

P O L I C E D E P A R T M E N T

Class I & II Law Enforcement Application

1. No person may be appointed as a Special Police Officer in the Borough of Carteret unless the person:
 - (a) Is a resident of the State during the term of his prospective appointment;
 - (b) Is able to read, write and speak the English language well and intelligently and has a high school diploma or its equivalent;, and two years of college education or military experience;
 - (c) Is sound in body and of good health;
 - (d) Is of good moral character;
 - (e) Has not been convicted of any offense involving dishonesty or which would make him unfit to perform the duties of his office; and
 - (f) Has successfully undergone the same psychological testing that is required of all full-time police officers in the Borough;
 - (g) Priority will be given to Carteret residents
2. Every applicant for the position of Special Police Officer shall have fingerprints taken, which fingerprints shall be filed with the Division of State Police and the Federal Bureau of Investigation.
3. No person may be appointed to serve as a Special Police Officer who is serving as a Special Police Officer, or regular full-time police officer, in another municipality at the same time.
4. As may be permitted by law, any person who has previously served as a duly qualified, fully trained, full-time officer in any municipality of this State, and who was separated from that prior service in good standing, shall be eligible to serve as a Special Police Officer.
5. All Class II Special Police Officers shall, according to law, be appointed for one year terms, said terms may be successive, during which they will temporarily or intermittently perform duties similar to those performed regularly by members of the Carteret Police force.
6. Class II Special Police Officers shall ordinarily not work in excess of twenty (20) hours per week with the following exceptions:
 - (a) There is no such limitation during periods of emergency;
 - (b) The Borough may designate one (1) Special Police Officer that is exempt from the (20) hour limitation.
7. Class II Special Police Officers shall successfully complete all training required by statute, the New Jersey Attorney General, the Middlesex County Prosecutor and/or the Borough Police Chief with the same frequency as regular police officers.
8. Class II Special Police Officers are authorized to carry a firearm while on duty. The Chief of Police shall determine the type and specification of the firearm and ammunition. Class II Special Police Officers shall qualify/demonstrate proficiency with all authorized weapons with the same frequency as regular police officers.
9. Class II Special Police Officers successfully completing three (3) years of successive service appointments shall not be required to reimburse the Borough for any costs of training, uniforms and or equipment.
10. To the extent permitted by law, Class II Special Police Officers shall be afforded special consideration for permanent police officer appointments.

11. Class II Special Police Officers must be citizens of the United States.
12. Class II Special Police Officers must be at least 18 years of age.
13. Class II Special Police Officers must not possess any physical impairments that would interfere, with the performance of police duties.
14. Class II Special Police Officers must possess a valid new Jersey Driver's License and have a good driving record.
15. Class II Special Police Officers must consent to a thorough background investigation which includes an oral interview (with Chief of Police and/or member(s) of the Police Department)
16. Class II Special Police Officers must take and must subscribe to an oath to support the Constitution of the United States and the Constitution of the State of New Jersey, and bear true faith and allegiance to these documents and to the governments of the United States and of the State of New Jersey.

Affirmation:

I, the undersigned, do hereby freely give my full consent for a thorough investigation of my background for the purpose of assessing my fitness for the position of a Class I or Class II Police Officer in the Borough of Carteret, and do understand that, due to the limited number of openings that occur in the position of Class I or Class II Police Officers, and due to the requirements of the above qualifications , all openings will be filled on a competitive basis, and that, by investigating my background and offering me an oral interview, the appointing authority is not obligated to appoint me to the position for which I am applying.

Signature

Print name



Borough of Carteret



Class I & II Law Enforcement Application

All information is to be neatly printed or typed

Last Name	First Name	Middle (Full)
<hr/>		
Address: Number	Street	City
<hr/>		
County	State	Zip Code
<hr/>		
NJ Drivers License Number:		
<hr/>		
Home Phone Number	Cell Phone Number	
(_____) _____ - _____	(_____) _____ - _____	

INSTRUCTIONS

READ CAREFULLY PRIOR TO FILLING OUT APPLICATION

These instructions are provided as a guide to assist you in properly completing your formal application for employment. It is essential that the information contained in this application is accurate and truthful in all respects. This application will be used as the basis for a background investigation that will determine your eligibility for employment.

