Important Notice to Applicants

The Camden County Police Department conducts background investigations on all potential employees to determine their suitability for employment. The information that is requested in this booklet is necessary in order to complete these background investigations. We may not be able to offer you employment if you fail to answer any question completely and honestly. The information that you provide is confidential and will be used for employment purposes only, however, if necessary, your information may be shared with other entities as it relates to your background investigation.

The Camden County Police Department is committed to a policy of equal opportunity for all prospective and current employees and does not discriminate regardless of race, creed, color, religion, sex, age, national origin or disability.

The selection process for a Police Officer Candidate is an extremely competitive endeavor that requires our agency to identify only the most highly qualified applicants for consideration for employment. You must understand that there are an overwhelming number of highly qualified applicants that you will be competing against for a limited number of position vacancies within this department. Our community expects and demands that we employ only those individuals who possess the highest degree of integrity.

The completion and submission of this application booklet is an important step in a thorough and lengthy employment selection process. These steps include a comprehensive background investigation, and an optional oral review board. Following a conditional offer of employment, you will be required to take a full medical and psychological examination.

All questions contained within this booklet must be completed honestly, accurately and thoroughly. The information that you provide will be carefully analyzed and evaluated to determine your suitability for employment. Do not withhold any information, whether you think that it is important or not. This agency will decide the importance of the information that you have provided. The omission of information and or any deception will not be tolerated and will be justification to remove you from consideration.

While completing the application booklet and when listing individuals and or places of employment, be sure that you provide the full name and identity of the individual or business with their title, position, complete home and or business addresses and any other applicable information. We will not attempt to determine correct spellings, street numbers, apartment numbers, telephone numbers, zip codes or area codes. It is your responsibility to provide complete and accurate information.

If during any phase of your employment, application or selection process, you have any contact of an investigative or prosecutorial nature with any law enforcement officer or agency, you are required to immediately notify the Applicant Unit or your background investigator.

If you have any questions about the application or selection process or need clarification regarding the application booklet, please contact the Applicant Office or your background investigator.
CAREFULLY REVIEW THE INSTRUCTIONS PRIOR TO BEGINNING THIS APPLICATION/PERSO NAL HISTORY STATEMENT

Instructions for the Proper Completion of this APPLICATION FOR EMPLOYMENT PERSONAL HISTORY STATEMENT & QUESTIONNAIRE

The position of Police Officer is one of tremendous responsibility and trust. In order to assist you in the application process it is imperative that complete, proper and accurate information is supplied to the Camden County Police Department. Your application process will be placed in jeopardy if you supply inaccurate or incomplete information. All information contained within this application will be kept confidential and will remain a part of your official record.

All applications must be completed and brought with you to the address below. Any alterations to this application or delays in returning this application will void your status.

Camden County Police Department
800 Federal Street
Camden, New Jersey 08103

1. You must answer all questions that pertain to you. Use N/A (Not Applicable) for those questions that do not apply to you.

2. You must completely answer all questions. Failure to answer questions completely will delay the application process and may void your status.

3. In those questions that require you to identify a jurisdiction where a judgment or legal proceeding took place, the city and state cannot be abbreviated.

4. All responses in this application must be completed in your own handwriting. Use blue ink! The use of a pencil is not authorized. Typed print or other means of electronic printing is not authorized.

5. If you require additional room to answer question(s), please do so in the Additional Information Section of this application. If more space is required, please use and attach lined paper for your responses.

6. Each page must be signed and dated by you.

Candidate’s signature

Control # __________________
1. LAST NAME   FIRST NAME   MIDDLE NAME

2. STREET ADDRESS   CITY/STATE/COUNTY   ZIP CODE

3. Date of birth ______/______/______ Telephone Number: ___________________________ 
   MONTH  DAY  YEAR  W/ AREA CODE

4. Are you presently a BCPO certified Police Officer in New Jersey?  Yes  No

5. If the answer to Question 4 is Yes, enter dates of employment 
   from ______/______/______ to ______/______/______ 
   MONTH  DAY  YEAR  MONTH  DAY  YEAR

6. Are you a former New Jersey full-time Police Officer?  Yes  No

7. If the answer to Question 6 is Yes, enter dates of employment 
   from ______/______/______ to ______/______/______ 
   MONTH  DAY  YEAR  MONTH  DAY  YEAR

8. Are you a laid-off New Jersey full-time Police Officer?  Yes  No

9. If the answer to Question 8 is Yes, enter dates of employment 
   from ______/______/______ to ______/______/______ 
   MONTH  DAY  YEAR  MONTH  DAY  YEAR

10. Are you the graduate of NJ Alternate Route Basic Police Officers Program  Yes  No

11. If the answer to Question 10 is Yes, enter dates of employment 
    from ______/______/______ to ______/______/______ 
    MONTH  DAY  YEAR  MONTH  DAY  YEAR

12. Have you completed the Basic Course for SLEO Class II?  Yes  No

13. If the answer to Question 12 is Yes, enter dates of employment 
    from ______/______/______ to ______/______/______ 
    MONTH  DAY  YEAR  MONTH  DAY  YEAR

14. Have you successfully completed Police Officer training in another state or trained for federal law 
    enforcement services?  Yes  No

15. If the answer to Question 14 is Yes, enter dates of employment 
    from ______/______/______ to ______/______/______ 
    MONTH  DAY  YEAR  MONTH  DAY  YEAR

16. Are you currently serving as a Police Officer in another state?  Yes  No

17. If the answer to Question 14 is Yes, list agency name, state and rank _____________________,  
    enter dates of employment: from ______/______/______ to ______/______/______; 
    MONTH  DAY  YEAR  MONTH  DAY  YEAR

___________________________________________
Candidate's signature

Control # _______________
DOCUMENT CHECKLIST

The following original documents must be provided as part of the pre-employment investigation for the position of police officer. Initial the appropriate space indicating that the required document has been supplied. If the document does not apply, indicate by N/A. Missing documents will void the application process. These documents must be submitted at your first scheduled appointment with the Application Investigations Unit. At that time, the original documents will be examined, copies will be made, and the original documents will be returned to you.

