

SEA BRIGHT POLICE DEPARTMENT EMPLOYMENT APPLICATION

PERSONAL DATA

1. What is your full name? _____
Last Name First Name Middle Name
2. Give any other names you have used or been known by and attach a statement listing reasons (if none, so state) _____
3. Where were you born? _____
City/Town State/Country Zip Code
4. Birth Certificate _____
Number City/Town State Zip Code County
5. Date of Birth _____ Age _____ Sex _____ Race _____
Month Day Year
6. Social Security Number _____ State issued _____
7. Do you wear contact lenses or glasses? Yes or No _____
8. Scars, marks or tattoos? _____

CITIZENSHIP

9. Are you a native born or naturalized citizen? Native Born ___ Naturalized ___
If you are of foreign birth, or are a naturalized citizen, fill in the following:
Country of birth _____
Port or place of departure for the United States? _____ Date _____
How were you transported into the United States? (Ship, Plane, Train, etc.) _____
Name of transport conveyance and/or company you arrived on? _____
Port or place of entry into the United States? _____

If a naturalized citizen, name and address of person who sponsored you on arrival? _____

First address after arrival _____

How did you obtain citizenship? _____

Petition number _____ Date _____ Court _____

State _____ Certificate Number _____

SOCIAL STATUS

10. Are you single, married, separated, divorced, widow or widower? _____

11. Give following information regarding marriage or marriages. List number of times married

WHEN	WHERE	BY WHOM	WIFE'S MAIDEN NAME OR HUSBAND'S NAME

12. If separated, state reason _____

13. If separated or divorced, what is the present address of that person? _____

14. How many times were you legally or voluntarily separated? _____

15. Were you ever divorced or had a marriage annulled? Yes or No ____ How many times ____

16. If ever separated, annulled, or divorced, indicate below, and fill in required information:

Separated, Annulled, Divorced (Indicate)	Date Issued	By Whom	Where Issued (Court & State)	Reason

17. Were you ever the parent of any children, whether living or deceased? Yes or No _____

18. List below every child born to you:

Child's Name	Date of Birth	Place of Birth	Where Does Child Reside

19. Are you now supporting all children born to you, including adopted and stepchildren?

Yes or No ____ If no, state full details _____

20. Have you ever been involved as a plaintiff or defendant in a paternity proceeding?

Yes or No ____ If yes, state full details _____

21. If single, list name, etc. (of at least one) girlfriend/boyfriend, past or present:

Name: _____ Date of Birth : _____

Address: _____

Social Security Number (if known): _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

Name: _____ Date of Birth: _____

Address: _____

Social Security Number (if known): _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

FAMILY INFORMATION

22. List family information – Father, Mother, Siblings, Spouse, Stepfather/Stepmother:

Name and Relationship: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

Name and Relationship: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

Name and Relationship: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

Name and Relationship: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

Name and Relationship: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

Name and Relationship: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

Name and Relationship: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

23. List names of three friends and/or associates other than vouchers?

Name and Relationship: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

Name and Relationship: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

Name and Relationship: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Occupation/Place of Employment: _____ Work Phone: _____

List names of members of the Sea Bright Police Department which you are socially or personally acquainted with:

Name: _____ Rank/Badge No. _____

Address (if known): _____

Social or personal acquaintance? _____ How long acquainted? _____

Name: _____ Rank/Badge No. _____

Address: _____

Social or personal acquaintance? _____ How long acquainted? _____

Name: _____ Rank/Badge No. _____

Address: _____

Social or personal acquaintance? _____ How long acquainted? _____

List names of any relatives in the law enforcement field:

Name/Relationship: _____ Rank/Badge No. _____

Department of Employment: _____

Name/Relationship: _____ Rank/Badge No. _____

Department of Employment: _____

Name/Relationship: _____ Rank/Badge No. _____

Department of Employment: _____

RESIDENCE

24. Where do you presently reside? _____
Number and Street Apartment No./Floor

_____ City County State Zip Code

Home phone no. _____ Work phone no. _____

25. How long have you resided at this address? _____

With whom do you reside? _____

26. If you reside with someone other than your spouse or parents, list the following:

Name: _____ Date of Birth: _____

Social Security No. _____ Occupation: _____

Name: _____ Date of Birth: _____

Social Security No. _____ Occupation: _____

27. In chronological order (starting with most recent), state each and every place in which you have resided since birth:

Address: _____

_____ Date/From: _____ To: _____

Address: _____

_____ Date/From: _____ To: _____

Address: _____

_____ Date/From: _____ To: _____

Address: _____

_____ Date/From: _____ To: _____

Address: _____

_____ Date/From: _____ To: _____

28. List all places where you have registered or voted (if none, state so):

County: _____ State: _____ Year: _____

County: _____ State: _____ Year: _____

County: _____ State: _____ Year: _____

EDUCATION

List chronologically all schools, colleges and training courses you have attended:

School: _____ Attended/From: _____ To: _____

Address: _____

Last grade/term completed: _____ Subject /Major: _____

School: _____ Attended/From: _____ To: _____

Address: _____

Last grade/term completed _____ Subject/Major: _____

School: _____ Attended/From: _____ To: _____

Address: _____

Last grade/term completed: _____ Subject/Major: _____

School: _____ Attended/From: _____ To: _____

Address: _____

Last grade/term completed: _____ Subject/Major: _____

School: _____ Attended/From: _____ To: _____

Address: _____

Last grade/term completed: _____ Subject/Major: _____

29. What college degree (s) or professional license (s) do you possess? _____

Grade Point Average (cumulative): _____ Total Credits achieved: _____

30. Other than English, what language (s) do you:

Speak: _____ Understand: _____

32. List any problems with school (absenteeism, tardiness, poor grades, other discipline problems) – include college:

Date: _____ School: _____

Problem: _____

Date: _____ School: _____

Problem: _____

33. It is understood that I will immediately have forwarded transcripts from all colleges attended to:

Sea Bright Police Department
1099 E. Ocean Avenue
Sea Bright, New Jersey 07760

(Proper fee must be forwarded to the college via the applicant)

MILITARY SERVICE

34. Have you ever served in an active military organization of the United States? Yes or No ____

35. Have you ever served in a military organization of any foreign government? Yes or No ____

If yes, give details _____

36. Give branch of service _____ Military Specialty: _____

37. Rank held: _____ Service Serial Number: _____

38. How many periods of active military service have you had (drafts, enlistments or recalls to service)? _____

39. Give period or periods of active service:

To: _____ From: _____ To: _____ From: _____

To: _____ From: _____ To: _____ From: _____

40. List all medals and decorations awarded to you as a member of armed forces:

41. How many discharges or separations from the service were given to you? _____

42. What type of discharge (s) or separation (s), (honorable, dishonorable, honorable conditions)? *Be exact.* _____

43. Has your discharge or separation notice ever been corrected or changed? Yes or no _____

44. What was the nature of the change? Changed from _____ to _____

45. Were you ever court martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?

Yes or No _____ Number of times _____

If yes, give details of charges and dispositions: _____

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

Yes or No _____ If yes, state which - active or inactive _____

Branch _____ Regiment _____ Unit _____

Business Address: _____
Number & Street

State

Zip Code

Phone No. (include area code)

Reason for leaving: _____

From: _____ **To:** _____ **Occupation:** _____

Business Name: _____ **Supervisor:** _____

Business Address: _____
Number & Street

State

Zip Code

Phone No. (include area code)

Reason for leaving: _____

From: _____ **To:** _____ **Occupation:** _____

Business Name: _____ **Supervisor:** _____

Business Address: _____
Number & Street

State

Zip Code

Phone No. (include area code)

Reason for leaving: _____

From: _____ **To:** _____ **Occupation:** _____

Business Name: _____ **Supervisor:** _____

Business Address: _____
Number & Street

State

Zip Code

Phone No. (include area code)

Reason for leaving: _____

From: _____ **To:** _____ **Occupation:** _____

Business Name: _____ **Supervisor:** _____

Business Address: _____
Number & Street

State

Zip Code

Phone No. (include area code)

