Borough of Sea Bright - Police Department Application for Employment

SEA BRIGHT POLICE DEPARTMENT

INFORMATION PACKET FOR EMPLOYMENT

Police Officer ☐ SLEO II ☐ SLEO I ☐

Rev. 7/2020

Name_____ Last 4 Digits of SS#_____

Applicant,

Thank you for your interest in employment with the Sea Bright Police Department. Attached please find a background application for potential employment. Please type or print clearly. The below items are required to complete your background investigation. As you gather the below items, check off the box to the left indicating so. If you are unable to submit the required documentation, please provide an explanation as to why. If the document has been ordered, please indicate so in your explanation providing the date, where it was ordered from, the person you spoke with and phone number. Please check the box to the left of ALL items relative to you. Please produce clear copies of these documents, which will be submitted with your application to this agency.

Background Application Checklist

- ☐ Copy of naturalization paperwork, if you were born outside the United States
- ☐ Copy of birth certificate
- ☐ Copy of social security card
- ☐ Copy of driver's license
- ☐ Copy of any other professional license you may have
- ☐ Copy of firearms ID card & any permits to purchase /receipts of purchase & receipts of sales
- ☐ Official high school transcript
- ☐ Copy of high school disciplinary records (if one exists)
- ☐ Copy of high school diploma/GED certificate
- ☐ Official college transcript (all colleges you attended)
- ☐ Copy of college diploma
- ☐ Copy of military discharge (DD214 with reenlistment code)
- ☐ Credit history report (Experian, Equifax, TransUnion) with a credit score
- ☐ Copy of Bankruptcy File
- ☐ Copy of any civil judgments issued against you
- ☐ Copy of paperwork associated with any lawsuits you may have been involved in either as a defendant or plaintiff
- ☐ Copy of any police reports involving any police contact including motor vehicle crash reports
- ☐ Copy of driver's abstract
- ☐ Copy of registration & insurance card
- ☐ Copy of information concerning traumatic injuries which may effect job performance
- ☐ Copy of police academy certificate & any disciplinary record if one exists
- ☐ Copy of proof of residency
- ☐ Copy of selective service registration
- ☐ Copy of any reports involving Division of Child Protection and Permanency (formerly DYFS)
- ☐ Copy of Personal Employment and Educational Resume

Name_____ Last 4 Digits of SS#_____

Sea Bright Police Department

1099 Ocean Avenue Sea Bright, NJ 07760

Valid "SLEO II" PTC Certification Yes ☐ No ☐	Valid "Class A" PTC Certification Yes ☐ No ☐

Name: _____ Date: _____
Last Name First Name MI

Residing At: _____ Age: _____

Municipality: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Current Occupation: _____

Name_____ Last 4 Digits of SS#_____

I. Personal Data

1. Last Name	First Name	M.I.	Social Security No.

a. List any other names by which you have ever been known.

b. List any legal name change: include the date your name change took effect and the state, court, or legal jurisdiction where the petition where your name change was filed. Provide a written explanation of the purpose of your name change in the details section. Provide copies of all related documents.

2. Sex:	Male ☐	Female ☐	Eye color	Hair color	Height	Weight

3. Date of birth:	Month	Day	Year

4. Birth Certificate:	Number	City	State	Country

5. Citizenship: Citizen of the U.S.A.? Yes ☐ No ☐

a. If you are a naturalized citizen of the U.S.A., list below.