• ______ Birth certificate with raised seal
• ______ NJ driver’s license, sealed certified driving abstract
• ______ Out of state driver’s license
• ______ High school diploma/GED certificate
• ______ College transcripts (all courses must be included)
• ______ Military service records (DD214 and discharge)
• ______ Marriage certificate with raised seal
• ______ Court orders:
  • Certified divorce decree
  • Name change
  • Adoption
  • Civil or criminal court orders or dispositions
  • Bankruptcy order(s)
  • Ex parte orders
• ______ Trade or professional license(s)
• ______ Police Training Commission Certificate
• ______ Other Law Enforcement training certificates and transcripts
• ______ U.S Citizenship (Naturalization) papers
• ______ Professional certificates, awards, commendations; pertinent to law enforcement
• ______ Passport
• ______ Firearms ID card and permits
• ______ Social security card

Candidate’s signature

Control # ____________________
SUPPLEMENTAL INSTRUCTIONS

1. You must supply three (3) personal references.

2. Your references must be persons that know you and can attest to your character, ability, work and/or study habits, and your residency. Blood relations, current and former employees of the Camden County Police Department, or current or former County of Camden elected officials or politicians cannot be used as references for this purpose.

3. This application shall be used to record applicants for employment with the Camden County Police Department and is specifically for applicants who wish to be considered for employment as a sworn police officer.

NOTICE TO APPLICANT

Any candidate who makes a false statement, purposeful omission, misrepresentation or concealment of a material fact, or who practices, attempts to practice any deception or fraud in securing eligibility for appointment, or any candidate who provides answers contrary to official records, will be rejected from the application process and will be disqualified for eligibility.

Information obtained in this regard will be forwarded to the New Jersey Civil Service Commission and will remain with the candidate’s file. Discovery of the aforementioned after a candidate has been appointed to the Camden County Police Department will be cause and justification for dismissal from the department.

APPLICANT SCREENING AND SELECTION PROCESS

There is a progression of steps, which must be successfully completed and met before advancing to the next step. Applicants will be notified after each step whether they will be permitted to continue in the selection process.

1. Application and questionnaire
2. Driving Record and verification of valid driver’s license
3. Physical Certification by Physician
4. Employment Application
5. Personal/Law Enforcement Interview
6. Background Investigation (including criminal history background check)
7. Conditional offer of employment
8. Psychological examination
9. Medical examination
10. Offer of employment

Dates, times and locations will be announced as you progress from step to step.
POSITION APPLYING FOR

Please check the position you wish to be considered for:

POLICE OFFICER  

MINIMUM REQUIREMENTS FOR EACH POSITION ARE LISTED ON PAGE 6-7 REQUIREMENTS FOR POLICE OFFICER POSITION:

EDUCATION:

Graduation from a high school or vocational high school or possession of an approved high school equivalent certificate.

AGE: Not less than 18 years of age at the announced closing date for filing applications for the position.

NOTE: Appointees who have not completed New Jersey's Basic Police Officer Program will be required to successfully complete a training program mandated by the New Jersey Police Training Commission within 12 months of appointment. Such training includes successful attainment of a satisfactory level of proficiency in the use of firearms. In addition, appointees must successfully complete agency training and a field training program.

LICENSE:

Appointees will be required to possess a driver's license valid in New Jersey. SPECIAL QUALIFICATIONS:

NOTE: Appointees to this position must successfully qualify semi-annually in the use of firearms.

CITIZENSHIP:

Must be a citizen of the United States. MEDICAL EXAMINATION:

As a prerequisite for appointment, appointees may be required to pass a thorough medical and psychiatric examination to be administered by the appointing authority. Any psychological, medical or physical condition or defect which would prevent efficient performance of the duties of the position, cause the appointee to be a hazard to himself/herself or others, or become aggravated as a result of performance of these duties, will be cause for rejection.

DRUG TESTING:

Drug screening through urinalysis is mandatory during pre-employment and again during training. A positive confirmation of the presence of illegal drugs in the applicant's urine, including steroids, will result in: (1) Rejection for employment; (2) Inclusion of applicant's positive testing in a central registry maintained by N.J.S.P. which information will be available through court order or should applicant again apply for future law enforcement employment; and (3) a bar from obtaining sworn law enforcement employment for a period of two years from the date of a positive confirmation test.

BACKGROUND INVESTIGATION:

Applicant must satisfactorily pass a thorough background investigation, including but not limited to inquiries with the F.B.I., State Police, Local Police, Schools, Credit Bureau, Motor Vehicle Division, Military, Previous Employers, Family, Neighbors, and References etc.

