

## APPLICATION FOR EMPLOYMENT

All information is to be neatly printed or typed

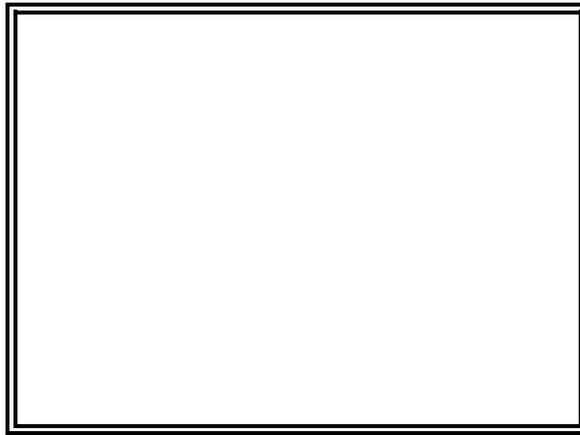
<b>Last Name</b>	<b>First Name</b>	<b>Middle (Full)</b>
<b>House Number</b>	<b>Street</b>	<b>City</b>
<b>County</b>	<b>State</b>	<b>Zip Code</b>
<b>NJ Drivers License Number:</b>		

### 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 is accurate 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.



Attach Recent Photo

**PERSONAL DATA**

1. **Full name:**

\_\_\_\_\_

(LAST) (FIRST) (MIDDLE)

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) (Floor or Apt. No.)

\_\_\_\_\_

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

8. How long have you resided there? \_\_\_\_\_ With whom do you reside?

\_\_\_\_\_

\_\_\_\_\_

• **Home** telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

• **Cell** phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

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

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

10. Give the name of your father, mother (maiden name), sisters, brothers, spouse, (if deceased, so 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:  
(attach a separate sheet if necessary)

(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: DLT. Michael J. Dammann

**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 \_\_\_\_\_

**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. 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 ADDRESS	EMPLOYER'S ADDRESS	DATE NAME	SUPERVISOR'S LEAVING	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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

48. 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	COURT DISPOSITION	YOUR AGE AT THE TIME	POLICE AGENCY CONCERNED

49. 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	COURT DISPOSITION	YOUR AGE AT THE TIME	POLICE AGENCY CONCERNED

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

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

51. Have you ever had a criminal or arrest record expunged? YES  NO   
 IF YES, GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

52. 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

53. 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

54. 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**

55. 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

56. Are you now, or have you ever been, affiliated or associates with any of the organizations or groups described in question #55?  
YES  NO

57. 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 #55?  
YES  NO

58. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question # 55, 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 #55?  
YES  NO

59. 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 #55?  
YES  NO
  - B. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question #55?  
YES  NO
  - C. Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in question #55, 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 #55 or any of its agents?  
YES  NO

60. IF YOUR ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS, EXPLAIN:

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**MOTOR VEHICLE HISTORY**

61. 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, I INCLUDE THE INFORMATION BELOW:

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

62. 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? \_\_\_\_\_

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

64. 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  \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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  
COUNTY OF MIDDLESEX

SS.

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