Reason for leaving: _____

From: _____ **To:** _____ **Occupation:** _____

Business Name: _____ **Supervisor:** _____

Business Address: _____
Number & Street

_____ State Zip Code Phone No. (include area code)

Reason for leaving: _____

From: _____ **To:** _____ **Occupation:** _____

Business Name: _____ **Supervisor:** _____

Business Address: _____
Number & Street

_____ State Zip Code Phone No. (include area code)

Reason for leaving: _____

From: _____ **To:** _____ **Occupation:** _____

Business Name: _____ **Supervisor:** _____

Business Address: _____
Number & Street

_____ State Zip Code Phone No. (include area code)

Reason for leaving: _____

From: _____ **To:** _____ **Occupation:** _____

Business Name: _____ **Supervisor:** _____

Business Address: _____
Number & Street

_____ State Zip Code Phone No. (include area code)

Reason for leaving: _____

51. Were you ever discharged or asked to resign from employment? Yes or no _____

How many times? _____ Give details of discharge or forced resignation below:

Employer: _____ Date of discharge: _____

Employer's Address: _____
Number & Street

_____ State Zip Code Phone No. (include area code)

Supervisor: _____ Reason for discharge: _____

Employer: _____ Date of discharge: _____

Employer's Address: _____
Number & Street

_____ State Zip Code Phone No. (include area code)

Supervisor: _____ Reason for discharge: _____

Employer: _____ Date of discharge: _____

Employer's Address: _____
Number & Street

_____ State Zip Code Phone No. (include area code)

Supervisor: _____ Reason for discharge: _____

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

Yes or No _____ If yes, give details _____

53. Have you, or your spouse, or any corporation or partnership of which he/she was an officer, director, or partner, ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency? Yes or No _____

If yes, give details _____

Has any such license or permit ever been revoked, cancelled or suspended?

Yes or No _____ If yes, give details _____

54. Have you ever sponsored, vouched for, serviced as a character witness for, or made any recommendations for or concerning any person or premises to any municipal, state or

federal agency in connection with the issuance, revocation, or suspension of any license or permit or any other reason? Yes or No _____

If yes, give details _____

55. Have you ever received unemployment insurance or other federal, state or local benefits or assistance? Yes or No _____ Type: _____ Local Office: _____

Office Address: _____

Give periods:

From: _____ To: _____ From: _____ To: _____

From : _____ To: _____ From: _____ To: _____

Have you ever received any allowance to which you were not entitled? Yes or No _____

If yes, explain _____

56. Have you made application with any other police organization? Yes or No _____

(Where) (When) (Present Status)

57. Have you ever been rejected by another police department for employment?

Yes or No _____

(When) (Where) (Reason)

59. Were you ever a member of a social, labor, or fraternal organization? Yes or No _____

If yes, list below every such organization:

From: _____ To: _____ Type of Organization: _____

Name of Organization: _____

Address: _____

From: _____ To: _____ Type of Organization: _____

Name of Organization: _____

Address: _____

From: _____ To: _____ Type of Organization: _____

Name of Organization: _____

Address: _____

GENERAL

60. Have you ever petitioned for bankruptcy? Yes or No _____

61. Have you ever had a financial judgment or garnishment placed upon you?

Yes or No _____ If yes, explain _____

62. List all active loans, liens or debts which you are responsible for:

Type (credit card, loan, etc.): _____ With Whom: _____ Phone No.: _____

Address: _____

When incurred: _____ Original amount : \$ _____ Present amount: \$ _____

Monthly payment amount: \$ _____ Amount of Arrears: \$ _____

Type: _____ With Whom: _____ Phone No.: _____

Address: _____

When incurred: _____ Original amount: \$ _____ Present amount: \$ _____

Monthly payment amount: \$ _____ Amount of Arrears: \$ _____

Type: _____ With Whom: _____ Phone No.: _____

Address: _____

When incurred: _____ Original amount: \$ _____ Present amount: \$ _____

Monthly payment amount: \$ _____ Amount of Arrears: \$ _____

63. Are you a co-maker on an outstanding loan? Yes or No _____

If yes, give details _____

64. Have you ever been bonded? Yes or No _____ If yes, list details below:

Reason: _____ Date: _____

By Whom: _____ Phone no.: _____

Address: _____

Reason: _____ Date: _____

By Whom: _____ Phone no.: _____

Address: _____

65. Have you ever been refused a bond? Yes or No _____ If yes, by whom: _____

66. Were you or your spouse ever summoned or subpoenaed to court in a civil action or proceeding in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction? Yes or No _____

67. Indicate below every civil action or proceeding in which you or your spouse were summoned or subpoenaed, or in which you or your spouse were a party and also the contingent possibilities as described above.