RESIDENCY:

Applicant must be a resident of the State of New Jersey at time of appointment. APPOINTMENT:

After completing testing and prior to appointment, the applicant must withdraw from consideration for employment from any other law enforcement agency and provide documentation of same. Also, the applicant must not be on a leave of absence from any law enforcement agency.

___________________________________________
Candidate’s signature

Control # ____________________
CANDIDATE BACKGROUND INFORMATION AND DATA

1. LAST NAME ___________________________ FIRST NAME ___________________________ MIDDLE NAME ___________________________

2. Date of Birth: ________/______/______ Telephone Number: ____________________________
   MONTH DAY YEAR INCLUDE AREA CODE

3. Social Security Number: ___________ - ___________ - ___________

4. Are you a United States Citizen?  □ Yes  □ No

5. If the answer to Question 4 is No, are you a Naturalized Citizen?  □ Yes  □ No

6. By what means did you obtain Naturalized Citizenship?  □ Self  □ Spouse  □ Parents

7. Has your name ever been changed for any reason?  □ Yes  □ No
   If the answer to Question 7 is Yes, please provide the following information:

   PREVIOUS LAST NAME ___________________________ FIRST NAME ___________________________ MIDDLE NAME ___________________________
   _____________________________________________________________________________________
   REASON FOR CHANGE
   _____________________________________________________________________________________
   JURISDICTION

Candidate’s signature ________________________________________________________________

Control # ___________________________
RESIDENCY

8. Starting with your present address and listing them in reverse chronological order, list all places where you have lived for the past 20 years. Include P.O. Boxes, temporary addresses, and mailing addresses, if applicable. If additional space is needed, utilize the Additional Information Section.

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<thead>
<tr>
<th>From: Month/Year</th>
<th>To: Month/Year</th>
<th>Street address</th>
<th>City/State/Country</th>
<th>Zip code</th>
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9. What classification type most closely represents the current status of your residency?

☐ Own home or similar residence.
☐ Rent/Lease home or similar residence
☐ Rent/Lease apartment, single room, dormitory, or similar unit
☐ Reside with parents, relative, friend, etc.

10. What is your marital status?

☐ Married
☐ Single
☐ Widow(er)
☐ Divorced
☐ Separated
☐ Civil Union
11. If you were raised by anyone other than your parents, please provide information concerning who raised you:

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12. List all persons that currently reside with you:

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13. List all immediate family members; inducing parents, siblings, children, and current/former spouses and domestic partners.

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Control # ______________
14. Do you own firearms?  □ Yes  □ No

15. If yes, please provide the below information:

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<th>Handgun/Rifle/Shotgun</th>
<th>Make</th>
<th>Model</th>
<th>Caliber</th>
<th>Serial #</th>
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16. Do you possess a valid firearm I.D. Card?  □ Yes □ No

17. If yes, what jurisdiction? ____________________________________________________________

18. What is the SBI 3 (or ID #)? ________________________________________________________

19. Have you ever had a firearms ID, permit to purchase handgun or hunting license?
   □ Yes □ No  Which one(s) ____________________________________________________________

20. Have you ever had a firearm ID, permit to purchase handgun or hunting license seized or revoked?
   □ Yes □ No  Which one(s) ____________________________________________________________

21. Why? ____________________________________________________________________________

22. Have you ever had a firearms ID, permit to purchase handgun or hunting license denied?
   □ Yes □ No  Which one(s) ____________________________________________________________

23. Why? ____________________________________________________________________________

   Have you ever had a permit to carry a firearm?  □ Yes □ No

24. If yes, explain were, when and why: __________________________________________________

   ___________________________________________________________________________________

25. Have you ever had a carry permit denied, seized or revoked?  □ Yes □ No

26. If yes, explain were, when and why: __________________________________________________

   ___________________________________________________________________________________
MARITAL FAMILY STATUS

27. Date entered into current marriage/civil union: __/__/____
   Month   Day   Year

29. Spouse's/partner's name?
   Last Name (Maiden Name, if applicable) ___________________________
   First ___________________________ Middle ___________________________

30. Is your family aware of your intention to apply for a sworn law enforcement position? ☐ Yes ☐ No

31. Have you ever been personally involved in a Domestic Violence incident? ☐ Yes ☐ No

32. If yes, provide the following information:

   Jurisdiction: City/County/State   Date   Docket #   Case #

33. Have you ever been served with a domestic violence restraining order?
   ☐ Yes ☐ No   If yes, how many times? ________________

   County   State   Type of Order   Date   Disposition

   __________________________
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   __________________________

Candidate's signature

Control # ____________________________
List chronologically by age, all of your children regardless of dependency and residence:

<table>
<thead>
<tr>
<th>Name (last, first, middle)</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Dependent</th>
<th>Child lives with you</th>
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<td>Yes    No</td>
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<td>Yes    No</td>
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<td>Yes    No</td>
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</table>

34. Are you responsible for child support for any child listed above? ☐ Yes ☐ No

______________________________________________________________________________

Number of dependents Amount of support paid, indicate payment schedule (weekly, monthly, etc)

35. Are you responsible for the payment of alimony or any other type of court ordered assistance?

______________________________________________________________________________

Amount of alimony paid, indicate payment schedule (weekly, monthly, etc.)