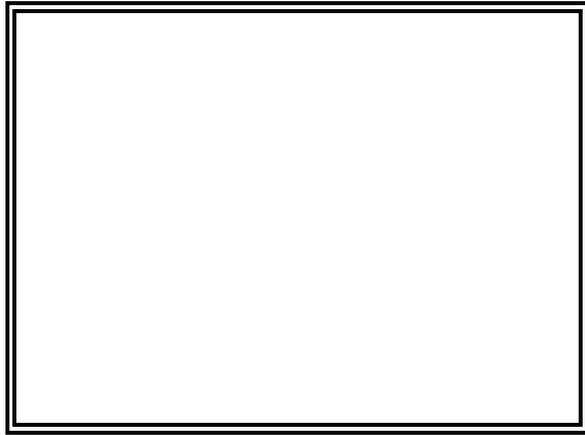
1. Your formal application for employment must be typed or printed legibly in black ink. Answer all questions to the best of your knowledge and ability.
2. If a question is not applicable to you, enter N/A in the space provided. Leave no blank spaces.
3. All time periods in your background must be accounted for.
4. You are responsible for obtaining correct addresses.
5. Deliberate omissions or falsifications will result in disqualification.
6. Failure to return this application for enlistment properly completed, within five (5) days, will result in removal of your name from further participation at this time. This five (5) day return may be done by mail (with five day postmark) or in person.

Completed application is to be returned to: _____

Completed application must be received by: _____

Background Investigation assigned to: _____

Date



Attach Recent Photo

PERSONAL DATA

(Print)

1. Full name:

(LAST NAME) (FIRST NAME) (MIDDLE NAME)

2. Indicate any other names you have used or been known by, and attach a statement, giving reasons (if none, so state).

3. Birthplace:

(CITY) (STATE or COUNTRY)

4. Date of Birth:

(MONTH) (DAY) (YEAR)

5. Citizen of the United States

YES NO NATIVE BORN NATURALIZED

6. Social Security Number:

- - State Issued _____

7. Primary Residence:

(NUMBER) (STREET/AVENUE)

APARTMENT # _____ Floor # _____

(CITY) (COUNTY) (STATE) (ZIP CODE)

8. How long have you resided there?

Years Months

With whom do you reside?

9. In chronological order, list every place in which you have lived during the past **ten years**, beginning with your present address.

FROM		TO		ADDRESS (STREET, APT. CITY, STATE, ZIP)
MONTH	YEAR	MONTH	YEAR	

10. Give the name of your father, mother (maiden name), sisters, brothers, spouse, (if deceased, indicate):

(RELATIONSHIP) (NAME) (ADDRESS) (OCCUPATION) (PHONE #)

11. List the names of **three friends and/or associates** other than vouchers:

(1)

(NAME) (FULL ADDRESS)

(FULL DATE OF BIRTH) (OCCUPATION) (SOC. SEC. #) (PHONE #)

(2)

(NAME) (FULL ADDRESS)

(FULL DATE OF BIRTH) (OCCUPATION) (SOC. SEC. #) (PHONE #)

(3)

(NAME) (FULL ADDRESS)

(FULL DATE OF BIRTH) (OCCUPATION) (SOC. SEC. #) (PHONE #)

EDUCATION

12. List chronologically (earliest dates first) all schools, colleges and training courses you have attended:

(1) _____
(SCHOOL) (ADDRESS)
FROM _____ TO _____ DAY OR EVENING LAST GRADE OR TERM
MONTH YEAR MONTH YEAR

(2) _____
(SCHOOL) (ADDRESS)
FROM _____ TO _____ DAY OR EVENING LAST GRADE OR TERM
MONTH YEAR MONTH YEAR

(3) _____
(SCHOOL) (ADDRESS)
FROM _____ TO _____ DAY OR EVENING LAST GRADE OR TERM
MONTH YEAR MONTH YEAR

(4) _____
(SCHOOL) (ADDRESS)
FROM _____ TO _____ DAY OR EVENING LAST GRADE OR TERM
MONTH YEAR MONTH YEAR

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

Majoring in _____ Grade point average (cumulative): _____
Total credits achieved towards Degree: _____