Certificate No.	Date	Court	City	State

6. Marital Status	Single	Married	Separated	Divorced	Widowed	Common Law

If married, to whom (provide maiden name if applicable):

Date of Marriage:	City:	State:

7. Emergency Contact Information:	Name	Home Phone
	Cell Phone	Other

8. Scars, Marks, Tattoos (Please describe each scar, mark and/or tattoo and the location).

Scar/Mark/Tattoo	Location	Description

Name_____ Last 4 Digits of SS#_____

II. Residence Records

9. Do you own your own home? Yes____ No____

   a. Starting with your **present** address and working back, list each address at which you have resided since leaving elementary school:

FROM Mo./Yr.	TO Mo./Yr.	Street Address	Apt. No.	City or Town	State	Zip	Cty

   b. Are you a registered voter? Yes____ No____

   c. If yes, state the residence from which you last voted and the date:

   Address: _____Date:_____

III. Family Record

10. List Father, Mother (maiden name) and all siblings (living or deceased) and ANY OTHER PERSON WITH WHOM YOU HAVE RESIDED FOR THE PAST 10 years (whether related to you or not):

Name	Address	Relationship	Occupation	DOB

Name_____ Last 4 Digits of SS#_____

IV. License Record

11. Do you possess a valid New Jersey driver's license? Yes____ No____

a. If yes, complete the following:

Class	DL#	Date Issued	Expiration Date

b. If you have ever been issued a driver's license by a state other than the above, complete the following:

Type	Issuing State	Number	Dated Issued	Date Expires

c. Has any driver's license issued to you ever been suspended or revoked?

Yes____ No____ If yes, please explain:

State	Date	Reason

d. Are there any restrictions on your license? Yes____ No____ If "Yes" list here:

_____

12. List any motor vehicle owned by you during the past three years:

Make	Model	Year	Owned From To	Plate	State

13. List all moving and non-moving violations which you or any vehicle owned by you have ever received or been cited for. Include all violations of any traffic laws, parking enforcement laws or regulations, DUI/DWI laws or regulations, etc. Also provide the details of any motor vehicle accidents that you have been involved in as a driver in the details section and include names of all persons injured in any such accidents:

Date of Violation	City/Town & State	Violation Charge	Court Disposition & Date

V. Education Record

14. List all schools you have attended beginning with the 9th grade, (including technical training, certificate programs, etc.):

School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes ☐ No. ☐	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes ☐ No. ☐	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes ☐ No. ☐	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes ☐ No. ☐	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes ☐ No. ☐	Highest Grade/Degree Completed	

Name_____ Last 4 Digits of SS#_____

Continued Education Entries

School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes___ No.___	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes___ No.___	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes___ No.___	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes___ No.___	Highest Grade/Degree Completed	

VI. Employment Record

15. Has any form of disciplinary action ever been taken against you by any employer?
Yes____ No____ If yes, explain below:

Date	Employer	Reason	Disciplinary Action Taken

a. Have you ever made a claim for workman's compensation benefits for an on-the-job injury or received benefits for a job-related illness or injury; or any injury or condition that caused you to be disabled or unable to perform your job duties or normal activities for a period of seven (7) days or longer? Yes____ No____ If yes, describe below:

_____

_____

_____

_____

b. List below, starting with your current employment or unemployment and working back, each employment or internship and period of unemployment you have had. Include within the sequence any period of active military service. If you were discharged from any employment, or requested to resign, so state under "Reason for leaving employment". Leave no time unaccounted for.

From: Mo. Yr.	To: PRESENT	☐ Full Time ☐ Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From: Mo. Yr.	To: Mo. Yr.	☐ Full Time ☐ Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From: Mo. Yr.	To: Mo. Yr.	☐ Full Time ☐ Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From: Mo. Yr.	To: Mo. Yr.	☐ Full Time ☐ Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From: Mo. Yr.	To: Mo. Yr.	☐ Full Time ☐ Part Time	Name of Supervisor:

Name_____ Last 4 Digits of SS#_____

Continued Employment Entries

Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From: Mo. Yr.	To: Mo. Yr.	☐ Full Time ☐ Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.

16. If you are presently unemployed, state the reason:

_____

_____

_____

17. Have you ever taken any civil service examination(s)? If so, list each examination number, job title(s) tested for, date of exam and status:

Job Title/symbol#	Year	List Number	Name of Agency	Status

a. Have you ever taken any examination(s) for Federal employment? If so, list job title(s) tested for, date of exam and status:

Job Title	Year	Name of Agency	Status

b. Have you ever taken any other examination(s) (non-civil service) for the following job titles: police, court, fire, EMS or school from any town, village, city, county or state agency? If so, list examination number, job title(s) tested for, date exam was taken and status.

