

Ship Bottom Police Department Application for Employment



Position Applying For:	NJ PTC# (if applicable):
------------------------	--------------------------

PRINT NAME: Last (Include Maiden Name)	First	Middle
--	-------	--------

NJ DRIVER'S LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
----------------------------	---------------	------------------------

MAILING ADDRESS: Number & Street	City	State	Zip Code
----------------------------------	------	-------	----------

County	Cell Phone Number	Home Phone Number
_____	_____	_____
Email Address:		

IF YOU DO NOT RESIDE AT YOUR MAILING ADDRESS, COMPLETE THE FOLLOWING:

RESIDENCE LOCATION:

Number & Street, Apartment No.

City State County

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT APPLICATION

INSTRUCTIONS: Read this entire application before completing the required information. **The candidate will personally prepare this application.**

Answer every question and leave no blank spaces. If a question does not apply to you, write DNA in the space provided for the answer. A candidate will be rejected from the selection process who has intentionally made a false statement or practiced or attempted to practice any deception or fraud in this application, in any examination, interview, or in securing eligibility for appointment. All entries **must be printed legibly in black ink. If there is insufficient space available or additional answers to any specific question need to be provided, use the continuation pages provided.** Precede each answer on continuation pages with the corresponding number of the question being answered. **Upon completion, this questionnaire must be notarized. DIGITAL NOTARIES WILL NOT BE ACCEPTED.**

In order to facilitate a complete and thorough background investigation, you are required to submit the following documents with your completed application. These documents will be used to determine your eligibility for employment.

Failure to submit all documents or a completed application will result in a delay in conducting our investigation which will in turn delay your appointment.

It is your responsibility to make sure all information is current and accurate, i.e., address, phone numbers, dates, etc.

All required documents are listed on Page 3 of this application

NOTICE: 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.

This is to inform you that this application will remain a permanent part of your file with the Ship Bottom Police Department. Your failure to neatly and thoroughly complete the required information will be reflected in a negative manner upon your Oral Interview, should you advance to that portion of the process. You will be expected to wear appropriate business attire to each phase of this selection process unless directed to do otherwise.

UPON COMPLETION, THIS APPLICATION MUST BE NOTARIZED

DIGITAL NOTARIES WILL NOT BE ACCEPTED.

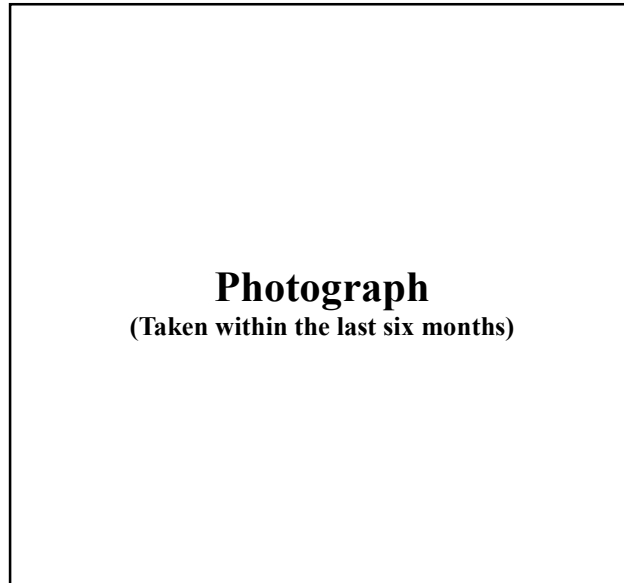
SHIP BOTTOM BOROUGH IS AN EQUAL OPPORTUNITY EMPLOYER

**IT IS PREFERRED THAT COMPLETED APPLICATIONS BE HAND DELIVERED TO
THE SHIP BOTTOM POLICE DEPARTMENT LOCATED AT:
1621 LONG BEACH BLVD, SHIP BOTTOM, NJ 08008**

