



OCEAN COUNTY SHERIFF'S OFFICE

PUBLIC SAFETY

TELECOMMUNICATOR TRAINEE

EMPLOYMENT APPLICATION

Sheriff Michael G. Mastronardy

OCEAN COUNTY SHERIFFS OFFICE

ATTACH PHOTOGRAPH HERE

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____
(IF DIFFERENT FROM ABOVE)

CITY: _____

STATE, ZIP CODE: _____

HOME PHONE: _____

BUSINESS PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

NEW JERSEY DRIVER'S LICENSE: _____

POSITION APPLIED FOR: _____

Special Assistance/Accommodations available, please call (732)349-2010 (V/TTD).
An Equal Opportunity Employer with an established Affirmative Action Program

OCEAN COUNTY SHERIFF'S OFFICE

Hiring Process Overview

The Ocean County Sheriff's Office conducts background investigations on all potential employees, inquiring into their suitability for employment. The information that is requested in this application is necessary in order to conduct the investigation.

We require that you provide us with your Social Security Number (SS#) in order to maintain accurate and complete records. The Ocean County Sheriff's Office will use your SS# to make requests for information about you. The information we collect using your SS# will be used for employment purposes only.

The Ocean County Sheriff's Office is committed to a policy of equality and opportunity for all prospective and current employees regardless of race, color, creed, sex, age (except for mandatory retirement authorized by law), national origin, gender identity or expression, affectional or sexual orientation, marital status, familial status, liability for service in the Armed Forces of the United States, disability or nationality and does not discriminate on any such basis with respect to its activities, programs or policies.

Information we collect about you will be given to federal, state, and local agencies for checking on law violations and/or other lawful purposes.

The hiring process to become a Public Safety Tele Communicator Trainee is an extremely competitive endeavor that requires our agency to identify the most highly qualified applicants for employment. An overwhelming number of qualified applicants will be competing for a limited number of positions. The citizens of Ocean County expect and demand that we employ only those individuals who possess the highest degree of impeccability in terms of personal background, judgment, maturity, integrity and credibility.

The Ocean County Sheriff's Office will not consider individuals for employment who are not completely honest and forthright. The information provided will be verified during the background investigation.

The importance of the accuracy and thoroughness of your responses to the questions contained within this document are vital. The omission of information or indications of deception will not be tolerated, and in all probability, will result in your removal from the hiring process with this agency.

Your signature is required as an acknowledgement and understanding of the above statements.

Signature: _____

Date: _____

OCEAN COUNTY SHERIFF'S OFFICE

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING APPLICATION

INSTRUCTIONS: Read every question carefully. Answer every question – leave no question unanswered. If the question does not apply to you, write in the space provided for the answer to the question: N/A. Initial the bottom of each page of this application to show that you reviewed your answers. A candidate will be rejected who has intentionally, or with reckless disregard for the truth, made a false statement of deception or fraud in this application, in any examination, or in securing eligibility for appointment. The candidate will personally prepare this application. All entries except the signature must be typed or printed legibly in block letters. Entries must be made in black ink. If space for answering any question is insufficient, use the continuation pages included and precede each answer with the number of the question being answered. **The application must be notarized on the back page and shall not be accepted without this requirement.**

Include copies of the following **required documents** with your application:

1. High School Diploma or GED equivalent certificate
2. Birth Certificate
3. NJ Driver's License
4. All Military Discharge Papers – Form DD214
5. College Diploma
6. Recent Photograph (4 inches x 6 inches). Attach to Page 2 of this application.
7. Social Security Card
8. Proof of Residence (Must be postmarked within previous 30 days)
9. Registration and Insurance Cards of Primary Vehicle
10. Any Certifications or Licenses
Must include current CPR Certification, Basic Tele-Communicator Certification, and Emergency Medical Dispatch Certification.
11. Marriage License
12. Decree of Divorce
13. Two (2) most recent Pay Stubs
14. Federal and State Tax Returns from previous two years
15. Any and All Accident Reports
16. Any and All Police Reports

You are required to contact your background investigator immediately if you have any changes to the information you are providing, contact with any law enforcement agency, questions, concerns, or clarifications.