Job Title	Year	Name of Agency	Status

18. Are you now, or have you ever been a special or auxiliary police officer? Yes____ No____
If "YES", give date of service, jurisdiction or location of service and name of supervisor and/or coordinator:
_____

19. Are you now, or have you ever been a volunteer firefighter or EMT? Yes____ No____
If "YES", give dates of service, location of service and name of supervisor: _____
_____

20. Have you ever been barred or disqualified from employment by any local, state or federal agency? Yes____ No____ If "YES", explain:
_____
_____
_____

21. Have you ever applied for, claimed, received or are you now receiving any benefits under any law concerning unemployment, social security, veteran's administration, public assistance, welfare or other social services assistance? Yes____ No____
If "YES", give details:
_____
_____
_____

Name_____ Last 4 Digits of SS#_____

VII. Arrest, Summons & Conviction Record

22. Have you ever been arrested? Yes____ No____

23. List ALL (non-motor vehicle) incidents in which you were cited, arrested, summonsed, accused, charged or convicted of a crime (felony or misdemeanor), disorderly persons offense, or petty disorderly persons offense, whether in this state or elsewhere. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed or referred to pre-trial diversion or pardon and any matters that are still pending.

    If you have never been arrested, summonsed or convicted, enter NONE.

Date	Location	Original Charge	Final Charge	Disposition

If you were arrested in any of the above, please explain the specifics of what occurred below.

_____

_____

_____

_____

24. To the best of your knowledge, has any member of your immediate family (spouse, child, parent, brother, sister), or any person residing in your home, even those not related to you by blood or marriage, ever been convicted for any crime, offense or violation?
    Yes____ No____
    If "YES", explain:

Name	Relation	Date	Offense	Disposition

25. List all incidents in which you were a complainant or witness in a criminal court case, a family court proceeding, an administrative or an investigative hearing by a city, state or federal agency. Do not include court appearances due to arrests made as a law enforcement officer, peace officer or security guard.

Date	City, Town & State	Court or Agency	Purpose for hearing & your involvement in case

26. Were you ever the subject/witness or have you ever been questioned during a police investigation in which you were not charged with a crime? Yes____ No____
If "YES", explain:

_____

_____

_____

27. Have you ever been a plaintiff, petitioner, defendant or respondent in any civil litigation matter, including any divorce, matrimonial, family court or bankruptcy proceeding or been served with a civil summons in any civil litigation matter. Yes____ No____
If "YES", list and explain:

Date	City/Town & State	Type of Involvement	Court Disposition & Date

28. List all criminal matters, family court proceedings, administrative or investigative proceedings brought or conducted by any local, county, state of federal law enforcement, regulatory or investigative agency/organization; including any grand jury proceedings in which you were involved as a complainant, petitioner, plaintiff, respondent, defendant or witness:

Date	City/Town & State	Court or Agency	Purpose of Hearing & your Involvement in the Case

29. Are you currently licensed for any purpose such as but not limited to Taxi/Limo (owner/operator), state liquor/gaming authority, nursing, pilot (private/commercial) etc.?
Yes_____ No_____ If "YES", list below:

Type of License	License #	Issuing Agency	Issue Date	Expiration Date	Ever suspended or revoked

30. List all firearms you possess; include copies of all receipts for purchase and sales receipts of firearms as well as required purchase permits issued to you:

Make	Model	Serial #	Caliber	Authorizing Agency

31. List all firearm identification cards issued to you. If you have applied for any firearm permit (target/hunting/carry) list the date, state and municipal jurisdiction where you applied. State whether your application was approved or denied by the issuing authority.