36. Has any legal action of any kind, civil, criminal, or administrative, been taken against you for failure to make any payments of support or alimony? ☐ Yes ☐ No

If yes, complete the following table:

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Jurisdiction</th>
<th>Amount in Arrears</th>
<th>Confinement</th>
<th>Length of Confinement</th>
<th>Disposition</th>
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<tr>
<td>Child/Alimony</td>
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</table>
37. Have you ever been involved in a paternity proceeding?  
   □ Yes  □ No
   If yes, provide details: _________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

38. Have you ever been evicted from a place of residence?  
   □ Yes  □ No
   If yes, provide details: _________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

39. List all previous marriage(s):  □ None

<table>
<thead>
<tr>
<th>Name of former spouse</th>
<th>Street Address, city, state, zip</th>
<th>Date of birth</th>
<th>Telephone number</th>
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</table>

40. List current dating partner(s):  □ None

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address, city, state, zip</th>
<th>Date of birth</th>
<th>Telephone number</th>
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</table>

41. List previous dating partner(s):  □ None

<table>
<thead>
<tr>
<th>Name of former spouse</th>
<th>Street Address, city, state, zip</th>
<th>Date of birth</th>
<th>Telephone number</th>
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</table>

Candidate’s signature _____________________________________________

Control # ___________________
43. Have there been any domestic violence issues with present/past dating partners?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________
______________________________________________________________

44. Has your spouse, fiancée, significant other, current or past dating partner ever been arrested, interviewed, detained, or convicted by any law enforcement agency?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________
______________________________________________________________

45. Has your spouse, fiancée, significant other, current or past dating partner ever called the police on you for any reason?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________
______________________________________________________________

46. Have the police ever been called to any home or residence in which you have ever resided?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________
______________________________________________________________

47. Have you ever viewed, purchased, possessed, or downloaded child pornography?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________
______________________________________________________________

Candidate’s signature

Control # _______________
EDUCATIONAL BACKGROUND DATA

The information requested in this section relates to all phases of your educational background. It is necessary to list in proper chronological order ALL high schools, trade schools, 2 & 4 year colleges or universities attended, and the degree(s) awarded:

48. Have you been awarded a high school diploma?  □ Yes  □ No  _____________ Year

49. Have you been awarded a G.E.D certificate?  □ Yes  □ No  _____________ Year

50. If you had been awarded a G.E.D certificate, please provide the following:

________________________________________________________________________

51. Has your education ever been interrupted or terminated for any reason?

□ Yes  □ No

If yes, briefly describe the reason for the interruption/ termination: ______________________________

________________________________________________________________________

52. Have you ever been suspended or expelled from any educational institution for any reason?

□ Yes  □ No

If yes, explain: ________________________________________________________________

________________________________________________________________________

53. Are you in default or in arrears on any student loan?

□ Yes  □ No

If yes, explain: ________________________________________________________________

________________________________________________________________________
54. In chronological order, list all schools that you have attended starting with your most recent:

<table>
<thead>
<tr>
<th>From Month/Year</th>
<th>To Month/Year</th>
<th>Name of school</th>
<th>Address (street, city, state, zip)</th>
<th>Degree attained</th>
</tr>
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</tbody>
</table>
MILITARY BACKGROUND

55. Have you ever served in any branch of the U.S. Military or related organization?

☐ Yes  ☐ No

If yes, provide the following information:

From: _____/_____/______  To: _____/_____/______

Branch: ___________________________  Serial number: ___________________________

Rank upon discharge: ______________________  Job/MOS: ___________________________

Reason for discharge: __________________________________________________________

(If you had more than one commission/enlistment, explain in the Additional Information Section.)

56. Has your discharge or separation ever been changed, upgraded, downgraded, or corrected?

☐ Yes  ☐ No

57. Were you ever reprimanded, disciplined, tried, punished, demoted, attended Captain's Mast, received an Article 15, etc. for any infraction of military rules, law, or regulations?

☐ Yes  ☐ No

58. If yes, complete this section:

<table>
<thead>
<tr>
<th>Date</th>
<th>Charge/Proceeding</th>
<th>Disposition</th>
<th>Penalty</th>
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</table>

Candidate’s signature

Control # ___________________
59. Are you now or have you ever been an active member of any branch of the United States Military Reserve or State National Guard?

☐ Yes  ☐ No

If yes, provide the following information:

From: ______/_______/______  To: ______/_______/______

Branch: ___________________________________  Serial number: ___________________________

Rank upon discharge: ________________________  Job/MOS: ______________________________

Reason for discharge: ________________________________________________________________

60. Have you ever served in any military organization of any foreign government?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

61. Have you ever been denied/refused entry into any of the United States Military, Military Reserve, or National Guard?

☐ Yes  ☐ No

If yes, explain the basis for your denial (EXCEPT IF FOR MEDICAL REASONS):

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
CIVIL, CRIMINAL & JUVENILE OFFENSES/ACTIONS

62. Have you ever been detained, investigated, arrested or charged by any law enforcement officer, agency, or citizen as an adult for any crime, disorderly person offense, petty disorderly person offense, administrative code, or violation of local ordinance?

☐ Yes  ☐ No

If yes, provide information below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Court/location</th>
<th>Original charge</th>
<th>Final charge</th>
<th>Disposition</th>
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</table>

63. Have you ever received a summons commanding your appearance in court? (other than a traffic summons)

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

64. Have you ever been involved as a plaintiff or defendant in any civil proceeding?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

65. Were you ever fingerprinted?  ☐ Yes  ☐ No

If yes, provide the following information:

________________   _______________________

_________________________   ________________________

Date            Agency            Reason
66. Have you ever had any records expunged?