PERSONAL DATA

1. List your full name: _____

First

Middle

Last

2. Give any other names you have used or been known by: (maiden names, nicknames, etc.)
Provide details.

A. _____

B. _____

3. Where were you born?

Hospital

City

State

Country

4. Birth Certificate: _____

Number

City

State

County

5. Date of Birth: _____

Month

Day

Year

6. Age: _____ Sex: _____ Height: _____

Weight: _____ Eye Color: _____ Hair Color: _____

7. Do you have any scars, marks, or tattoos: Yes _____ No _____

List and Describe: _____

CITIZENSHIP

8. Are you a native born citizen? Yes _____ No _____

If you are of foreign birth, or are a naturalized citizen, fill in the following:

Country of Birth _____

Port or place of departure to the United States: _____

How you were transported to the United States.: _____

Ship, Plane, Train, etc.

Name of transport conveyance and/or company you arrived on: _____

Port or place of entry into the United States: _____

Date of Entry: _____

If a naturalized citizen, name and address of person who sponsored your entry:

First address on arrival: _____

How did you obtain citizenship? (Give Details) _____

Petition Number: _____ Date: _____

Court: _____ State: _____ Certificate Number: _____

RESIDENTIAL

9. Where do you currently reside? _____

	Number	Street	Apartment #
City	County	State	Zip Code

Landlord Name: _____ Contact #: _____

10. With whom do you reside? Include all occupants of the household: _____

11. Complete the following if you reside with anyone other than your spouse, children, parents or siblings:

A. Name: _____
 First Middle Last Maiden
Date of Birth: _____ SS# _____
Occupation: _____ Contact Phone #: _____
Type of Relationship: _____
Length of Relationship: _____
How long have you resided together? _____

B. Name: _____
 First Middle Last Maiden
Date of Birth: _____ SS# _____
Occupation: _____ Contact Phone #: _____
Type of Relationship: _____
Length of Relationship: _____
How long have you resided together? _____

C. Name: _____
 First Middle Last Maiden
Date of Birth: _____ SS# _____
Occupation: _____ Contact Phone #: _____
Type of Relationship: _____
Length of Relationship: _____
How long have you resided together? _____

12. In chronological order, list every place you have lived within the past **ten years**, including college and military addresses. Begin with your present address:

A. _____
From To Street Address Apt.
M/Y M/Y

City State Zip Code

B. _____
From To Street Address Apt.
M/Y M/Y

City State Zip Code

C. _____
From To Street Address Apt.
M/Y M/Y

City State Zip Code

D. _____
From To Street Address Apt.
M/Y M/Y

City State Zip Code

E. _____
From To Street Address Apt.
M/Y M/Y

City State Zip Code

13. Have the police **ever** been called to any home/residence in which you have resided?

Yes: _____ No: _____ If yes, provide the following information:

Date: _____ Police Agency: _____

Location: _____
Street Address City State Zip

Reason: _____

Outcome: _____

Marital Status

14. Are you currently: (check one)

Single _____ Married _____ Domestic Partnership _____

Civil Union _____ (*Whenever the term spouse is used, it shall include a Civil Union)

Separated _____ Divorce _____ Widow/Widower _____

15. Provide data of spouse/domestic partner/significant other/current dating partner/fiancée/most recent dating partner:

Name: _____

First Middle Last Maiden

Date of Birth: _____ SS#: _____ Dates of Relationship: _____ to _____
Mo/Yr Mo/Yr

Address: _____
Street Address City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Work Address: _____
Street Address City State Zip

Date of Marriage: _____ Location: _____

Criminal History (Explain): _____

16. How many times have you been married? _____

17. Data of former spouse(s):

A. Name: _____ Maiden Name: _____

Date of Birth: _____

Address: _____
Street Address City State Zip

Contact Phone Number: _____

Status: Divorced: _____ Separated: _____ Annulled: _____

B. Name: _____ Maiden Name: _____
 Date of Birth: _____
 Address: _____
 Street Address City State Zip
 Contact Phone Number: _____
 Status: Divorced: _____ Separated: _____ Annulled: _____