Date: _____ Action/proceeding: _____ Court Disposition: _____

Circle one: Plaintiff Defendant Petitioner Respondent Witness

Date: _____ Action/proceeding: _____ Court Disposition: _____

Circle one: Plaintiff Defendant Petitioner Respondent Witness

ARRESTS, SUMMONSES, ETC.

68. Have you ever been arrested for or charged with Juvenile Delinquency? Yes or No _____
If yes, insert information below:

Date: _____ Age: _____ Violation/Charge: _____

Police Agency: _____ Location: _____

Charge reduced to: _____ Court Disposition: _____

Date: _____ Age: _____ Violation/Charge: _____

Police Agency: _____ Location: _____

Charge reduced to: _____ Court Disposition: _____

69. Have you ever been arrested, indicted, or convicted for any violation of the criminal law to include disorderly persons and city/town ordinance violation offenses?

Yes or No _____ If yes, insert information below:

Date: _____ Age: _____ Violation/Charge: _____

Police Agency: _____ Location: _____

Charge reduced to: _____ Court Disposition: _____

Date: _____ Age: _____ Violation/Charge: _____

Police Agency: _____ Location: _____

Charge reduced to: _____ Court Disposition: _____

Date: _____ Age: _____ Violation/Charge: _____

Police Agency: _____ Location: _____

Charge reduced to: _____ Court Disposition: _____

70. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, or federal agency, committee or other investigative body?

Yes or No _____ If yes, give details: _____

71. Have you ever had any criminal record expunged? Yes or No _____ If yes, insert information below:

Date of expungement: _____ Date of Arrest: _____ Violation: _____

Police Agency: _____ Court Disposition: _____

Date of expungement: _____ Date of Arrest: _____ Violation: _____

Police Agency: _____ Court Disposition: _____

Date of expungement: _____ Date of Arrest: _____ Violation: _____

Police Agency: _____ Court Disposition: _____

71. Have you ever been a defendant or plaintiff in any domestic violence incident?

Yes or No _____ If yes, insert information below:

Date: _____ Location: _____ Police Agency: _____

Violation: _____ Court Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Violation: _____ Court Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Violation: _____ Court Disposition: _____

72. Have you ever been held as a material witness? Yes or No _____ If yes, give details

73. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason? Yes or No _____ If yes, insert information below:

Date: _____ Location: _____ Police Agency: _____

Reason: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Reason: _____ Disposition: _____

74. Have you ever been fingerprinted? (Exclude only present application with Sea Bright Police Department) Yes or No _____ If yes, fill in the following:

When: _____ Where: _____ Purpose: _____

When: _____ Where: _____ Purpose: _____

When: _____ Where: _____ Purpose: _____

SUBVERSIVE AFFILIATIONS

75. Are you now, or have you ever been, a member of any Communist, Communist-front, or other subversive organization, association, movement, or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means. Yes or No _____

76. Are you now, or have you ever been, affiliated or associated with any of the organizations Or groups described in question 75? Yes or No _____

77. Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any organization or groups described in question 75? Yes or No _____

78. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question 75, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organizations or groups described in question 75? Yes or No _____

79. Have you ever participated in any of the following activities:
- a. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, or project sponsored or organized by an organization or group described in question 75? Yes or No _____
 - b. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 75? Yes or No _____
 - c. Sale or distribution of any written or printed matter prepared, reproduced or published by any group or organization described in question 75, or any of its agents? Yes or No _____
 - d. Purchased or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 75 or any of its agents? Yes or No _____

80. If you answered *YES* to any of the above questions, explain _____

MOTOR VEHICLE HISTORY

81. Have you received a summons for violation of the Motor Vehicle Laws in this or any other state? (Exclude overtime parking violations) Yes or No _____ If yes, insert the information below:

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

82. Was you Motor Vehicle Registration Certificate, Driver's or other operator's license ever revoked? Yes or No _____ Suspended? Yes or No _____

Which license? _____ When? _____ Where? _____

Reason: _____

83. If answer to previous question is "Yes", was such Registration Certificate or Driver's License ever restored? Yes or No _____

When? _____ Where? _____

84. Have you ever been involved in a motor vehicle accident either as a registered owner or operator which resulted in any personal injury or property damage?