☐ Yes  ☐ No

If yes, provide details:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

67. Can you safely operate a motor vehicle?  ☐ Yes  ☐ No

68. Do you possess a valid New Jersey Driver's license?  ☐ Yes  ☐ No

Driver's License Number: ______________________________________________________

What classes of vehicle(s) are you licensed to operate? ____________________________

69. Have you ever possessed a driver's license from a state other than New Jersey?

If yes, complete the following:

<table>
<thead>
<tr>
<th>State</th>
<th>Dates</th>
<th>License Number</th>
<th>Status</th>
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</table>

70. Have your driving privileges ever been revoked or suspended in this or any state?  ☐ Yes  ☐ No

If yes, complete the following:

<table>
<thead>
<tr>
<th>State</th>
<th>From</th>
<th>To</th>
<th>Reason</th>
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Candidate’s signature

Control # __________________
71. Have you ever been refused a driver's license from any state?  □ Yes  □ No

If yes, provide details:  ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

72. Have your motor vehicle registration privileges ever been suspended/revoked in this or any other state?

□ Yes  □ No

If yes, provide details:  ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

73. Do you have any outstanding/unpaid summonses against you for any moving or parking violation?

□ Yes  □ No

If yes, provide details:  ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

74. Have you received a moving violation summons in the last 5 years?

If yes, provide information on each and every summons:

<table>
<thead>
<tr>
<th>Date</th>
<th>Charge/violation</th>
<th>Jurisdiction</th>
<th>Penalty</th>
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</table>
75. Have you ever been stopped, detained, arrested or charged with any violation for Driving While under the Influence of Alcohol or Drugs?

☐ Yes  ☐ No

If yes, provide details (date, location, jurisdiction, and disposition): ______________________________

___________________________________________________________________________________

___________________________________________________________________________________

76. Do you currently have any penalty points against your driver's license?

☐ Yes  ☐ No  If yes, how many: __________

77. Do you own or lease a motor vehicle?  ☐ Yes  ☐ No

If yes, you must provide a copy of all vehicle registrations, lease agreements, and proof of insurance for any vehicle owned or leased by you.

78. Do you regularly operate a motor vehicle belonging to another for your personal use?

☐ Yes  ☐ No

If yes, complete the below section:

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>License plate &amp; state</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
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</table>
EMPLOYMENT RECORD

79. Have you ever been fired, terminated, asked to leave, laid off, or resign or quit under questionable circumstances; or has any form of disciplinary action ever been taken against you by an employer:

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

____________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

80. List all current and former employers, including full-time, part-time, seasonal, under-the-table employment and periods of unemployment over 30 days in the last 20 years. List employers in reverse chronological order beginning with your present employer and work backwards. Include within the sequence any period of active military service. If you were discharged or were requested to resign by an employer, answer so in the reason for leaving section.

a. Employer #1: ____________________________________________

Address: _____________________________________________________________

Street                                               City                        State                        Zip

Telephone: ____________________________ ☐ Full-time ☐ Part-time

Employed from: ____________________________ to ____________________________

Position/Title: __________________________________ Supervisor’s name: __________________

Weekly salary: ____________________________ Hours per week: ________________________

Reason for leaving: ________________________________________________________________

b. Employer #2: ____________________________________________

Address: _____________________________________________________________

Street                                               City                        State                        Zip

Telephone: ____________________________ ☐ Full-time ☐ Part-time

Employed from: ____________________________ to ____________________________

Position/Title: __________________________________ Supervisor’s name: __________________

Weekly salary: ____________________________ Hours per week: ________________________

Reason for leaving: ________________________________________________________________

Candidate’s signature

Control # __________________________
c. Employer #3: ____________________________________________________________

Address: ________________________________________________________________

Telephone: ________________________________  □ Full-time  □ Part-time

Employed from: ___________________________ to _____________________________

Position/Title: ____________________________ Supervisor’s name: ___________________

Weekly salary: ____________________________ Hours per week: ____________________

Reason for leaving: _________________________________________________________

d. Employer #4: __________________________________________________________

Address: ________________________________________________________________

Telephone: ________________________________  □ Full-time  □ Part-time

Employed from: ___________________________ to _____________________________

Position/Title: ____________________________ Supervisor’s name: ___________________

Weekly salary: ____________________________ Hours per week: ____________________

Reason for leaving: _________________________________________________________

e. Employer #5: __________________________________________________________

Address: ________________________________________________________________

Telephone: ________________________________  □ Full-time  □ Part-time

Employed from: ___________________________ to _____________________________

Position/Title: ____________________________ Supervisor’s name: ___________________

Weekly salary: ____________________________ Hours per week: ____________________

Reason for leaving: _________________________________________________________

Candidate’s signature _______________________________________________________

Control # __________________________
f. Employer #6: _____________________________
Address: _______________________________________________________________________
Street  City  State  Zip
Telephone: _____________________________  ☐ Full-time  ☐ Part-time
Employed from: ______________________ to ______________________
Position/Title: ______________________ Supervisor’s name: _______________________
Weekly salary: ______________________ Hours per week: ______________________
Reason for leaving: _____________________________________________________________


g. Employer #7: _____________________________
Address: _______________________________________________________________________
Street  City  State  Zip
Telephone: _____________________________  ☐ Full-time  ☐ Part-time
Employed from: ______________________ to ______________________
Position/Title: ______________________ Supervisor’s name: _______________________
Weekly salary: ______________________ Hours per week: ______________________
Reason for leaving: _____________________________________________________________


h. Employer #8: _____________________________
Address: _______________________________________________________________________
Street  City  State  Zip
Telephone: _____________________________  ☐ Full-time  ☐ Part-time
Employed from: ______________________ to ______________________
Position/Title: ______________________ Supervisor’s name: _______________________
Weekly salary: ______________________ Hours per week: ______________________
Reason for leaving: _____________________________________________________________