18. List every separation, annulment, or divorce below.

A. Divorced _____ Separated _____ Annulled _____ Date: _____
 Plaintiff: _____ Where Issued (Court or State): _____
 Defendant: _____ Reason: _____

B. Divorced _____ Separated _____ Annulled _____ Date: _____
 Plaintiff: _____ Where Issued (Court or State): _____
 Defendant: _____ Reason: _____

19. Do you currently pay or receive any voluntary or court ordered alimony payment obligations? Yes: _____ No: _____

If yes, provide the following:

A. Docket #: _____ Date: _____ Amount: _____
 Recipient: _____ Recipient Contact #: _____

B. Docket #: _____ Date: _____ Amount: _____
 Recipient: _____ Recipient Contact #: _____

20. Have you ever been delinquent in any alimony payments?

Yes _____ No _____ If yes, explain: _____

21. Has your current or former spouse/significant other/current or previous dating partner ever contacted the police in regarding you for any reason? Yes: _____ No: _____

If yes, complete the following:

Date: _____ Police Agency Contacted: _____

Location: _____
Street Address City State Zip

Reason: _____

Outcome: _____

Children and Dependents

22. Are you the biological, adoptive, foster parent, step parent, or legal guardian of any children (including deceased)? Yes: _____ No: _____

If yes, complete the following:

A. Name: _____ Date of Birth: _____
Address: _____
Street Address City State Zip
Relationship (biological, adoptive, etc.): _____
Deceased: Yes _____ No _____

B. Name: _____ Date of Birth: _____
Address: _____
Street Address City State Zip
Relationship (biological, adoptive, etc.): _____
Deceased: Yes: _____ No: _____

C. Name: _____ Date of Birth: _____
Address: _____
Street Address City State Zip
Relationship (biological, adoptive, etc.): _____
Deceased: Yes: _____ No: _____

23. Do you have residential custody of the children listed above? Yes: _____ No: _____

If no, explain: _____

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

Yes: _____ No: _____

If yes, explain: _____

25. Do you currently pay or receive any voluntary or court ordered child support?

Yes: _____ No: _____

If yes, provide the following:

A. Docket #: _____ Date: _____ Amount: _____
Recipient: _____ Recipient Contact #: _____
Paid or Received: _____

B. Docket #: _____ Date: _____ Amount: _____
Recipient: _____ Recipient Contact #: _____
Paid or Received: _____

26. Have you ever been delinquent in any child support payments?

Yes _____ No _____ If yes, explain: _____

FAMILY

27. Complete the following for your father, mother, father-in-law, mother in-law, current or past stepparents, sisters, brothers, step brothers, step sisters, half-brothers, half-sisters, and previous guardians. If deceased, please indicate below:

A. Name: _____
 First Middle Last Maiden
Relationship (Mother, Brother, etc.): _____
Date of Birth: _____ SS#: _____
Address: _____
 Street Address City State Zip
Contact Phone #: _____ Occupation: _____
Employer: _____ Deceased: Yes: _____ No: _____
Criminal History (Explain): _____

B. Name: _____
 First Middle Last Maiden
Relationship (Mother, Brother, etc.): _____
Date of Birth: _____ SS#: _____
Address: _____
 Street Address City State Zip
Contact Phone #: _____ Occupation: _____
Employer: _____ Deceased: Yes: _____ No: _____
Criminal History (Explain): _____

C. Name: _____
 First Middle Last Maiden
Relationship (Mother, Brother, etc.): _____
Date of Birth: _____ SS#: _____
Address: _____
 Street Address City State Zip
Contact Phone #: _____ Occupation: _____
Employer: _____ Deceased: Yes: _____ No: _____
Criminal History (Explain): _____

D. Name: _____
 First Middle Last Maiden
Relationship (Mother, Brother, etc.): _____
Date of Birth: _____ SS#: _____
Address: _____
 Street Address City State Zip
Contact Phone #: _____ Occupation: _____
Employer: _____ Deceased: Yes: _____ No: _____
Criminal History (Explain): _____