**YOU MAY ALSO EMAIL YOUR COMPLETED APPLICATION IN PDF FORM TO DETECTIVE LAZLO
ALAZLO@SHIPBOTTOM.ORG**

Required Documents Checklist
For Police Department Applicants

- ☐ Copies of Social Security Card, Birth Certificate, and NJ Driver's License
- ☐ Copy of Naturalization Papers (if applicable)
- ☐ Copy of Marriage Certificate and/or Divorce Papers (if applicable)
- ☐ Copy of High School Diploma or GED
- ☐ Copy of OFFICIAL High School Transcripts
- ☐ Copy of College Diploma (if applicable)
- ☐ Copy of OFFICIAL College Transcripts (if applicable)
- ☐ Credit Report (ex: Credit Karma, Experian, etc)
- ☐ Copy of Federal and State Tax Returns from the last two (2) years
- ☐ Any Certificates and Licenses (NJ PTC LICENSE, IF APPLICABLE)
- ☐ Any and all Police and/or Motor Vehicle Accident Reports for which you were involved
- ☐ DD-214 (if applicable)
- ☐ All applicants with current/prior military service must obtain a SF-180 Form and provide the Ship Bottom Police Department with a copy of the confirmation email of your request and the results, when received. The form can be accessed online by going to <https://www.archives.gov/veterans/military-service-records> and selecting "Start Request Online." This step is required pursuant to NJ PTC Licensing. **Even if you provide a copy of your DD-214, you must complete the SF-180 as well.**
- ☐ Signed Authorization for Release of Personal Information



A. Personal Data

1. Full name: _____
Last Name First Name Middle
2. List and explain any other names you have used, or have been known by, including nicknames:

3. Place of Birth: _____
City State County Zip Code
4. Birth Certificate _____
Certificate Number City County State Zip Code
5. Date of Birth _____ Age _____
(MM/DD/YYYY)
6. Height _____ Weight _____ Eye Color _____ Hair Color _____
7. Social Security Number: _____ - _____ - _____ State Issued: _____
8. List any and all email, website, Facebook, Twitter, Snapchat, Instagram and other social media sites/apps you are affiliated with. List account name(s)

B. Citizenship

9. Are you a native born or naturalized citizen? ____ Native Born ____ Naturalized

If you are of foreign birth, or are a naturalized citizen, please provide all documentation.

C. Social Status

10. Are you currently: ____ single ____ married ____ civil union ____ domestic partnership
____ separated ____ divorced ____ widowed/widower

11. Complete the following information on your current partner (i.e. spouse/ domestic partner/ significant other/ dating relationship / fiancée). If none apply, list most recent dating partner.

Name: _____
First Middle Last (Maiden)

Date of Birth Dates of Relationship

Full Address: Number & Street City State Zip Code

Cell Phone # Occupation Employer

Date of Marriage: _____

Do they have any criminal history? If yes, explain. _____

12. List any former spouse(s), if divorced or annulled please provide all documentation:

(A) Name: _____ Maiden Name: _____

Date of Birth: _____ Contact #: _____

Address: _____
Street City State Zip

Status: Divorced: _____ Separated: _____ Annulled: _____

(B) Name: _____ Maiden Name: _____

Date of Birth: _____ Contact #: _____

Address: _____
Street City State Zip

Status: Divorced: _____ Separated: _____ Annulled: _____

13. Do you currently pay or receive any voluntary or court ordered alimony payments?

Yes___ No___ If yes, provide all documentation.

14. Have you ever been delinquent on any alimony payments? Yes___ No___

If yes, provide all documentation.