_________________________________________
Candidate’s signature

Control # __________________
i. Employer #9: ____________________________________________

Address: ____________________________________________ Street City State Zip

Telephone: ____________________________ ☐ Full-time ☐ Part-time

Employed from: ____________________ to ____________________

Position/Title: ____________________ Supervisor’s name: ____________________

Weekly salary: ____________________ Hours per week: ____________________

Reason for leaving: ____________________________________________

j. Employer #10: ____________________________________________

Address: ____________________________________________ Street City State Zip

Telephone: ____________________________ ☐ Full-time ☐ Part-time

Employed from: ____________________ to ____________________

Position/Title: ____________________ Supervisor’s name: ____________________

Weekly salary: ____________________ Hours per week: ____________________

Reason for leaving: ____________________________________________

k. Employer #11: ____________________________________________

Address: ____________________________________________ Street City State Zip

Telephone: ____________________________ ☐ Full-time ☐ Part-time

Employed from: ____________________ to ____________________

Position/Title: ____________________ Supervisor’s name: ____________________

Weekly salary: ____________________ Hours per week: ____________________

Reason for leaving: ____________________________________________

Candidate’s signature

Control # __________________
REFERENCES

81. I, the undersigned, declare that I am over eighteen years of age, I have personally known the applicant for at least one year and I believe the applicant should be considered for employment as a police officer. I will upon request, give further information regarding my knowledge of the applicant.

a. Reference #1:

Home address:

Telephone(s)

Work address:

How long have you known this person? ________________

Is the applicant of good character and nature? ☐ Yes ☐ No

Reference signature: ___________________________ Date: ____________

b. Reference #2:

Home address:

Telephone(s)

Work address:

How long have you known this person? ________________

Is the applicant of good character and nature? ☐ Yes ☐ No

Reference signature: ___________________________ Date: ____________
c. Reference #3:

Reference signature: ___________________________ Date: ____________

How long have you known this person? ________________

Is the applicant of good character and nature? □ Yes   □ No

Reference signature: ___________________________ Date: ____________

Candidate’s signature

Control # ____________
SUPPLEMENTAL INFORMATION

82. Have you ever collected unemployment benefits that you were not entitled to receive?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

83. Have you ever applied for any criminal justice position?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

84. Have you ever been rejected from a criminal justice position?

If yes, provide details: ________________________________________________________________

85. Have you ever applied for or been rejected from any other civil service, federal, state, county, or municipal government position?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

86. Have you ever been a member of any organized crime enterprise, street gang, or motorcycle gang or crew?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

87. Have you ever been discharged, terminated, furloughed, laid off or asked to resign from any employment?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

Candidate’s signature

Control # ____________________
88. Do you have any knowledge or any information in addition to that specifically requested in this application that is or may be relevant directly or indirectly to this background investigation and/or your eligibility for the position that you have applied for?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

89. List all your email addresses: __________________________

________________________________________________________________________________

90. Do you have any social media accounts?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

________________________________________________________________________________

91. Are you affiliated with any internet websites?

☐ Yes  ☐ No

If yes, provide details: ________________________________________________________________

________________________________________________________________________________

92. Do you have any foreign language skills?

☐ Yes  ☐ No

If yes, provide details (language, level of fluency, read/write/speak): __________________________

________________________________________________________________________________

________________________________________________________________________________

Note: You may be requested to participate in a language certification exercise that will verify your fluency level.

___________________________________________
Candidate’s signature

Control # ______________
93. Have you ever smoked, experimented with, tasted, ingested, used, injected, sniffed, etc. any of the following:

<table>
<thead>
<tr>
<th>Substance (circle each as applicable)</th>
<th>Yes</th>
<th>No</th>
<th>Date month/year</th>
<th># of times used and approximate amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana / Hashish</td>
<td></td>
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<tr>
<td>Cocaine / Powder</td>
<td></td>
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<tr>
<td>Cocaine / Crack</td>
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<tr>
<td>Opium Derivative (Heroin, Morphine, codeine, etc.)</td>
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<tr>
<td>Amphetamines (Speed)</td>
<td></td>
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<tr>
<td>Barbiturates (Reds/Downers)</td>
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<tr>
<td>Inhalants (glue, solvents, aerosols, whipit, etc.)</td>
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<tr>
<td>Anabolic Steroids</td>
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<tr>
<td>Hallucinogenic (LSD, PCP, mushrooms, Ecstasy, etc.)</td>
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<tr>
<td>Quaaludes, Valium, Darvocet, Dilaudid, Percocet, Percodan, etc.</td>
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<tr>
<td>Club drugs, diet pills, pharmaceuticals</td>
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<tr>
<td>Any other drug/narcotic not specifically listed above.</td>
<td></td>
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<tr>
<td>Have you ever purchased/bought any of the above listed substances?</td>
<td>Yes</td>
<td>No</td>
<td>Date month/year</td>
<td># of times used and approximate amount</td>
</tr>
</tbody>
</table>

94. Have you ever been investigated, arrested or charged with any type of drug/narcotic related violation?

☐ Yes  ☐ No

95. Have you ever used prescription medication that was prescribed to another person & not you?

☐ Yes  ☐ No

96. Have you ever sold, distributed, or provided any person with or without their permission or consent any type of illegal drug/narcotic?