E. Name: _____
 First Middle Last Maiden
Relationship (Mother, Brother, etc.): _____
Date of Birth: _____ SS#: _____
Address: _____
 Street Address City State Zip
Contact Phone #: _____ Occupation: _____
Employer: _____ Deceased: Yes: _____ No: _____
Criminal History (Explain): _____

F. Name: _____
 First Middle Last Maiden
Relationship (Mother, Brother, etc.): _____
Date of Birth: _____ SS#: _____
Address: _____
 Street Address City State Zip
Contact Phone #: _____ Occupation: _____
Employer: _____ Deceased: Yes: _____ No: _____
Criminal History (Explain): _____

Education

28. List chronologically all elementary/grammar, middle, vocational, and high schools that you have attended.

A. Dates Attended: _____ To _____ _____
Month/Year Month/Year Last Grade Completed

School: _____

Address: _____

B. Dates Attended: _____ To _____ _____
Month/Year Month/Year Last Grade Completed

School: _____

Address: _____

C. Dates Attended: _____ To _____ _____
Month/Year Month/Year Last Grade Completed

School: _____

Address: _____

D. Dates Attended: _____ To _____ _____
Month/Year Month/Year Last Grade Completed

School: _____

Address: _____

E. Dates Attended: _____ To _____ _____
Month/Year Month/Year Last Grade Completed

School: _____

Address: _____

29. If a G.E.D. was obtained, indicate the following:

Date: _____ Name of School: _____

Address: _____

30. List chronologically all post-secondary schools attended, including trade schools, colleges, and universities:

A. School: _____

Address: _____

Degree or Certificate Achieved: _____ Major: _____

Credits Earned: _____ Dates Attended: _____ To _____
Month/Year Month/Year

B. School: _____

Address: _____

Degree or Certificate Achieved: _____ Major: _____

Credits Earned: _____ Dates Attended: _____ To _____
Month/Year Month/Year

31. List any suspensions, expulsions, or disciplinary actions taken by any college, high school, or trade school attended.

A. School: _____ Year: _____

Explanation: _____

B. School: _____ Year: _____

Explanation: _____

32. List any and all problems (including: absenteeism, tardiness, poor grades, academic probation, etc.) that you experienced while attending college, high school, or trade school.

A. School: _____ Year: _____

Explanation: _____

B. School: _____ Year: _____

Explanation: _____

33. Other than English, what language(s) can you either read, write, speak, or understand.

Indicate your understanding of the language. (Read, write, speak, understand)

34. It is understood that I will immediately forward transcripts from all high schools, colleges, universities, or trade schools attended.

_____ (Initials)

Mail these transcripts to: Ocean County Sheriff's Office
Attention: Sergeant Peter Glass
Administration Division
120 Hooper Avenue
Toms River, NJ 08753

Proper fee must be forwarded to the college by the applicant.

Military Service

35. Are you registered with the Selective Service System? Yes _____ No _____

36. Selective Service # (Can be obtained at www.sss.gov): _____

37. Have you ever served in a military organization of any **foreign** government?

Yes _____ No _____ If yes, provide details:

38. Have you ever served in a military organization in the United States?

Yes _____ No _____

39. List branch of service: _____

Military Occupational Specialty: _____

Rank Held: _____

40. How many periods of active military service have you had? This includes drafts, enlistments, Reserve Activations, National Guard Activations, or recalls to service.

Branch: _____ From: _____ To: _____

Branch: _____ From: _____ To: _____

Branch: _____ From: _____ To: _____

41. List all medals and decorations awarded to you as a member of the armed forces.

42. How many discharges or separations from service were issued to you? _____

43. List type of discharge(s) or separation(s) (honorable, dishonorable, honorable with conditions, medical, etc.). Be exact. _____

44. If discharge was other than honorable, explain: _____

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

Yes _____ No _____ Number of occurrences: _____

If yes, give details. (Include details of charges, agency concerned, dates, dispositions, etc.)