Date	State	Municipal Jurisdiction	Approved or Denied

VIII. Military Service Records

32. List any military service performed either on active duty, reserve or National Guard status:

From	To	Active or Reserve	Branch of Service	Rank	MOS	Type of Discharge

33. List all disciplinary actions taken against you during your military service by court martial or under Article 15, Uniform Code of Military Justice:

Date	Charge Against You (Specific)	Type of Action	Disposition of Charge

IX. Selective Service Record

34. All males born after December 31, 1959 are required to register with the Selective Service System. Check your registration here: ***https://www.sss.gov/RegVer/wfVerification.aspx.***

Selective Service #	Date of Registration	Place of Registration

Name_____ Last 4 Digits of SS#_____

X. Debts – Financial Status

35. List all of your present fixed monthly debts and financial obligations, including but not limited to mortgage payments, lease or rental payments, loan obligations, child support payments, alimony, student loans, garnishments, wage assignments, judgments, car payments and any other recurring monthly financial obligations (including revolving credit card bills) for which you are responsible: If none, state so:

Date Made	Original Amount	Monthly Payment	Present Balance	Purpose of Debt	Name & Address of Person or Firm to Whom Debt is Owed

36. Have you ever filed for bankruptcy: Yes____ No____

Where	What Court	Chapter	Disposition	Case #

XI. Drug Use

Answer either "Yes" or "No" after each question below. An answer of "Yes" to any question will require an explanation including, but not limited to dates of use, frequency of use, etc. during the interview process. You are reminded of your obligation to answer all questions in a complete, accurate and truthful manner. Your failure to do so may be just cause for you to be removed from further consideration.

37. Do you now or have you ever used any un-prescribed marijuana, cannabis or cannabis based products? Yes____ No____

38. Do you now or have you ever used crack and/or cocaine? Yes____ No____

39. Do you now or have you ever used any un-prescribed opiate (heroin, morphine, opium, etc.)? Yes____ No____

40. Do you now or have you ever used any hallucinogenic drug (LSD, PCP, etc.)? Yes____ No____

41. Do you now or have you ever used any un-prescribed amphetamines, barbiturates or other tranquilizers? Yes____ No____

42. Do you now or have you ever used any un-prescribed controlled substances?
    Yes____ No____

43. Have you ever received medical or other type of treatment including counseling or therapy for any alcohol or substance abuse related matter, illness, condition or problem?
    Yes____ No____

    If "YES" provide the details in the detail section.

XII. Alcohol Use

44. How would you describe your alcohol use?

Abstinence	Yes____	No____
Moderate use (2-3 times per week)	Yes____	No____
Social drinker (holidays or social outings)	Yes____	No____
Regular consumption (more than 3 times per week)	Yes____	No____
Heavy Consumption (everyday)	Yes____	No____

XIII. Miscellaneous Activities

45. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or has a policy advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America, or the State of New Jersey; or which seeks to alter the form of government of the United States of America or New Jersey by illegal or unconstitutional means? Yes____ No____

    If "YES", please provide a full explanation below:

    _____

    _____

    _____

    _____

    _____

    _____

    _____

46. Do you suffer from or are afflicted by any condition, that would preclude or in any other way affect your performance of duties as a law enforcement official? Yes_____ No_____

If "YES", provide the details below:

_____

_____

_____

_____

_____

_____

_____

Sea Bright
POLICE DEPARTMENT
OFFICER'S APPLICATION

47. If you were offered a position of Police Officer, what about this job might be problematic for you:
    (a) Work rotating shifts? ..... Yes____ No____
    (b) Work any permanent shift? (such as 11pm to 7am)..... Yes____ No____
    (c) Work overtime if needed? ..... Yes____ No____
    (d) Work on any day of the week?..... Yes____ No____
    (e) Perform any particular assignment? ..... Yes____ No____
    (f) Wear a uniform? ..... Yes____ No____
    (g) Carry a firearm? ..... Yes____ No____
    (h) Use a firearm pursuant to departmental regulations (including) the use of deadly force against another person to defend your life or the life of another?..... Yes____ No____
    (i) Testify under oath/affirmation in court? ..... Yes____ No____
    (j) Use physical force on another person pursuant to departmental regulations?..... Yes____ No____

If you answered "YES" to any part of the above questions, please explain in detail:
(DO NOT include any medical information)

Letter ( )_____

_____

_____

Letter ( )_____

_____

_____

Is there anything else we should know or you would like to comment on concerning your eligibility for appointment to the position of Police Officer?