14. Other than English, what language(s) do you speak and or understand:

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

DATE	SCHOOL	PROBLEMS	EXPLANATION (BRIEF)

16. It is understood I will immediately have forwarded transcripts from all schools and/or college attended: _____ (check) To:

Carteret Police Department,
230 Roosevelt Avenue, Carteret N.J. 07008
Attention: Lt. Stroka

PROPER FEE MUST BE FORWARDED TO THE SCHOOL/COLLEGE BY THE APPLICANT

MILITARY SERVICE

17. Have you ever served in an active military organization of the United States?
YES NO If yes, indicate branch: _____
18. Have you ever served in a military organization of any foreign government?
YES NO If yes, indicate details: _____

- Military specialty: _____
20. Rank held: _____ Service Serial # _____
21. How many periods of active military service have you had (drafts, enlistments or recalls to service)?

22. Have you served outside the United States for any period(s) of time? YES NO
If yes give details; locations, dates, etc, _____

23. List period or periods of active service:
- | | |
|------------|----------|
| FROM _____ | TO _____ |
24. List all medals and decorations awarded you as a member of the Armed Forces:

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

26. What is the type of your discharge(s) or separation(s)? (Honorable, dishonorable, honorable conditions, medical, etc.) _____
Reason: _____

27. Has your discharge or separation notice ever been corrected or changed? YES NO
What was the nature of the change? Changed from: _____ to _____
28. Have you ever been court marshaled, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment or any other disciplinary actions? YES NO
If yes, give details of charges, agency concerned, dates and dispositions

30. Are you now or were you ever an active or inactive member of the reserve forces (any branch) of the United States, any foreign government, or the National Guard of any state? YES NO IF YES, STATE WHICH; ACTIVE INACTIVE
BRANCH _____ REGIMENT _____ UNIT _____
RANK _____ ADDRESS _____
FROM _____ TO _____

A COPY OF D.D.214 MUST BE SUPPLIED WITH YOUR APPLICATION

SELECTIVE SERVICE

31. How many selective service classifications have you had? _____
32. Were you ever classified 4-f? YES NO IF YES, STATE REASON: _____

33. IF NOT IN 1a, STATE REASONS: _____

34. SELECTIVE SERVICE # _____ LOCAL BOARD _____
 ADDRESS _____
35. LAST CLASSIFICATION _____ DATE CLASSIFIED _____

EMPLOYMENT

36. PRESENT EMPLOYER:

 (NAME/COMPANY) (ADDRESS) (CITY/STATE/ZIP) (PHONE #)
37. Are you now engaged in any business as an owner (active or silent), or partner? YES NO
 IF YES, GIVE DETAILS. _____

38. List below chronologically, the earliest dates first, each and every place you were previously employed since the age of 18. Omit none. Give the correct, full addresses. Give dates of idleness between periods of employment in proper sequence.

FROM MO. YR.	TO MO. YR.	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR	REASON FOR LEAVING

39. Were you ever discharged or asked to resign from employment?
 YES NO HOW MANY TIMES? _ GIVE THE DETAILS OF DISCHARGE OR
 FORCED RESIGNATIONS BELOW:

EMPLOYER	EMPLOYER'S ADDRESS	DATE	SUPERVISOR'S NAME	REASON FOR LEAVING

40. Were you ever subjected to disciplinary action in connection with any employment?
 YES NO IF YES, GIVE DETAILS: _____

41. Have you, your spouse, or any corporation or partnership of which he/she was an officer, director, or partner, ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency?
 YES NO IF YES, GIVE DETAILS: _____

42. Have you, your spouse, ever possessed a professional or occupational license, permit or certification?
 YES NO IF YES, GIVE DETAILS: _____

43. Has any license or permit (excluding driver's license or learner's permit) issued by any city, state or federal agency, ever been denied to you, your spouse, or to any corporation or partnership of which you or your spouse was an officer, director, or partner?
 YES NO IF YES, GIVE DETAILS: _____

44. Have you made application with this or any other police organization?
 YES NO WHERE _____ WHEN _____
 PRESENT STATUS _____
45. Have you ever been rejected by another police department for employment?
 YES NO WHEN _____ WHERE _____
 WHY _____