Employment

46. Starting with your first employer, chronologically list every employer within the last ten years. Include all part-time employment and self-employment. **OMIT NONE.** If applicable, include dates of military service, school (not working), part time employment, summer employment, idleness periods, and unemployment. (For example, 09/00 to 05/01 Unemployed – Attending College)

A. From _____ To _____ Employer Name: _____
Mo/Yr Mo/Yr
Address: _____
Phone #: _____ Occupation: _____ Title: _____
Duties: _____
Position (Full-time, part-time, seasonal, etc.): _____ Supervisor Name: _____
Status (Resigned, Terminated, etc.): _____
Reason for Leaving: _____

B. From _____ To _____ Employer Name: _____
Mo/Yr Mo/Yr
Address: _____
Phone #: _____ Occupation: _____ Title: _____
Duties: _____
Position (Full-time, part-time, seasonal, etc.): _____ Supervisor Name: _____
Status (Resigned, Terminated, etc.): _____
Reason for Leaving: _____

C. From _____ To _____ Employer Name: _____
Mo/Yr Mo/Yr
Address: _____
Phone #: _____ Occupation: _____ Title: _____
Duties: _____
Position (Full-time, part-time, seasonal, etc.): _____ Supervisor Name: _____
Status (Resigned, Terminated, etc.): _____
Reason for Leaving: _____

D. From _____ To _____ Employer Name: _____
Mo/Yr Mo/Yr
Address: _____
Phone #: _____ Occupation: _____ Title: _____
Duties: _____
Position (Full-time, part-time, seasonal, etc.): _____ Supervisor Name: _____

Status (Resigned, Terminated, etc.): _____

Reason for Leaving: _____

E. From _____ To _____ Employer Name: _____
Mo/Yr Mo/Yr

Address: _____

Phone #: _____ Occupation: _____ Title: _____

Duties: _____

Position (Full-time, part-time, seasonal, etc.): _____ Supervisor Name: _____

Status (Resigned, Terminated, etc.): _____

Reason for Leaving: _____

F. From _____ To _____ Employer Name: _____
Mo/Yr Mo/Yr

Address: _____

Phone #: _____ Occupation: _____ Title: _____

Duties: _____

Position (Full-time, part-time, seasonal, etc.): _____ Supervisor Name: _____

Status (Resigned, Terminated, etc.): _____

Reason for Leaving: _____

G. From _____ To _____ Employer Name: _____
Mo/Yr Mo/Yr

Address: _____

Phone #: _____ Occupation: _____ Title: _____

Duties: _____

Position (Full-time, part-time, seasonal, etc.): _____ Supervisor Name: _____

Status (Resigned, Terminated, etc.): _____

Reason for Leaving: _____

H. From _____ To _____ Employer Name: _____
Mo/Yr Mo/Yr

Address: _____

Phone #: _____ Occupation: _____ Title: _____

Duties: _____

Position (Full-time, part-time, seasonal, etc.): _____ Supervisor Name: _____

Status (Resigned, Terminated, etc.): _____

Reason for Leaving: _____

I. From _____ To _____ Employer Name: _____
Mo/Yr Mo/Yr

Address: _____

Phone #: _____ Occupation: _____ Title: _____

Duties: _____

Position (Full-time, part-time, seasonal, etc.): _____ Supervisor Name: _____

Status (Resigned, Terminated, etc.): _____

Reason for Leaving: _____

47. Have you ever possessed or attempted to obtain a professional or occupational license, permit or certification? Yes _____ No _____ If yes, provide details: _____

48. Has this license ever been denied, revoked, cancelled, or suspended? Yes _____ No _____
If yes, explain. _____

49. Have you ever falsified or lied on an employment application? Yes _____ No _____
If yes, explain: _____

50. Were you ever discharged, terminated, fired, or asked to resign from any employment?
Yes _____ No _____ If yes, explain: _____

51. Were you ever subject to disciplinary action in connection with any employment?

Yes _____ No _____ If yes, explain: _____

52. Have you ever been the subject of any type of workplace complaint? Yes _____ No _____

If yes, explain: _____

53. Have you ever resigned while anticipating that your employer intended to discharge or take any disciplinary actions against you? Yes _____ No _____

If yes, explain:

54. Have you ever walked off a job without giving notice? Yes _____ No _____

If yes, explain: _____

55. Have you ever applied for or received any unemployment insurance, workers' compensation, public assistance (such as welfare, food stamps, etc.), or disability insurance allowance or benefit?