☐ Yes  ☐ No

97. Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage, or handling of any illegal drugs/narcotics for yourself or anyone else?

☐ Yes  ☐ No

98. Have you ever made any money or profit in any way from your involvement in drugs/narcotics?

☐ Yes  ☐ No

Candidate’s signature

Control # __________________________
99. Have you ever inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed in this book?

*If you answered yes to any of these questions, you are required to provide a full explanation in the Additional Information Section. Include dates and amounts involved.*

100. Do you gamble? □ Never □ Seldom □ Occasionally □ Regularly

If so, on what: ______________________________________________________

______________________________________________________________________

101. Have you ever been issued a criminal citation for any type of alcohol related violation?

□ Yes □ No

If yes, provide details: __________________________________________________

______________________________________________________________________

102. Have you ever purchased alcohol for a minor?

□ Yes □ No

If yes, provide details: __________________________________________________

______________________________________________________________________

103. Do you have experience as a sworn police/law enforcement officer?

□ Yes □ No

If yes, include agency, rank, length of service: ________________________________

______________________________________________________________________

104. Have you any experience in private security

□ Yes □ No

If yes, provide details: __________________________________________________

______________________________________________________________________

105. Have you any experience as an intern, volunteer, cadet or explorer with this agency or any other law enforcement or public safety agency?

□ Yes □ No

If yes, provide details: __________________________________________________

______________________________________________________________________

Candidate’s signature

_________________________________________

Control # ____________________
106. Do you have experience as a member (paid or volunteer) of any fire department or rescue squad?
   ☐ Yes ☐ No
   If yes, provide details: ____________________________________________________________
   ____________________________________________________________

107. Are you currently attending or have you attended any police academy in the past or received any law enforcement training?
   ☐ Yes ☐ No
   If yes, provide details: ____________________________________________________________
   ____________________________________________________________

108. Do you personally know any Camden County Police Officers?
   ☐ Yes ☐ No
   If yes, provide details: ____________________________________________________________
   ____________________________________________________________

109. Do you have family members or relatives who are current or past member of a law enforcement agency?
   ☐ Yes ☐ No
   If yes, list your relationship and their agency: __________________________________________
   ____________________________________________________________

110. Have you ever applied for a position with any federal, state or local law enforcement agency or fire departments?
    ☐ Yes ☐ No
    If yes, provide details: ____________________________________________________________
    ____________________________________________________________

111. Have you ever applied for any position with the federal government for which a background investigation was initiated?
    ☐ Yes ☐ No
    If yes, provide details: ____________________________________________________________
    ____________________________________________________________
CURRENT AND FORMER POLICE OFFICERS

This section only applies to current and former police officers.

112. Have you ever been denied employment by any organization covered in questions #110 and #111?

☐ Yes  ☐ No

If yes, provide details: ______________________________________________________________

113. Has the United State government ever granted you a security clearance?

☐ Yes  ☐ No

If yes, provide details: ______________________________________________________________

114. List all law enforcement agencies and fire departments with whom you have applied. List all steps that you have completed with each agency (written test, oral interview, polygraph, background completed, physical agility, medical, psychological, etc.); also list your final status. If you have applied to the same agency more than once, list each time separately. Also include each occasion you have applied to the Camden County Police Department.

<table>
<thead>
<tr>
<th>Department</th>
<th>Dates applied</th>
<th>Steps taken</th>
<th>Investigators</th>
<th>Telephone</th>
<th>Status</th>
</tr>
</thead>
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</tbody>
</table>

115. Do you have any computer skills or experience?

☐ Yes  ☐ No

If yes, provide details (include hardware/software applications and general competency level of each):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

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________________________________________________________________________________

________________________________________________________________________________

Candidate’s signature

Control #  _____________________________
116. If you were to be employed as a Police Officer by this agency, how long do you anticipate remaining with us?
__________________________________________________________________________________

117. Did anyone provide advice, guidance or other assistance to you in regards to the completion of the confidential questionnaire?

☐ Yes    ☐ No

If yes, provide details: ____________________________________________________________________________________
__________________________________________________________________________________
CURRENT AND FORMER POLICE OFFICERS

118. With what police/law enforcement agency are you currently employed or formerly employed by?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________


119. What are/were the dates of your employment:

from _____/_____/____  to  _____/_____/_____ 

  MONTH    DAY    YEAR  MONTH    DAY    YEAR


120. Have you been the subject of any internal investigation or citizen complaint in the last five years?

☐ Yes  ☐ No

If yes, provide full details: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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121. Have you ever been suspended from duty, with or without pay, for any reason except for medical reasons?

☐ Yes  ☐ No

If yes, provide full details: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
122. Have you ever been subjected to any departmental disciplinary actions?

☐ Yes  ☐ No

If yes, provide full details: __________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

123. What assignments, special training and skills do you have as a police officer and how long have the assignments lasted? Skills may include, FTO, radar, Breathalyzer operator, DWI, detective, etc.)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

124. How would you rate your overall performance as compared to other members of your current/past agency?

☐ Excellent
☐ Above average
☐ Average
☐ Below average
☐ Unsatisfactory

Explain your rationale: _____________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Candidate’s signature

Control # _______________
125. How would you rate your contribution to proactive crime prevention and problem solving efforts during the last six months, as compared to other members of your current/past agency?