MEDICAL HISTORY

46. Do you use, or have you used narcotics, marijuana, barbiturates, sleeping pills, etc. without a proper prescription? YES NO
IF YES, GIVE DETAILS AND AMOUNT: _____

47. Do you use, or have you ever used alcoholic beverages? YES NO
IF YES, GIVE EXTENT AND DETAILS: _____

GENERAL

48. Have you any loan, dept. garnishee, wage assignment or judgment pending against you?
 YES NO **IF YES, GIVE DETAILS:** _____

- Have you ever filed for bankruptcy?
 YES NO **IF YES, GIVE DETAILS:** _____

TYPE: LOAN, WITH WHOM, WHEN ORIGINATED, PRESENT MONTHLY AMOUNT OF GARNISHEE, NAME & ADDRESS, INCURRED AMOUNT, PAYMENTS, ARREARS, JUDGEMENT

49. Have you ever received a student loan from a governmental or private agency?
 YES NO IF YES, GIVE DETAILS: _____

50. Did you ever default on such loan? YES NO IF YES, GIVE DETAILS: _____

51. Are you a co-maker on an outstanding loan? YES NO IF YES, GIVE DETAILS: _____

52. Have you ever been bonded? YES NO WITH RESPECT TO EACH TIME BONDED, STATE DETAILS BELOW:

REASON	BY WHOM--NAME & ADDRESS	DATE

53. Have you ever been refused a bond? YES NO IF YES, BY WHOM? _____

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

INDICATE BELOW EVERY CIVIL ACTION OR PROCEEDING IN WHICH YOU OR YOUR SPOUSE WERE A PARTY AND ALSO THE CONTINGENT POSSIBILITIES AS DESCRIBED ABOVE:

DATE	ACTION OR PROCEEDING	AS PLAINTIFF, DEFENDANT PETITIONER, RESPONDENT OR, WITNESS	COURT DISPOSITION

FINANCIAL HISTORY

55. What is your present salary or wage? _____
 What is your spouse's salary or wage? _____
56. Do you have income from any source other than your principal occupation?
 YES NO IF YES, HOW MUCH? _____ HOW OFTEN? _____
 THE SOURCE? _____
57. Do you own any real estate? YES NO LOCATION _____

58. Do you own any bonds, government or other? YES NO
 VALUE _____
59. Do you own any corporate stock? YES NO VALUE _____
60. Do you have a bank account? YES NO
 SAVINGS ACCOUNT NUMBER(S) _____
 AVERAGE BALANCE(S) _____
 NAME AND ADDRESS OF BANK(S) _____

- MONEY MARKET ACCOUNT NUMBER(S) _____
 AVERAGE BALANCE(S) _____
 NAME AND ADDRESS OF BANK(S) _____

- CHECKING OR NOW ACCOUNT NUMBER(S) _____
 AVERAGE BALANCE(S) _____
 NAME AND ADDRESS OF BANK(S) _____

61. **FINANCIAL OBLIGATIONS:** GIVE THE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES OR OTHERS TO WHOM YOU ARE INDEBTED AND THE EXTENT OF YOUR DEBT. INCLUDE RENT, MORTGAGES, VEHICLE PAYMENTS, AND ANY OTHER DEBTS AND PAYMENTS. INCLUDE ACCOUNT NUMBERS WHERE APPLICABLE.

TYPE	NAME & ADDRESS OF CREDITOR	REASON FOR DEBT OR ITEM PURCHASED	ACCOUNT #	TOTAL BALANCE	MONTHLY PAYMENT

ARRESTS, SUMMONSES, ETC.

NOTICE:

ARRESTS AND CONVICTIONS THAT HAVE BEEN EXPUNGED OR SEALED MUST BE INCLUDED. FAILURE TO INCLUDE AN EXPUNGEMENT OR SEALED ARREST AND/OR CONVICTION WILL RESULT IN IMMEDIATE REMOVAL FROM THE EMPLOYMENT PROCESS. THERE ARE NO EXCEPTIONS.

