No		violation of the Motor	Vehicle Laws in this or any other sta
Date	Age at time	Violation		Police Department – Phone No.
Municipality/	Township	County	State	Court Disposition/Sentence
Date	Age at time	Violation		Police Department – Phone No.
Municipality/	Township	County	State	Court Disposition/Sentence
Date	Age at time	Violation		Police Department – Phone No.
Municipality/	Township	County	State	Court Disposition/Sentence
Date	Age at time	Violation		Police Department – Phone No.
Municipality/	I Fownship	County	State	Court Disposition/Sentence
	1	Violation		Police Department - Phone No.
Date	Age at time			()
Municipality/	-	CountyYes	StateNo	Court Disposition/Sentence See continuation page
Municipality/ Additiona	Fownship Il information	CountyYes	No	
Municipality/ Additiona Have you Yes	Fownship Il information u ever been in	County Yes	No	See continuation page
Municipality/ Additiona Have you Yes	Fownship Il information u ever been in No	County Yes volved in any moto If yes, list:	No	See continuation page a registered owner or operator?
Municipality/ Additiona Have you Yes Date Accident Def	Fownship Il information u ever been in No	County Yes volved in any moto If yes, list:	No	See continuation page a registered owner or operator?
Municipality/ Additiona Have youYes Date Accident Det	Township Il information I ever been in No	County Yes volved in any moto If yes, list: Municipality/Township	No	See continuation page a registered owner or operator? County Sta
Municipality/ Additiona Have you Yes Date Accident Det Accident Det	Township Il information I ever been in No	County Yes volved in any moto If yes, list: Municipality/Township	No	See continuation page a registered owner or operator? County Sta
Municipality/ Additiona Have you Yes Date Accident Det Date Date	Fownship Il information Lever been in No Tails	County YesYes volved in any moto	No	See continuation page a registered owner or operator? County State Police Department County State Police Department
Municipality/ Additiona	Fownship Il information Lever been in No Tails	County YesYes volved in any moto	No	See continuation page a registered owner or operator? County Sta Police Department County Sta Police Department County Sta

M. Other Affiliations

	Are you now, or have you ever been, a member or an affiliate of any organization, association, movement, or group which you know to advocate the commission of acts of force or violence designed to overthrow
the	government of the United States or this state?
	Yes No
righ	
	under the Constitution of either the United States or the state of New Jersey?
	Yes No
	If your answer is YES to either of the above questions, please provide an explanation and the name of the organization, association, movement or group:
	Additional information Yes No See continuation page
	N. Other Information
100	. Have you used marijuana or hashish in the past 3 years?
	Yes No
101	. Have you ever used marijuana/hashish?
	Yes No
102	. Have you 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 after February 27, 1991)?
	Yes No
103 last	. Have you 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 after February 27, 199 1) within the
iast	3 years?

	Yes	No			
104.	Have yo	ou sold an illeg	al drug at any t	ime in your life?	
	Yes	No			
105.	Have yo	ou manufactur	ed an illegal dru	ug at any time in yo	our life?
	Yes	No			
106.	Have yo	ou distributed a	an illegal drug a	t any time in your	life?
	Yes	No			
107.	-				egal drug or drugs other than those prescribed on while employed in a position of public trust?
	Yes	No			
108.	If your a	nswer is YES	to any of the al	pove questions, ex	φlain:
	Additiona	al information	Yes	No	See continuation page
109.	Have yo	ou ever particip	pated in a drug	testing program a	nd had a positive test?
	Yes	No	If yes, e	explain:	
	Addition	al information	Yes	No	See continuation page

110. Are there any matters which may involve a conflict of interest or any problems in connection with your appointment to the position of 911 Communications Officer with Absecon City, which are not fully covered by your answers to this questionnaire? If so, please set forth the pertinent facts below, including an explanation of how you would propose to resolve such conflict of interest or problem (e.g., divesture, resignation, etc.).

Additional information	Voc	No	See continuation nega
Additional information	Yes	NO	See continuation page
or on the Absecon Polic		·	•
Additional information	Yes		See continuation page
Additional information		No	

113. Do you have any social media accounts, if so please provide user names and service.						
****Please provide and attach certification copies of:						
Emergency Medical Dispatch						
Basic 911 Dispatch/ Communications Officer						

CPR/AED

AFFIDAVIT AND CERTIFICATION OF APPLICANT

I will assist in any way to obtain any and all documents and information requested by the Absecon Police Department.

I certify that all of the 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 any intentional misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Absecon Police Department to verify any and all information contained herein and to review my employment, education, financial and criminal history, military, disciplinary and other records and information from any source as noted in the duly executed Authorization and Release Form.

I have read this certification and I understand and agree to the conditions imposed herein.

Date:		Signature:		
		o ignation of		(Sign in Ink)
				(Print Name)
State	e of			
Cou	nty of:		_	
Swo	rn to and subscribed before me	this		

	day of	, 20			
	(Print Name and Title)				
	Signature (Sign in Ink)				
Notary	y Public, my Commission				
Expire	9s:				
	DO NOT WRI	TE BELOW THIS LINE			
Signature of Investiga	ating Officer	Date			
	CONTINU	JATION PAGE			



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Absecon Police Department

TO WHOM IT MAY CONCERN:

SOCIAL SECURITY NUMBER: _____

500 N. Mill Road, Absecon, NJ 08201 609-641-0667, Fax: 609-383-2187



OFFICE OF THE CHIEF OF POLICE Chief John DeRitis Bureau

Captain. James Laughlin, Services

RELEASE AUTHORIZATION

_____, am making application for Print name legibly employment with the Absecon Police Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, I do hereby authorize a review and full disclosure of all records, including my credit report, Internal Revenue Service records, medical records or any part thereof concerning myself to any duly authorized agent of the Absecon Police Department, whether the said records are public or private and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information; which will be utilized for investigative resource material. I hereby release you, your organization, and all others from liability or damages that may result from the furnishing the information requested, including any liability or damage pursuant to any state or federal laws. A photo static copy of this authorization will be considered as effective and valid as the original. SIGNATURE: DATE: _____ DATE OF BIRTH: _____