

APPLICATION
for the
POLICE SERVICE

Ship Bottom
Police Department

Ship Bottom is an Equal Opportunity Employer

FOLLOW INSTRUCTIONS CAREFULLY

IMPORTANT (Use typewriter or Block Print)

All applications must be accompanied by copies (not original) of Birth Certificate, Military Services Record DD214 Form, High School Diploma or equivalent, and Police Training Certificate, if applicable.

I – PERSONAL HISTORY

1- Date Your Phone Number: Home
Office:

Name
First Middle Last

Have you ever legally changed your name? Yes No
If answer is "Yes" designate

Date Place Court
2- Residence address (street, city, state, zip code)
3- Date of Birth Birth Place
Age Height Weight Hair color Complexion
Color Eyes Do you wear glasses? Yes No

II – MARITAL STATUS

- 1 – With whom do you reside?
- 2 – Are you Single, Married, Separated or Divorced?
- 3 – If Single, do you live with your parents?
- 4 – Give following information regarding marriage or marriages

WHEN	WHERE	SPOUSES'S NAME AND ADDRESS

5 – Give following information concerning your parents and your spouse

NAME	ADDRESS	LIVING	PLACE OF BIRTH
Father			
Mother's Maiden Name			
Father-in-law			
Mother-in-law			

- 6 – Are you living with your spouse?
- 7 – If not, state reasons why
- 8 – Were you ever legally or voluntarily separated? How many times?
- 9 – Were you ever divorced or had a marriage annulled? How many times?
- 10 – If a marriage to which you were a party was ever dissolved, fill out the following.

HOW	TO WHOM WAS DIVORCE GRANTED
Separated	
Divorced	
Annulled	

11 – List below every child born to you.

NAME	DATE OF BIRTH	PLACE OF BIRTH	WITH WHOM AND WHERE RESIDES

12 – Are you now supporting all children born to you, adopted by you and stepchildren?

13 – Have you ever been involved as a defendant in a paternity proceeding?

If yes, give full details

14 – Have you or any member of your immediate family ever been arrested or convicted of a crime?

NAME	RELATIONSHIP	CRIME COMMITTED	WHERE ARRESTED

15 – Have you ever been charged with a motor vehicle violation?

If yes, give details.....

16 – New Jersey Driver’s License No. 17 – Social Security Number

DATE	PLACE	CHARGE	DISPOSITION

III – FAMILY HISTORY

1 – Give the names of every member of your immediate family who is still living. Include Father, Mother, Sisters and Brothers.

NAME	RELATIONSHIP	ADDRESS	OCCUPATION

2 – Are you a citizen of the United States of America?

Natural Born

Naturalized

Derivative

3 – Have you ever by word of mouth or in writing advocated, advised, or taught the doctrine that the government of America or of any State or any political subdivision thereof should be overthrown by force, violence, or any unlawful means?

4 – Are you now or have you ever been a member of any subversive organization?

5 – Have you ever been connected or affiliated in any matter with or have you ever attended any meeting of any subversive organization?

If yes, please describe the circumstances and reasons for attendance

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IV – RESIDENCE

1 – List all addresses for the last ten (10) years, starting with present residence first.

FROM Mo. Yr.	TO Mo. Yr.	ADDRESS OF RESIDENCE	CITY AND STATE	FROM WHOM RENTED, INCLUDING ADDRESS

V – WORK HISTORY

- 1 – What is your occupation?
- 2 – Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?
If yes, give details
- 3 – Were you ever discharged or forced to resign because of misconduct or unsatisfactory service?
If yes, give details
- 4 – Have your employers always treated you fairly?
If not, explain
- 5 – Do you object to wearing a uniform?
- 6 – Do you object to working nights?
- 7 – Have you had experience with Shift Works?
- 8 – Have you ever filed a claim for Workmen’s Compensation?
Give details if the answer is yes

9 – Provide complete career/work history. Put your present employment first.

- A. From to Exact Title Position
 Your name and Address Employer
 Your duties
 Name and Title of your Supervisor Number Supervised
 Reason for leaving Salary per Annum
- B. From to Exact Title Position
 Your name and Address Employer
 Your duties
 Name and Title of your Supervisor Number Supervised
 Reason for leaving Salary per Annum
- C. From to Exact Title Position
 Your name and Address Employer
 Your duties
 Name and Title of your Supervisor Number Supervised
 Reason for leaving Salary per Annum
- D. From to Exact Title Position
 Your name and Address Employer
 Your duties
 Name and Title of your Supervisor Number Supervised
 Reason for leaving Salary per Annum
- E. From to Exact Title Position
 Your name and Address Employer
 Your duties
 Name and Title of your Supervisor Number Supervised
 Reason for leaving Salary per Annum

VI – EDUCATION

NAMES AND LOCATIONS OF SCHOOLS	YEARS ATTENDED	YEAR GRADUATED
1 - COLLEGE		
2 – HIGHSCHOOL/VOCATIONAL SCHOOL		
3 - TRADE		

4 – If Military Equivalent Certificate obtained, set out date and name and location of high school

5 – If further education, set out name and locations of institutes, years attended and degrees received

6 – What school subjects were most difficult for you?

7 – What school subject did you like best?

VII – MILITARY SERVICE

- 1 – Have you ever served in a Military or Naval organization of the United States of America?
- 2 – Give Branch of Service
- 3 – If you have no military service, give reasons
- 4 – Unit in which you last served
- 5 – What is your Service Number?
- 6 – Highest Rank held?
- 7 – List all Medals and Decorations awarded you as a member of the Armed Forces
- 8 – What is the type of your discharge (exact title)?
- 9 – Give date and location of entrance to active duty
- 10 – Give date and location of discharge
- 11 – Were you ever court-martialed in a grade of military or naval court? Yes No
 Explain on attached sheets.

VIII – REFERENCES

Give three references (not relatives, former employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as householders, property owners, business pr professional men or women, who have known you well during the past FIVE (5) years.

- A. Complete Name Residence
- Number of Years Acquainted Type of Business
- B. Complete Name Residence
- Number of Years Acquainted Type of Business
- C. Complete Name Residence
- Number of Years Acquainted Type of Business

CERTIFICATION

I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

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Signature of Applicant

STAPLE DOCUMENTS HERE