Yes _____ No _____ If yes, provide the following:

A. Type: _____ From _____ To _____
Mo/Day/Yr Mo/Day/Yr

Local Office: _____ Address: _____

Approved or Denied: _____

B. Type: _____ From _____ To _____
Mo/Day/Yr Mo/Day/Yr

Local Office: _____ Address: _____

Approved or Denied: _____

C. Type: _____ From _____ To _____
Mo/Day/Yr Mo/Day/Yr

Local Office: _____ Address: _____

Approved or Denied: _____

56. Have you ever received any allowance to which you were not entitled? Allowance is defined as workers' compensation, unemployment insurance, public assistance (such as welfare, food stamps, etc.), or disability insurance.

Yes _____ No _____ If yes, explain: _____

Public Safety Experience

57. Are you currently or have you ever had experience as a paid or volunteer member of any fire department or rescue squad? Yes _____ No _____ If yes, provide the following:

A. Department/Squad: _____ Phone Number: _____

Position: _____ From: _____ To _____
Mo/Yr Mo/Yr

Reason for Leaving: _____

B. Department/Squad: _____ Phone Number: _____

Position: _____ From: _____ To _____
Mo/Yr Mo/Yr

Reason for Leaving: _____

58. Do you have experience as a sworn law enforcement officer (including Class I and Class II Officers, dispatcher, or matron)? Yes _____ No _____ If yes, provide the following:

A. Department: _____ Phone Number: _____
Position: _____ From: _____ To _____
Mo/Yr Mo/Yr
Reason for Leaving: _____

B. Department: _____ Phone Number: _____
Position: _____ From: _____ To _____
Mo/Yr Mo/Yr
Reason for Leaving: _____

Financial History

59. What is your present salary or wage? _____

60. Do you currently or have you ever had any collections account(s), charge off account(s), lien(s), and or financial judgment(s) against you? Yes _____ No _____ If yes, provide the following:

A. Type: _____ Company: _____ Account #: _____
Case Number: _____ Court Location: _____
Date: _____ Type: _____
Explanation: _____

B. Type: _____ Company: _____ Account #: _____
Case Number: _____ Court Location: _____
Date: _____ Type: _____

Explanation: _____

61. Have you ever filed or declared for bankruptcy? Yes _____ No _____

If yes, provide the following:

Case Number: _____ Court Location: _____

Date: _____ Disposition: _____

Explanation: _____

62. List all current assets including but not limited to: real estate, stocks, bonds, checking accounts, savings accounts, money market accounts, pension funds, current holdings, CD's, etc.

A. Type/Name of Asset: _____ Account #: _____

Full Address of Location: _____

Date Acquired: _____ Original Value: _____ Current Value: _____

Co-Owner Name: _____ Contact Phone #: _____

B. Type/Name of Asset: _____ Account #: _____

Full Address of Location: _____

Date Acquired: _____ Original Value: _____ Current Value: _____

Co-Owner Name: _____ Contact Phone #: _____

C. Type/Name of Asset: _____ Account #: _____

Full Address of Location: _____

Date Acquired: _____ Original Value: _____ Current Value: _____

Co-Owner Name: _____ Contact Phone #: _____

D. Type/Name of Asset: _____ Account #: _____

Full Address of Location: _____

Date Acquired: _____ Original Value: _____ Current Value: _____

Co-Owner Name: _____ Contact Phone #: _____

It is understood that as part of this agency's background investigation process, a credit report will be obtained. The credit report can be provided to you upon request, as per the Fair Credit Reporting Act (FCRA).

Motor Vehicle

63. List all vehicles currently owned and/or operated by you: (Include cars, boats, motorcycles, ATVs, mopeds, personal water crafts, etc.)