15. List two previous dating partners other than listed on Question #11:

(A) Name: _____ DOB: _____

Address: _____
Street Address City State Zip

Contact #: _____ Dates of Relationship: _____ to _____
MM/YY MM/YY

(B) Name: _____ DOB: _____

Address: _____
Street Address City State Zip

Contact #: _____ Dates of Relationship: _____ to _____
MM/YY MM/YY

16. Has your current or former spouse/significant other/current or previous dating partner ever contacted the police regarding you for any reason? Yes___ No___ If yes, complete the following:

Date: _____ Police Dept. contacted: _____

Location: _____ Reason: _____

Outcome: _____

D. Children and Dependents

17. Are you the parent of any children – biological, adoptive, foster, step, or legal guardian?

Yes _____ No _____ If yes, list below:

(A) Name _____ DOB: _____

Address: _____
Street Address City State Zip

Relationship: _____

(B) Name _____ DOB: _____

Address: _____
Street Address City State Zip

Relationship: _____

(C) Name _____ DOB: _____

Address: _____
Street Address City State Zip

Relationship: _____

18. Do you have residential custody of the children listed above? Yes ____ No ____

If no, explain: _____

19. Are you now supporting all children listed on Question #17?

Yes ____ No ____ If no, explain _____

20. Do you currently pay or receive any voluntary or court ordered child support? Yes ____ No ____
If yes, provide all documentation.

21. Have you ever been delinquent on any child support payments? Yes ____ No ____

If yes, explain: _____

E. Family and Friends

22. Immediate Family including any and all legal guardians and partner/dependents:

(A) Name: _____
First M. Last (Maiden)

Relationship: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

Contact #: _____ Occupation: _____

Employer: _____ Deceased: Yes ____ No ____

(B) Name: _____
First M. Last (Maiden)

Relationship: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

Contact #: _____ Occupation: _____

Employer: _____ Deceased: Yes ____ No ____

(C) Name: _____
First M. Last (Maiden)

Relationship: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

Contact #: _____ Occupation: _____

Employer: _____ Deceased: Yes _____ No _____

(D) Name: _____
First M. Last (Maiden)

Relationship: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

Contact #: _____ Occupation: _____

Employer: _____ Deceased: Yes _____ No _____

(E) Name: _____
First M. Last (Maiden)

Relationship: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

Contact #: _____ Occupation: _____

Employer: _____ Deceased: Yes _____ No _____

23. List name and agency of any relatives currently or formerly employed in law enforcement:

(A) _____
Full name Relationship Home Address

Rank/Title Agency Name Cell Phone

(B) _____
Full name Relationship Home Address

Rank/Title Agency Name Cell Phone

24. List three professional references. These names can not be listed anywhere else in this application.

(A) Name: _____
First M. Last (Maiden)

Relationship: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

Contact #: _____ How long have you known them: _____

(B) Name: _____
First M. Last (Maiden)

Relationship: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

Contact #: _____ How long have you known them: _____

(C) Name: _____
First M. Last (Maiden)

Relationship: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

Contact #: _____ How long have you known them: _____

F. Residence

25. If you own any properties or homes other than what is listed on Page One, list the complete address for each including county/state:

26. With whom do you reside? (include all occupants including tenants, if applicable)

27. If you reside with someone other than your spouse, children, parents or siblings, list complete information below. Include any and all persons with whom you have lived during the past two years:

(A) Name: _____ DOB: _____
First M Last

Occupation: _____ Contact #: _____

Type of relationship: _____

Length of relationship: _____

How long have you resided together? _____

(B) Name: _____ DOB: _____
First M Last

Occupation: _____ Contact #: _____

Type of relationship: _____

Length of relationship: _____

How long have you resided together? _____

(C) Name: _____ DOB: _____
First M Last

Occupation: _____ Contact #: _____

Type of relationship: _____

Length of relationship: _____

How long have you resided together? _____

28. In chronological order (starting with most recent past residence) state each and every previous residence in the last ten years (include college residence, military residence, etc.)