Yes____ No____

If you answered "YES" to the above question explain below:_____

_____

_____

Name_____ Last 4 Digits of SS#_____

REFERENCES

Give three references (not relatives, former employers, former employees or school teachers) who are responsible, reputable adults in their communities, who have **KNOWN YOU WELL DURING THE PAST FIVE YEARS:**

1. Name_____

   Address_____

   Telephone #_____

   Number of years acquainted_____

   Type of business or relationship_____

2. Name_____

   Address_____

   Telephone #_____

   Number of years acquainted_____

   Type of business or relationship_____

3. Name_____

   Address_____

   Telephone #_____

   Number of years acquainted_____

   Type of business or relationship_____

Name_____ Last 4 Digits of SS#_____
_

Sea Bright
Police Department
1099 Ocean Ave.
Sea Bright, NJ 07760
Phone: 732-842-0010
Fax: 732-842-8351

APPPLICANT INFORMATION RELEASE FORM

To all Courts, Probation Departments, Selective Service Boards, physicians, hospitals, employers, educational and other institutions and agencies without exception:

I, _____, am making an application for employment to the Sea Bright Police Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Sea Bright Police Department and its representatives any and all information, documentary or otherwise, including medical information, pertaining to me that they may request.

I hereby release, discharge and exonerate the Sea Bright Police Department, its agents and any representatives and any persons furnishing information from any and all liability of every nature and kind arising out of furnishing, inspection or collection of such documents, records and other information or the investigation made by the Sea Bright Police Department.

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

Signed:_____ Date:_____

Witness:_____ Date:_____

Notary:_____ Date:_____

My commission expires:_____

NOTARY

Name_____ Last 4 Digits of SS#_____

SEA BRIGHT POLICE DEPARTMENT
OFFICER'S APPLICATION

I, _____SSN#_____ being duly sworn, do hereby depose and say that I am the above named person and that I have completed the foregoing questionnaire and that I understand the contents. I further state that the answers contained therein are complete and correct in every respect. I also understand that any material misrepresentation of fact may be cause for rejection before appointment or disqualification and prosecution after appointment.

X_____
Signature of applicant in presence of Notary Public

Sworn to before me this_____ day of_____20_____

X_____Date:_____
Notary Public (or commissioned officer for military personnel on active duty)

DO NOT SIGN BELOW UNTIL
DIRECTED BY YOUR INVESTIGATING OFFICER

N.J.S.A. 2C:28-4 makes it a fourth degree crime to knowingly give false information to the Sea Bright Police Department in this application. Any false statements made by you in this application may result in you being criminally prosecuted. Do you understand? Yes___ No___

I certify that I have read and understand all preceding questions and statements, I further certify that the information I have provided herein is the truth to the best of my knowledge.

X_____ Date:_____
Signature of Applicant at interview

X_____ Date:_____
Signature of Investigator/Rank

X_____ Date:_____
Signature of Notary

My commission expires:_____

NOTARY

Name_____ Last 4 Digits of SS#_____

SEA BRIGHT POLICE DEPARTMENT

INQUIRY REGARDING CONVICTIONS FOR MISDEMEANOR CRIMES OF DOMESTIC VIOLENCE

PURSUANT TO TITLE 18U.S.C. Section 922 (g) (9)

The purpose of this form is to obtain information that will assist the Sea Bright Police Department in determining whether any of its applicants have been adversely affected by federal law, title 18 U.S.C. Section 922 (g) (9). You are directed to complete this form and return it, within ten (10) working days of your receipt of the form, to your Applicant Investigator. Failure to complete this form truthfully and within ten (10) days of receipt may result in your not being hired.