62. Have you ever been arrested for or charged with juvenile delinquency?
 YES NO IF YES, INSERT INFORMATION BELOW:

DATE	AGE	VIOLATION ACTUAL CHARGE	LOCATION	CHARGE REDUCED TO	COURT DISPOSITION OR SENTENCE	POLICE AGENCY CONCERNED

63. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state or federal agency, committee or other investigative body? YES NO
 IF YES, GIVE DETAILS:

64. Have you ever received a summons for any violation of the fish and game laws?
 YES NO IF YES, INSERT THE INFORMATION BELOW:

DATE	VIOLATION	LOCATION DISPOSITION	COURT	YOUR AGE AT THE TIME CONCERNED	POLICE AGENCY CONCERNED

65. Have you ever been arrested for, or charged with, a violation of the Disorderly Persons Act or city ordinance? YES NO IF YES, INSERT THE INFORMATION BELOW:

DATE	VIOLATION	LOCATION DISPOSITION	COURT	YOUR AGE AT THE TIME	POLICE AGENCY CONCERNED

66. Have you ever been arrested, indicted, or convicted for any violation of the criminal law? YES
 NO IF YES, INSERT THE INFORMATION BELOW:

DATE	VIOLATION	LOCATION	COURT DISPOSITION	YOUR AGE AT THE TIME	POLICE AGENCY CONCERNED

67. Have you ever had a criminal or arrest record expunged? YES NO
 IF YES, GIVE DETAILS: _____

68. Have you ever been held as a material witness? YES NO
 IF YES, INSERT THE INFORMATION BELOW:

DATE	VIOLATION	LOCATION	COURT DISPOSITION	YOUR AGE AT THE TIME	POLICE AGENCY CONCERNED

69. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason? YES NO
 IF YES, INSERT THE INFORMATION BELOW:

DATE	VIOLATION	LOCATION	COURT DISPOSITION	YOUR AGE AT THE TIME	POLICE AGENCY CONCERNED

70. Have you ever been fingerprinted? (Exclude only present application with this department.)
 YES NO IF YES, FILL IN THE FOLLOWING:

WHEN	WHERE	PURPOSE

SUBVERSIVE AFFILIATIONS

71. Are you now, or have you ever been, a member of any communist, communist-front, or other subversive organization, association, movement, or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means? YES NO
72. Are you now, or have you ever been, affiliated or associates with any of the organizations or groups described in question #71? YES NO
73. Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any organization or groups described in question #71? YES NO
74. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question # 71, or any petition which has as its purpose, the aiding of any person, cause or program connected in any way with organizations or groups described in question #71? YES NO
75. Have you ever participated in any of the following activities?
- A. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, or project sponsored or organized by any organization or group described on question #71
YES NO
 - B. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question #71
YES NO
 - C. Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in question #71, or by any of its agents?
YES NO
 - D. Purchased or subscribed to any publication or periodical prepared reproduced, or published by any group or organization described in question #71 or any or its agents? YES NO

76. **IF YOUR ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS, EXPLAIN BELOW:**

MOTOR VEHICLE HISTORY

77. Have you ever received a summons for violation of the motor vehicle laws in this or any other state? (Exclude overtime parking violations.) YES NO
IF YES, IINCLUDE THE INFORMATION BELOW:

DATE	OFFENSE	LOCATION DISPOSITION	COURT	YOUR AGE AT THE TIME	POLICE AGENCY CONCERNED

78. Was your motor vehicle registration certificate, driver's license or other vehicle operator's license ever revoked? YES NO Suspended? YES NO IF YES, WHICH LICENSE
 WHEN? _____ WHERE? _____ WHY? _____

79. If the answer to the previous question is "yes", was such registration certificate or driver's license ever restored? YES NO
 WHEN? _____ WHERE? _____

80. Have you ever been involved in a motor vehicle accident, either as a registered owner, operator, passenger or pedestrian, which resulted in any personal injury or property damage to you or anyone else? YES NO _____

81. IF YOU POSSESS ANY OF THE FOLLOWING, COMPLETE THE INFORMATION BELOW:

TYPE	NUMBER	STATE	ISSUED ON	EXPIRES ON
MOTOR VEHICLE REGISTRATION				
PASS. VEHICLE DRIVERS LICENSE				
OPERATOR'S LICENSE FOR ANY OTHER TYPE STATE VEHICLE				