(A) FROM: _____ TO: _____
(MM/YYYY) (MM/YYYY)

Full Address City State Zip Code

Landlord Name & Phone No: _____

(B) FROM: _____ TO: _____
(MM/YYYY) (MM/YYYY)

Full Address City State Zip Code

Landlord Name & Phone No: _____

(C) FROM: _____ TO: _____
(MM/YYYY) (MM/YYYY)

Full Address City State Zip Code

Landlord Name & Phone No: _____

(D) FROM: _____ TO: _____
(MM/YYYY) (MM/YYYY)

Full Address City State Zip Code

Landlord Name & Phone No: _____

29. Have the police **EVER** been called to any homes/residences in which you have resided?
Yes ___ No ___ If yes, provide:

Date: _____

Location: _____
Street address City State Zip

Police Agency: _____

Reason/outcome: _____

(A) Name: _____ Length of time acquainted: _____
Address: _____
Street Address City State Zip
Contact #: _____

(B) Name: _____ Length of time acquainted: _____
Address: _____
Street Address City State Zip
Contact #: _____

(C) Name: _____ Length of time acquainted: _____
Address: _____
Street Address City State Zip
Contact #: _____

(D) Name: _____ Length of time acquainted: _____
Address: _____
Street Address City State Zip
Contact #: _____

Upon my receipt of this application, I will immediately forward official transcripts from all colleges/universities/high schools and or trade schools attended to:

(Any applicable fees for obtaining transcripts are to be paid by the applicant)

11

(B) _____
 Name of College: No. of Credits Earned/Cumm. G.P.A. From To Registrar Phone No. & Ext

Major/Degree (A.S., B.S., M.S., Ph.d): City/Town of College State Zip Code County

33. List chronologically (most recent dates first) all schools attended, grades 12 through 7.

(A) _____
 Name of School: From (MM/YY) To (MM/YY) Phone No:

Address: State: Zip: County:

(B) _____
 Name of School: From (MM/YY) To (MM/YY) Phone No:

Address: State: Zip: County:

(C) _____
 Name of School: From (MM/YY) To (MM/YY) Phone No:

Address: State: Zip: County:

34. List any problems at school, including college (absenteeism, tardiness, failing grades, discipline, suspensions).

School	Date	Problems

School	Date	Problems

35. If a GED was obtained, indicate the following:

Date: _____ Name School: _____

Address: _____
 Street address City State Zip

36. List other formal schooling or specialized training (i.e. teaching, trade certification, medical field, etc.)

Date Attended	School/Course Name	Location	Certification

Date Attended	School/Course Name	Location	Certification

Date Attended	School/Course Name	Location	Certification

H. Military Service

37. Have you ever served in an active military organization of the United States? ____ Yes ____ No

38. Have you ever served in a military organization of any foreign government? ____ Yes ____ No

If you answered "yes" to #37 or #38 please provide all documentation.

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

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

41. What type of discharge(s) or separation(s) (honorable, dishonorable, honorable conditions)

42. Has your discharge or separation notice ever been corrected or changed? ☐ Yes ☐ No
If yes, please provide all documentation.

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

☐ Yes ☐ No If yes, please provide all documentation.

44. Have you ever been subject of a military police investigation? Yes ☐ No ☐
If yes, please provide all documentation.

45. Have you ever been AWOL? Yes ☐ No ☐
If yes, please provide all documentation.

46. 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 or inactive _____

Branch _____ Regiment _____ Unit _____ Rank _____

Address _____ From _____ To _____

I. Employment

47. Starting with your current employment, chronologically list every place where you are/ were employed. **Omit None.** Give complete addresses and correct phone numbers with extensions. Include dates of military service, part-time, school (not working) and summer employment. Include periods of idleness and unemployment.