Yes or No _____ If yes, state details _____

85. If you possess any of the following, complete the information below:

Motor Vehicle Registration (s):

Plate Number: _____ State: _____ Date Issued: _____ Expiration Date: _____

Vehicle Year: _____ Make: _____ Model: _____ Color: _____

Plate Number: _____ State: _____ Date Issued: _____ Expiration Date: _____

Vehicle Year: _____ Make: _____ Model: _____ Color: _____

Motor Vehicle Driver's License:

Number: _____ State: _____ Restriction Code: _____

Date Issued: _____ Expiration Date: _____

Other Operator's License:

Number: _____ State: _____ License Type: _____

Date Issued: _____ Expiration Date: _____

86. Did you ever possess a chauffeur's or commercial driver's license (CDL) or operator's license issued by any state other than New Jersey? Yes or No _____ If yes,

provide state and number _____

OTHER INFORMATION

87. Have you ever possessed any pistol, firearm permit, firearms ID card, firearms dealer license in this state, any other state/federal? Yes or No _____
Permit No. _____ Issuing Agency: _____ Dealer License No. _____
88. Have you ever used any illegal drugs? Yes or No _____ If yes, state details _____

89. Have you ever previously submitted an application for employment to the Sea Bright Police Department? Yes or No _____ If yes, give date: _____
90. Have you previously had a background investigation conducted on you by the New Jersey State Police? Yes or No _____ If yes, give date: _____
91. Do you have any knowledge or information in addition to the specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for the position of Police Officer in the Sea Bright Police Department, including but not limited to, knowledge or information concerning your character, temperance, habits, education, subversive activities, family, association, criminal records, traffic violations, residence, or otherwise? Yes or No _____ If yes, give details _____

VOUCHERS

(NOT TO BE SWORN MEMBERS OF THE SEA BRIGHT POLICE DEPARTMENT OR ANY OTHER PERSON LISTED IN THIS APPLICATION)

Upon completion of this form, the applicant must obtain three reputable citizens (no relatives) who will vouch for the honesty, reputation and ability of the applicant. The voucher should read carefully all statements made by the applicant *BEFORE SIGNING*. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

I, the undersigned, declare that I am over the age of eighteen, that I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

VOUCHER ONE
(Please Print)

Name: _____ Date of Birth: _____ Social Sec. no.: _____

Address: _____

Home phone no.: _____ Business phone no.: _____ Occupation: _____

Business Address: _____

How long have you personally known applicant? _____

Is the applicant of good character and reputation? _____

Signature: _____ Date: _____

VOUCHER TWO
(Please Print)

Name: _____ Date of Birth: _____ Social Sec. no.: _____

Address: _____

Home phone no.: _____ Business phone no.: _____ Occupation: _____

Business Address: _____

How long have you personally known applicant? _____

Is the applicant of good character and reputation? _____

Signature: _____ Date: _____

VOUCHER THREE
(Please Print)

Name: _____ Date of Birth: _____ Social Sec. no.: _____

Address: _____

Home phone no.: _____ Business phone no.: _____ Occupation: _____

Business Address: _____

How long have you personally known applicant? _____

Is the applicant of good character and reputation? _____

Signature: _____ Date: _____

CERTIFICATION

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 misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Sea Bright 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 Authority and Release form.

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

Date: _____ Signature: _____
(Sign in Ink)

(Print Name)

State of: _____

County of: _____

Sworn to and subscribed before me this

_____ day of _____, 20 _____

(Print Name and Title)

(Signature)

Notary Public, my Commission

Expires: _____

DO NOT WRITE BELOW THIS LINE

Signature of applicant made in presence of investigator Date: _____

Signature of Investigating Officer

ATTACH PHOTOGRAPH