- [ ] Excellent
- [ ] Above average
- [ ] Average
- [ ] Below average
- [ ] Unsatisfactory

Explain your rationale: _____________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

126. Have you ever given an untruthful statement in court or to your current/past agency?

- [ ] Yes  [ ] No

If yes, provide full details: __________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

127. Have you ever been charged or investigated for the use of excessive force or police brutality?

- [ ] Yes  [ ] No

If yes, provide full details: __________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

128. Please explain the reason(s) why you want to leave your current employer or why you left your previous law enforcement employer:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Candidate’s signature

Control #
129. Have you ever been disciplined for unsatisfactory attendance by your current/past employer?

☐ Yes  ☐ No

If yes, provide full details: __________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

130. Have you ever been investigated by your current or past employer for any allegation of domestic violence or spousal abuse?

☐ Yes  ☐ No

If yes, provide full details: __________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
ADDITIONAL INFORMATION SECTION

This section should be utilized to provide detailed information that may be required for specific individual questions that you have previously answered. Failure to provide the required details may be grounds for rejection from the position you have applied for.

When completing this section, make sure that you relate the specific question to the answer.

Question # __________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Question # __________

________________________________________________________________________
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Question # __________

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Question # __________

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________________________________________________________________________

Question # __________

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________________________________________________________________________
________________________________________________________________________

Candidate’s signature

______________________________

Control # ______________
PERSONAL HISTORY STATEMENT AFFIRMATION

I hereby affirm that this Application/Personal History Statement is true and correct and contains no misrepresentations, falsifications, omissions of material facts or concealment’s of material facts. Additionally the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

I am cognizant that statements made by me on this Application/Personal History Statement are subject to later investigation. Additionally, I realize that should any investigation disclose any misrepresentation, misstatement, falsification, omission or concealment of material fact, my application for the position is subject to rejection and my name will be removed from the eligibility list. If I have been already appointed to the position, I will be subject to dismissal.

I further understand that if there are any changes in my application answers from the date of my original application to the Camden County Police Department and to the date of any scheduled appointment, I will notify the Camden County Police Department of those changes, and if I fail to do so, I realize it is grounds for non-selection or dismissal from my position.

"By my signature below I state that I have read and understood the above warning, and all information provided by me is true, complete, and accurate."
CANDIDATE’S RELEASE FOR MILITARY INFORMATION & RECORDS

I authorize the National Personnel Records Center, St. Louis, MO or any other custodian of my military records to release information and provide photocopies of my complete military personnel records regardless of type or classification. This information shall include but is not limited to enlistment information, discharge or separation information, disciplinary record, criminal records, DD214 (s), performance and appraisal records, award records and financial records.

I hereby provide permission for the release of records and information and forever discharge and hold harmless any person or entity for the disclosure of said military records to:

Camden County Police Department
Background Investigation Unit
800 Federal Street
Camden, New Jersey 08103

___________________________________________  _____________________
Signature of Candidate                          Date

Print last name  first  middle  Social security number

Branch of service  Date of birth

Dates of service: _____/_____/______ to _____/_____/______

___________________________________________  _____________________
Notary signature and with seal                  Date

A photocopy of this authorization shall be considered as effective and valid as the original
I, ________________________________, understand that as part of the pre-employment process, the Camden County Police Department will conduct a comprehensive background investigation in an effort to determine my suitability to fill the position for which I have applied. I further understand that as part of the pre-employment process, I will be required to submit to and perform certain medical and physical examinations. In accordance with the efforts of the Camden County Police Department to select only those most suitable for law enforcement, I do hereby consent to the sampling and submission for testing of my urine for the purpose of drug screening. I understand that a negative result is a condition of employment.

I also understand that refusing to supply the required samples or producing a positively confirmed test result for the presence of illegal drugs will result in the rejection of my application for employment. I understand that in the case of a positive test result, my name will be forwarded to a central registry maintained by the Division of State Police and will be made available only upon court order or as part of a background investigation for a law enforcement position. I understand that a confirmed positive test result indicating the presence of drugs will bar me from securing future law enforcement employment for a period of two years.* I understand that after this two year period, a positive test result may be considered in evaluating my fitness for future law enforcement employment.

I understand that the results of the urinalysis will be provided to me as soon as possible after receipt by the Camden County Police Department.

I hereby acknowledge receipt of a copy of the methods and procedures for drug screening applicants for sworn law enforcement positions.

__________________________________________________                _____________________
Signature of Candidate                                     Date

__________________________________________________                _____________________
Print last name       first       middle                        Social security number

__________________________________________________                _____________________
Notary signature and with seal                             Date
CANDIDATE’S RELEASE OF REPORTS TO CIVIL SERVICE COMMISSION

I authorize the County of Camden County Police Department to release the results of criminal background information and medical reports to the New Jersey Civil Service Commission to support employment decisions in comportment with NJAC 13:59-1.2(b).

I hereby provide permission for the release of these records and information and forever discharge and hold harmless any person or entity for the disclosure of said records.

__________________________________________________                _____________________
Signature of Candidate                                                                 Date

__________________________  ____________________________  __________________________
Print last name first middle Social security number

__________________________________________________
Notary signature and with seal

Date

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

Candidate’s signature

Control # ______________