Applicants may seek the advice of counsel prior to responding to the questions contained in this form. However, the form must be completed and notarized and submitted to your investigator with ten (10) days of receipt. The Sea Bright Police Department will notify the licensing agency and/or appropriate authorities when information of an applicant who reports the possession of firearms or ammunition in violation of this law.

1. Have you ever been convicted of a misdemeanor crime of domestic violence in any court, anywhere including a military tribunal? Indicate: Yes_____ No_____

   A misdemeanor crime of domestic violence is defined by 18 U.S.C. 921 (a) (33) (A) as follows: An offense that is a misdemeanor under federal or state law and has as an element the use or attempted use of physical force or the threatened use of a deadly weapon, committed by:

   a. A current or former spouse, parent or guardian of the victim.
   b. A person with whom the victim shares a child in common.
   c. A person who is cohabiting with or has cohabited with the victim as a spouse, parent or guardian.
   d. A person similarly situated to a spouse, parent or guardian of the victim.

2. If you answered "yes" to question #1, provide the following information with respect to the conviction:

   Court/Jurisdiction_____

   Docket/Case#_____

   Statute/Charge_____

   If you answered "yes" to question #1:
   a. Were you pardoned? Indicate: Yes_____ No_____
   b. Was your conviction expunged? Yes_____ No_____
   c. If any of your civil rights were removed as a result of your conviction, have all of your rights been restored? N/A_____ Yes_____ No_____

   If you answered "yes" to question 2a, b or c attach copies of documents verifying your response.
   I hereby attest all of the statements herein are true under the penalty of perjury and its related offenses pursuant to N.J.S.A. 2C:28-4.

   Name:_____Date:_____

   Signature:_____

   Notary Signature:_____Date:_____

   My commission expires:_____

NOTARY

Name_____ Last 4 Digits of SS#_____

SEA BRIGHT POLICE DEPARTMENT
MEDICAL CERTIFICATION FORM

Candidate's Name_____

Social Security No._____

Name of Course: Pre Employment Physical Assessment Course Dates:_____

Physician's Name:_____

Physician's Address:_____

Based upon the medical examination and review of the Health History Statement, the above named individual is determined to be: (Check one)

_____ Medically fit to participate in Physical Conditioning Training Program without limitation to include: 1 ½ Mile Run, Sit Ups, Pushups, 50 yard Dash, Shuttle Run and Pull-ups

Date individual will be cleared to fully participate in training program:_____

_____ Not medically fit to participate in Physical Conditioning Training Program

_____ _____

Physician's Signature & License No. Date

SEA BRIGHT POLICE DEPARTMENT

DRUG TESTING
APPLICANT NOTICE AND ACKNOWLEDGMENT

I, _____, understand that as part of the pre-employment process, the Sea Bright Police Department will conduct a comprehensive background investigation to determine my suitability for the position for which I have applied.

I understand that as part of this process, I will undergo drug testing through urinalysis.

I understand that a negative drug test result is a condition of employment.

I understand that if I refuse to undergo the testing, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use, that information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to employment with a criminal justice agency.

I understand that if I produce a positive test result for illegal drug use and am not currently employed as a sworn law enforcement officer, I will be barred from future law enforcement employment in New Jersey for two years from the date of the test. After this two year period, the positive test result may be considered in evaluating my fitness for future criminal justice employment.

I understand that if I am currently employed as a sworn law enforcement officer and I produce a positive test result for illegal drug use, my current law enforcement employer will be notified of the positive test result. In addition, I will be dismissed from my law enforcement position and I will be permanently barred from law enforcement employment.

I have read and understand the information contained on this "Applicant Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as part of the pre-employment process.

_____ _____

Signature of Applicant Date Signature of Witness Date

Name_____ Last 4 Digits of SS#_____

Details

The following space is provided for detailed answers to the proceeding questions. Indicate the question number to which the answers apply.

Question Number	Explanation

Name_____ Last 4 Digits of SS#_____

Details

The following space is provided for detailed answers to the proceeding questions. Indicate the question number to which the answers apply.

Question Number	Explanation