82. Did you ever possess a chauffeur's or operator's license issued by any state other than New Jersey? YES NO

LIST NAME AND ADDRESS OF COMPANY WHICH CARRIES YOUR AUTO INSURANCE:

Has your auto insurance ever been revoked or refused? YES NO
 IF YES, GIVE THE DETAILS:

ADDITIONAL INFORMATION

83. Have you ever possessed any pistol, firearm, firearms ID card or dealer's license in this or any other state? YES NO PERMIT# _____

DEALER'S LICENSE # _____
ISSUING AGENCY _____

Has any agency ever refused you such a permit or license? YES __ NO __
IF YES, GIVE THE DETAILS: _____

84. Do you have any knowledge or information in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with any investigation of your eligibility and knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, residence or otherwise? YES NO _____

OTHER INFORMATION

85. Do you speak any language other than English? If so, what language:

86. Have you ever been treated for a mental health disorder?

87. If yes, please explain circumstances and disposition.

88. Have you ever been involved in any situations or circumstances that would create a conflict of interest with police duties? If yes, please explain:

87. Have you ever received any special skills or training (other than police training) that would help you in the position for which you are applying?

88. Indicate any law enforcement education/training.

89. Did you receive a certificate for this training? **Yes No** (attach copy)
90. General computer knowledge: Basic _____ Advanced_____
91. Computer Skills: Word____ Excel_____ Power Point_____
92. State approximate number of words per minute: Typing _____
93. (In lieu of question #40 on application) Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling's, taken against you for any employment you have held? **Yes No** If yes, please provide details or documents:
94. (in lieu of question #37) Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employee? **Yes No**
If yes, please provide name and address of business, corporate or organization and describe your relationship or position:
95. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employee to include extra duty details an auxiliary? **Yes No**
If yes, please provide name and address of department ad services provided:
96. To your knowledge, has any member of your family ever been arrested for a crime or misdemeanor? **Yes No**
97. Have you ever had automobile insurance refused, withdrawn, or revoked? **Yes No**
98. Have you, your spouse , or a company controlled by you filed for bankruptcy? **Yes No**
or had a legal judgment rendered against you for debt? **Yes No**
or been subject to a tax lien? **Yes No**
If yes to any of these questions, please provide details:
99. Scars/tattoos_____ R or L handed_____

100. Do you wear glasses or contacts? **Yes No**
101. Are you an alcoholic ? **Yes No** Are you dependent upon the use of any narcotic or other controlled dangerous substance? **Yes No** If yes, explain_:
102. Are you now being treated for a drug problem? **Yes No** If yes, explain:
103. Do you suffer from a physical impairment or sickness? **Yes No** If yes, explain:
104. Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary or interim basis? **Yes No**
If yes, give name of institution:
105. Have you ever had a seizure of any kind? **Yes No** If yes, explain:

Autobiographical Statement. (It gives us an idea in their words about their writing capability and sentence formulation outside the basic questions and answers.)

In 400 words or less, describe your reasons for applying for this position. Discuss your career vision and why the choice of serving the Borough of Carteret is meaningful to you?

VOUCHER #1

(NOT TO BE SWORN MEMBER OF THIS DEPARTMENT OR PERSONS LISTED IN ANY OTHER SECTION OF THIS APPLICATION)

Upon completion of this form, the applicant must obtain three reputable citizens who will vouch for the honesty, reputation and ability of the applicant.

The voucher should read carefully all statements made by the applicant before signing. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

I, THE UNDERSIGNED, DECLARE THAT I AM OVER EIGHTEEN (18) YEARS OF AGE, THAT I HAVE PERSONALLY KNOWN THE APPLICANT FOR AT LEAST ONE YEAR, AND THAT I HAVE READ THE WHOLE OF THE FOREGOING APPLICATION AND BETWEEN ALL THE STATEMENTS THEREIN TO BE TRUE. I AM NOT RELATED IN ANY WAY TO THE APPLICANT. I WILL, UPON REQUEST, GIVE FURTHER FACTS CONCERNING THE APPLICANT AS I MAY POSSESS.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