- A. Make: _____ Model: _____ Year: _____
Plate: _____ State: _____ Registration Expiration Date: _____
Insurance Company: _____ Policy #: _____
Insurance Company Phone #: _____ Insurance Expiration Date: _____
- B. Make: _____ Model: _____ Year: _____
Plate: _____ State: _____ Registration Expiration Date: _____
Insurance Company: _____ Policy #: _____
Insurance Company Phone #: _____ Insurance Expiration Date: _____
- C. Make: _____ Model: _____ Year: _____
Plate: _____ State: _____ Registration Expiration Date: _____
Insurance Company: _____ Policy #: _____
Insurance Company Phone #: _____ Insurance Expiration Date: _____

64. Provide the information requested below on all New Jersey and/or out of state driver's licenses, which have **EVER** been issued to you. Include boat, motorcycle, moped, CDL, etc.

- A. State: _____ License #: _____ Type: _____
Expiration Date: _____ Restrictions: _____

B. State: _____ License #: _____ Type: _____
Expiration Date: _____ Restrictions: _____

65. Have your driving privileges or your license ever been revoked, suspended, or refused in **any** state or country? Yes _____ No _____ If yes, provide the following:

A. Status (Revoked, Suspended, Refused): _____
Date: _____ Location: _____
Reason: _____
_____ Restoration Date: _____

66. Has your vehicle registration or insurance ever been cancelled, refused, revoked, or suspended in **any** state or country? Yes _____ No _____ If yes, provide the following:

A. Vehicle Registration or Insurance?: _____
Status (Cancelled, Revoked, Suspended, Refused): _____
Date: _____ Location: _____
Reason: _____
_____ Restoration Date: _____

67. Have you ever been detained, arrested, or charged with driving under the influence of alcohol and/or drugs in this or any other state? Yes _____ No _____ If yes, provide the following:

A. Date: _____ Location: _____
Police Agency: _____ Disposition: _____
Explanation: _____

B. Date: _____ Location: _____
Police Agency: _____ Disposition: _____
Explanation: _____

68. List all motor vehicle violations: Include each time you were stopped by a police officer in this state or any other state and issued one of the following: summons/ticket (through motor vehicle stop or mail-in), written warning, or verbal warning. Also include non-moving violations where police contact may or may not have occurred, such as parking violations.

A. Date: _____ Location: _____
Police Agency: _____ Violation: _____
Court Finding/Disposition: _____
Explanation: _____

B. Date: _____ Location: _____
Police Agency: _____ Violation: _____
Court Finding/Disposition: _____
Explanation: _____

C. Date: _____ Location: _____
Police Agency: _____ Violation: _____
Court Finding/Disposition: _____
Explanation: _____

D. Date: _____ Location: _____
Police Agency: _____ Violation: _____
Court Finding/Disposition: _____
Explanation: _____

E. Date: _____ Location: _____
Police Agency: _____ Violation: _____
Court Finding/Disposition: _____
Explanation: _____

69. List all motor vehicle accidents: Include any and all motor vehicle accidents that you have been involved in whether as a registered owner, operator, passenger, or pedestrian. This includes motor vehicle accidents reported and not reported to the police.

A. Date: _____ Location: _____
Reported to Police: Yes _____ No _____ Police Agency: _____
Were you issued a summons?: Yes _____ No _____
Insurance Claim Filed: Yes _____ No _____ Injuries: Yes _____ No _____
Explanation: _____

B. Date: _____ Location: _____
Reported to Police: Yes _____ No _____ Police Agency: _____
Were you issued a summons?: Yes _____ No _____
Insurance Claim Filed: Yes _____ No _____ Injuries: Yes _____ No _____
Explanation: _____

C. Date: _____ Location: _____
Reported to Police: Yes _____ No _____ Police Agency: _____
Were you issued a summons?: Yes _____ No _____
Insurance Claim Filed: Yes _____ No _____ Injuries: Yes _____ No _____
Explanation: _____

Drug Use and History

70. Have you ever used, possessed, produced, distributed, or transported marijuana or hashish?
Yes _____ No _____

71. Have you ever used, possessed, produced, manufactured, distributed, or transported any illegal drug or prescription drug other than those prescribed to you by a physician? (including the use of anabolic steroids)?
Yes _____ No _____

72. If you answered yes to any of the above questions (#70-72), provide detailed explanations below:

Police Contact

73. Have you ever been fingerprinted? Exclude present application with this office.

Yes _____ No _____ If yes, provide the following:

A. Location: _____ Date: _____
Purpose: _____

B. Location: _____ Date: _____
Purpose: _____

74. Have you ever filed a Domestic Violence Restraining Order or ever had a Domestic Violence Restraining Order filed against you? Yes _____ No _____

If yes, provide the following:

A. Date: _____ County: _____ State: _____
Docket #: _____ Person(s) Involved: _____
Disposition: _____
Explanation: _____

B. Date: _____ County: _____ State: _____
Docket #: _____ Person(s) Involved: _____
Disposition: _____
Explanation: _____

75. Have you ever had a criminal or arrest record expunged? Pursuant to N.J.S.A 2C:52-27(c), information regarding expunged records shall be revealed by a person seeking employment with a law enforcement or corrections agency. Yes _____ No _____

If yes, provide the following:

A copy of the expungement documentation must be submitted to this agency in order to complete pre-employment processing. Failure to do so will result in your removal from this process.

Explanation: _____

76. Other than motor vehicle offenses, as a juvenile or adult list every incident in which you had contact with any law enforcement or security agency. This includes being a complainant, victim, witness, suspect, person of interest, etc. Contact is defined as having been interviewed, questioned, interrogated, detained, etc.

A. Date: _____ Agency: _____ Location: _____
Reason: _____
Outcome: _____

B. Date: _____ Agency: _____ Location: _____
Reason: _____
Outcome: _____

77. Other than motor vehicle offenses, as a juvenile or adult have you ever been: charged with, arrested, convicted, or received a violation of any kind? Include city/town/local/borough ordinances, disorderly person offenses, petty disorderly person offenses, criminal law offenses, and fish and game violations. Yes _____ No _____

If yes, provide the following:

A. Date: _____ Police Agency: _____ Age: _____
Location of Offense: _____
Violation(s): _____
Court Disposition: _____
Explanation: _____

B. Date: _____ Police Agency: _____ Age: _____
Location of Offense: _____
Violation(s): _____
Court Disposition: _____
Explanation: _____

Subversive Affiliations

78. Are you now, or have you ever been a member of any Communist front, terrorist group or any 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 _____

79. 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 organizations or groups described in question 78? Yes _____ No _____

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

81. If you answered “yes” to any of the above questions, explain.

General

82. 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 an investigation of your eligibility and fitness for this position, including but not limited to, knowledge or information concerning you character temperance, habits, employment, education, subversive activities, family, associations, criminal records, traffic violations, residence or otherwise? Yes _____ No _____

If yes, provide details: _____

Vouchers

(Not to be sworn members of this office 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 carefully read all statements made by the applicant before signing.

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, that I have read the foregoing application in its entirety and believe 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

Full Name: _____ Date of Birth: _____

Address: _____

Contact Phone Number: _____ Occupation: _____

Employer: _____ Employer Address: _____

How long have you personally known the applicant? _____

Is the applicant of good character and reputation? _____

Additional Comments: _____

Present Date: _____ Signature: _____

Vouchers

(Not to be sworn members of this office 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 carefully read all statements made by the applicant before signing.

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, that I have read the foregoing application in its entirety and believe 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 2

Full Name: _____ Date of Birth: _____

Address: _____

Contact Phone Number: _____ Occupation: _____

Employer: _____ Employer Address: _____

How long have you personally known the applicant? _____

Is the applicant of good character and reputation? _____

Additional Comments: _____

Present Date: _____ Signature: _____

Vouchers

(Not to be sworn members of this office 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 carefully read all statements made by the applicant before signing.

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, that I have read the foregoing application in its entirety and believe 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 3

Full Name: _____ Date of Birth: _____

Address: _____

Contact Phone Number: _____ Occupation: _____

Employer: _____ Employer Address: _____

How long have you personally known the applicant? _____

Is the applicant of good character and reputation? _____

Additional Comments: _____

Present Date: _____ Signature: _____

STATE OF NEW JERSEY _____
COUNTY OF OCEAN _____

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

“Under Penalty of Law”, a person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a statement previously made, when he does not believe the statement to be true, is guilty of a crime of the fourth degree in violation of 2C:28-2.

Applicant’s Signature

Sworn to before me this _____ Day of _____ 20 _____

Notary Public