(A) From _____ To _____ Employer Name: _____
MM/YY MM/YY

Address: _____

Phone: _____ Occupation: _____ Title: _____

Duties: _____

Position (full time, part time, seasonal, etc.): _____

Status (resigned, terminated, etc.): _____ Supervisor _____

Reason for leaving: _____

(B) From _____ To _____ Employer Name: _____
MM/YY MM/YY

Address: _____

Phone: _____ Occupation: _____ Title: _____

Duties: _____

Position (full time, part time, seasonal, etc.): _____

Status (resigned, terminated, etc.): _____ Supervisor _____

Reason for leaving: _____

(C) From _____ To _____ Employer Name: _____
MM/YY MM/YY

Address: _____

Phone: _____ Occupation: _____ Title: _____

Duties: _____

Position (full time, part time, seasonal, etc.): _____

Status (resigned, terminated, etc.): _____ Supervisor _____

Reason for leaving: _____

(D) From _____ To _____ Employer Name: _____
MM/YY MM/YY

Address: _____

Phone: _____ Occupation: _____ Title: _____

Duties: _____

Position (full time, part time, seasonal, etc.): _____

Status (resigned, terminated, etc.): _____ Supervisor _____

Reason for leaving: _____

(E) From _____ To _____ Employer Name: _____
MM/YY MM/YY

Address: _____

Phone: _____ Occupation: _____ Title: _____

Duties: _____

Position (full time, part time, seasonal, etc.): _____

Status (resigned, terminated, etc.): _____ Supervisor _____

Reason for leaving: _____

48. Are you now engaged in any business as an owner (active or silent), partner, stockholder or corporate member? ____ Yes ____ No If yes, give details:

49. Were you ever subjected to disciplinary action in connection with any employment? ____ Yes ____ No
If yes, explain:

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

51. Have you ever falsified or lied on an employment application? ____ 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. Whether or not employed in a specified area, have you ever been professionally licensed or certified (i.e., law, real estate, nursing)? ____ Yes ____ No

If yes, list: _____

56. Has any such license or permit been revoked, canceled or suspended? ____ Yes ____ No

If yes, give details: _____

57. Were you ever a member of a social, labor or fraternal organization? ____ Yes ____ No

If yes, list every such organization (Include college fraternities and sororities).

(A) From To

Mo.	Yr.	Mo.	Yr.	Organization Name	Type of Organization
-----	-----	-----	-----	-------------------	----------------------

Organization Address and Phone No.

Role (member, trustee, executive board, etc)

J. Public Safety Experience

58. List all law enforcement agencies and fire departments with whom you have **applied**. **OMIT NONE.** List the stages that you have completed with each agency (written, oral interview, polygraph, background, physical, medical, psychological, etc.,) List your current status and if you applied to the same agency more than once, list separately. Include this application.

(A) Agency _____ Phone # _____

Date Applied: _____ Status: _____

Explanation of status: _____

(B) Agency _____ Phone # _____

Date Applied: _____ Status: _____

Explanation of status: _____

(E) Agency _____ Phone # _____

Date Applied: _____ Status: _____

Explanation of status: _____

(D) Agency _____ Phone # _____

Date Applied: _____ Status: _____

Explanation of status: _____

59. Are you currently attending or have you ever attended any police academy or received any law enforcement training? Yes _____ No _____ If yes, provide the following:

(A) Academy _____ Dates attended: From: _____ To: _____
M/Y M/Y

Agency: _____ Certification received: _____

Completed? Yes _____ No _____ If no, explain: _____

(B) Academy _____ Dates attended: From: _____ To: _____
M/Y M/Y

Agency:_____ Certification received:_____

Completed? Yes____ No____ If no, explain: _____

60. 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 # _____

Position _____ From _____ To _____
M/Y M/Y

Reason for leaving: _____

(B) Department/Squad _____ Phone # _____

Position _____ From _____ To _____
M/Y M/Y

Reason for leaving: _____

61. Do you have experience as an intern, volunteer, cadet, or explorer with any law enforcement agency?

Yes____ No____ If yes, provide the following:

(A) Department/Squad _____ Phone # _____

Position _____ From _____ To _____
M/Y M/Y

Reason for leaving: _____

(B) Department/Squad _____ Phone # _____

Position _____ From _____ To _____
M/Y M/Y

Reason for leaving: _____

62. Do you have any 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) Agency _____ Phone # _____

Position _____ From _____ To _____
M/Y M/Y

Reason for leaving: _____

(B) Agency _____ Phone # _____

Position _____ From _____ To _____
M/Y M/Y

Reason for leaving: _____

(C) Agency _____ Phone # _____

Position _____ From _____ To _____
M/Y M/Y

Reason for leaving: _____

If you have experience as a sworn law enforcement officer (including Class I and Class II Officers), dispatcher, or matron. Answer the following questions:

63. What assignment, specialized training, or skills have you completed? _____

64. Have you ever been the subject of any departmental disciplinary action? Yes _____ No _____
If yes, provide all documentation.
65. Have you ever been questioned, interviewed, or interrogated by your department's Internal Affairs/Professional Standards Unit? Yes _____ No _____ If yes, explain:

66. Have you ever been the subject of any internal investigation and/or citizen complaints?
Yes _____ No _____ If yes, explain: _____
67. Have you ever discharged your service weapon, either on-duty or off-duty, other than for training purposes? Yes _____ No _____
If yes, explain: _____
68. Do you have any experience in private security? Yes _____ No _____
If yes, explain: _____

K. Financial

You must include a credit report or similar type financial report with this completed form in addition to providing the following financial information.

69. What is your present salary or wage? _____
70. List all other sources of income (including amount) other than your principal occupation:

71. Have you or your spouse ever been involved in a past, present, or pending civil case(s), including lawsuits? Yes _____ No _____ if yes, provide all documentation.
72. Do you currently or have you ever had any collections account(s), charge off accounts(s), lien(s), and or financial judgment(s) against you? Yes _____ No _____ If yes, provide all documentation.
73. Do you have any outstanding credit debt? ____ Yes ____ No
If yes, explain _____
74. Other than standard withholding deductions, has any part of your wages ever been withheld and paid to another party to satisfy a debt, obligation or for any other purpose? ____ Yes ____ No
If yes, explain _____
75. Have you ever defaulted on a loan and/or had property of any kind repossessed? ____ Yes ____ No
If yes, give details _____
76. Are you a co-signer on an outstanding loan? ____ Yes ____ No If yes, provide all documentation.
77. Have you ever petitioned for bankruptcy? ____ Yes ____ No If yes, provide all documentation.

L. Drug Use and Personal History

78. Have you ever used any illegal drug or drugs other than those prescribed to you by a physician, or those purchased over the counter? (including the use of anabolic steroids) Yes _____ No _____

If yes, what was the date of your last usage? Month: _____ Year: _____

79. Have you ever sold an illegal drug at any time in your life? Yes _____ No _____

80. Have you ever manufactured an illegal drug at any time in your life? Yes _____ No _____

81. Have you ever transported, grown, delivered, smuggled, stored, handled or produced an illegal drug at any time in your life? Yes _____ No _____

82. If you answered yes to any of the above questions in this section (drug use and history), provide a detailed explanation:

83. If you answered yes to any questions 78-82, were you employed in a position of public trust (e.g., a sworn law enforcement officer, enlisted in the armed services, etc.) at the time you were engaged in the behavior? _____ Yes _____ No If yes, explain (include the position of public trust held):

84. Have you ever solicited or engaged in sex acts in exchange for money, goods or favors? _____ Yes _____ No If yes, explain (include dates):

85. Have you ever viewed, possessed or distributed child pornography? _____ Yes _____ No If yes, explain (include dates):

86. Have you ever participated in a drug testing program and had a positive result? _____ Yes _____ No If yes, explain (include dates):

87. Explain your personal consumption of alcoholic beverages and/or marijuana:

_____ None _____ Social Occasions _____ Moderate _____ Other, Explain _____

Type(s) Consumed _____

How Much _____ How Often _____

88. Explain your personal involvement with gambling:

_____ Non-gambler _____ Occasional casino Trip \$ _____ (Amount Used)

89. Do you or have you ever used an online casino or sports gambling website/application?

If yes, please list the websites/ applications. _____

M. General

90. Have you ever had problems or been alleged to have had problems dealing with persons of another race, ethnic origin, religious group, gender or sexual orientation? ____ Yes ____ No

If yes, explain: _____

91. Have you ever subjected or been alleged to have subjected others to harassment, discrimination or a hostile work environment? ____ Yes ____ No

If yes, explain: _____

92. Have you ever been involved in a personal relationship where you threatened, assaulted or harassed another person? ____ Yes ____ No

If yes, explain: _____

93. Have you ever been involved in a personal relationship in which you were threatened, assaulted or harassed? ____ Yes ____ No

If yes, explain: _____

94. Have you ever been formally charged with, or accused of violating the civil rights of another person? ____ Yes ____ No

If yes, explain: _____

95. 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, interim, or permanent basis? If yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.