VOUCHER #1

(PLEASE PRINT)

NAME _____

HOME ADDRESS _____

SOCIAL SECURITY # _____

OCCUPATION: _____

BUSINESS ADDRESS _____

HOME PHONE # (____) _____ CELL PHONE # (____) _____

WORK PHONE # (____) _____

1. HOW LONG HAVE YOU PERSONALLY KNOWN THE APPLICANT? _____
DATE OF BIRTH _____

2. IS THE APPLICANT OF GOOD CHARACTER AND REPUTATION? _____

PRESENT DATE _____

SIGNATURE _____

VOUCHER #2

(NOT TO BE SWORN MEMBER OF THIS DEPARTMENT OR PERSONS LISTED IN ANY OTHER SECTION OF THIS APPLICATION)

Upon completion of this form, the applicant must obtain three reputable citizens who will vouch for the honesty, reputation and ability of the applicant.

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ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

VOUCHER #2

(PLEASE PRINT)

NAME _____

HOME ADDRESS _____

SOCIAL SECURITY # _____

OCCUPATION: _____

BUSINESS ADDRESS _____

HOME PHONE # (____) _____ CELL PHONE # (____) _____

WORK PHONE # (____) _____

3. HOW LONG HAVE YOU PERSONALLY KNOWN THE APPLICANT? _____
DATE OF BIRTH _____

4. IS THE APPLICANT OF GOOD CHARACTER AND REPUTATION? _____

PRESENT DATE _____

SIGNATURE _____

VOUCHER #3

(NOT TO BE SWORN MEMBER OF THIS DEPARTMENT OR PERSONS LISTED IN ANY OTHER SECTION OF THIS APPLICATION)

Upon completion of this form, the applicant must obtain three reputable citizens who will vouch for the honesty, reputation and ability of the applicant.

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ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

VOUCHER #3

(PLEASE PRINT)

NAME _____

HOME ADDRESS _____

SOCIAL SECURITY # _____

OCCUPATION: _____

BUSINESS ADDRESS _____

HOME PHONE # (____) _____ CELL PHONE # (____) _____

WORK PHONE # (____) _____

5. HOW LONG HAVE YOU PERSONALLY KNOWN THE APPLICANT? _____
DATE OF BIRTH _____

6. IS THE APPLICANT OF GOOD CHARACTER AND REPUTATION? _____

PRESENT DATE _____

SIGNATURE _____

RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, physicians, hospitals, employers, educational and other institutions and agencies without exception.

- I, _____ am making application for appointment to or a position with the **CARTERET NJ POLICE DEPARTMENT**.
- As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the **CARTERET NJ POLICE DEPARTMENT** or its representative any and all information, documentation or otherwise pertaining to me that they may request.
- I hereby release, discharge and exonerate the **CARTERET NJ POLICE DEPARTMENT**, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the **CARTERET NJ POLICE DEPARTMENT**.
- A photo static copy of this authorization will be considered as effective and valid as the original.

DATE: _____

SIGNATURE: _____

WITNESS: _____

RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, physicians, hospitals, employers, educational and other institutions and agencies without exception.

- I, _____ am making application for appointment to or a position with the **CARTERET NJ POLICE DEPARTMENT**.
- As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the **CARTERET NJ POLICE DEPARTMENT** or its representative any and all information, documentation or otherwise pertaining to me that they may request.
- I hereby release, discharge and exonerate the **CARTERET NJ POLICE DEPARTMENT**, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the **CARTERET NJ POLICE DEPARTMENT**.
- A photo static copy of this authorization will be considered as effective and valid as the original.

DATE: _____

SIGNATURE: _____

WITNESS: _____

STATE OF NEW JERSEY

SS.

COUNTY OF MIDDLESEX

I, _____ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand, answers to each and every question therein and I solemnly swear that each and every answer is full, true and correct in every respect.

Applicant Signature

Sworn to before me this _____

Day of _____, 20_____

Notary Public or Commissioner of Deeds

Application mailed or delivered on _____, 20_____

DO NOT WRITE BELOW THIS LINE

Signature of Applicant made in presence
of investigator

Date

Signature of Investigating Officer