



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 Law Enforcement 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.

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**CAREFULLY REVIEW THE INSTRUCTIONS PRIOR TO BEGINNING THIS
APPLICATION/PERSONAL HISTORY STATEMENT**
.....

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

The position of Law Enforcement 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 # _____

PREVIOUS LAW ENFORCEMENT EXPERIENCE INFORMATION

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, to include discipline reports and transcripts
- _____ 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 and expungements
- _____ 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 written 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 law enforcement 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.

Candidate's signature

Control # _____

POSITION APPLYING FOR

Please check the position you wish to be considered for: POLICE OFFICER , SLEO II _ , SLEO I _

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.

From: Month/Year	To: Month/Year	Street address	City/State/Country	Zip code

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

Candidate's signature

Control # _____

11. If you were raised by anyone other than your parents, please provide information concerning who raised you:

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

12. List all persons that currently reside with you:

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Candidate's signature

Control # _____

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

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address		Home number	Cell number

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address		Home number	Cell number

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address		Home number	Cell number

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address		Home number	Cell number

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address		Home number	Cell number

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address		Home number	Cell number

Candidate's signature

Control # _____

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address	Home number	Cell number	

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address	Home number	Cell number	

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address	Home number	Cell number	

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address	Home number	Cell number	

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address	Home number	Cell number	

Name (Last, first, middle)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete address	Home number	Cell number	

Candidate's signature

Control # _____

14. Do you own firearms? Yes No

15. If yes, please provide the below information:

Handgun/Rifle/Shotgun	Make	Model	Caliber	Serial #

Candidate's signature

Control # _____

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: _____

Candidate's signature

Control # _____

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

 Candidate's signature

Control # _____

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

Name (last, first, middle)	Gender	Date of Birth	Dependent		Child lives with you	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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:

Type of Support Child/Alimony	Jurisdiction	Amount in Arrears	Confinement		Length of Confinement	Disposition
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Candidate's signature

Control # _____

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

Name of former spouse	Street Address, city, state, zip	Date of birth	Telephone number

40. List current dating partner(s): None

Name	Street Address, city, state, zip	Date of birth	Telephone number

41. List previous dating partner(s): None

Name of former spouse	Street Address, city, state, zip	Date of birth	Telephone number

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:

_____ State issued _____ Date issued _____ Certificate number _____

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: _____

Candidate's signature

Control # _____

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

From Month/Year	To Month/Year	Name of school	Address (street, city, state, zip)	Degree attained

Candidate's signature

Control # _____

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:

Date	Charge/Proceeding	Disposition	Penalty

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): _____

Candidate's signature

Control # _____

CIVIL, CRIMINAL & JUVENILE OFFENSES/ACTIONS

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

Yes No

If yes, provide information below:

Date	Court/location	Original charge	Final charge	Disposition

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:

State	Dates	License Number	Status

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

If yes, complete the following:

State	From	To	Reason

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:

Date	Charge/violation	Jurisdiction	Penalty

Candidate's signature

Control # _____

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:

Make	Model	License plate & state	Owner

Candidate's signature

Control # _____

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: _____
 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: _____

d. Employer #4: _____

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: _____

e. Employer #5: _____

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 # _____

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. On the lines provided below please briefly describe the applicant.

a. Reference #1:

Home address:

Telephone(s)

Home

Work

Cell

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)

Home

Work

Cell

Work address:

How long have you known this person? _____

Is the applicant of good character and nature? Yes No

Reference signature:

Date:

Candidate's signature

Control # _____

c. Reference #3:

Home address:

Telephone(s)

Home

Work

Cell

Work address:

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? If so, list all social media accounts and username below:

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 # _____

DRUG EXPERIMENTATION & HISTORY

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

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

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: _____

Candidate's signature

Control # _____

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 States 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.

Department	Dates applied	Steps taken	Investigators	Telephone	Status

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):

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: _____

Candidate's signature

Control # _____

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: _____

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: _____

Candidate's signature

Control # _____

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: _____

Candidate's signature

Control # _____

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 # _____

Question # _____

Question # _____

Question # _____

Candidate's signature

Control # _____

Question # _____

Question # _____

Question # _____

Question # _____

Question # _____

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."

Signature of Candidate

Date

Notary Certification in this Block

Candidate's signature

Control # _____

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

**DRUG SCREENING THROUGH URINAYLSIS
APPLICANT CONSENT**

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 signature

Control # _____

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 # _____