96. Have you ever attended, been treated, or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric conditions? If yes, give the name and location of the doctor, psychiatrist, hospital, or institution and the date(s) of such occurrence.

N. Arrests, Summonses, etc.

Notice: Expungements and conditional discharges must be disclosed on this application. Such disclosure is for law enforcement purposes.

Juvenile

97. Other than motor vehicle offenses, list every incident in which you, **while under the age of 18**, had contact with the following: law enforcement agency, school resource officer, campus police, or security agency. This includes being a complainant, witness, victim, 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: _____

98. Other than motor vehicle offenses, have you, **while under the age of 18**, ever been: charged with, arrested, convicted, or received a violation of any kind as a juvenile? Include city/town/local/borough ordinances, disorderly persons offenses, petty disorderly offenses, criminal law offenses, and fish and game violations. Yes _____ No _____ If yes, provide the following:

(A) Date: _____ Agency: _____ Age _____

Location: _____

Violation(s) _____

Court disposition: _____

Explanation: _____

(B) Date: _____ Agency: _____ Age _____

Location: _____

Violation(s) _____

Court disposition: _____

Explanation: _____

Adult

99. Have you ever been summoned, subpoenaed, requested, or otherwise required to testify before any municipal, county, state or federal court? Yes____ No____ If yes, explain:

100. Have you ever been fingerprinted? Exclude present application with this department.

Yes____ No____ If yes, provide:

(A) Location:_____ Date:_____

Purpose:_____

(B) Location:_____ Date:_____

Purpose:_____

101. Have you ever possessed or do you possess any permits to carry, pistol permits, permits to purchase handguns, firearm permits, firearm ID cards, or firearm dealer licenses in this or any other state or area under federal jurisdiction? Yes____ No____

If yes, provide license number and details:

102. Do you currently possess any firearms? Yes____ No____ If yes, provide the following:

(A) Serial #:_____ Make/Importer:_____

Model:_____ Caliber/Gauge:_____

(B) Serial #:_____ Make/Importer:_____

Model:_____ Caliber/Gauge:_____

(C) Serial #:_____ Make/Importer:_____

Model:_____ Caliber/Gauge:_____

103. 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 all documentation.

104. Have you ever had a criminal or arrest record expunged? **Pursuant to NJSA 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, 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.**

105. Other than motor vehicle offenses, list every incident in which you, **while 18 years or older**, had contact with any law enforcement or security agency. This includes being a complainant, witness, victim, suspect, person of interest, etc. Contact is defined as having been interviewed, questioned, interrogated, detained, etc. Provide copies of any police reports.

(A) Date:_____ Agency:_____

Location:_____

Reason:_____

Outcome:_____

(B) Date:_____ Agency:_____

Location:_____

Reason:_____

Outcome:_____

106. Other than motor vehicle offenses, have you, **while 18 years or older**, ever been: charged with, arrested, convicted, or received a violation of any kind? Include city/town/local/borough ordinances, disorderly persons offenses, petty disorderly persons offenses, criminal law offenses and fish and game violations. Yes___ No___ If yes, provide:

(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:_____

(C) Date:_____ Police Agency:_____ Age:_____

Location of offense:_____

Violation(s):_____

Court disposition:_____

Explanation:_____

O. Motor Vehicle History

107. Driver's License(s)

Current: _____
Number _____ State _____ Expiration Date _____

Other: _____
Number _____ State _____ Expiration Date _____

108. Vehicle Registration(s): List all vehicles presently owned/leased:

(A) Make _____ Model _____ Year _____
Plate _____ State _____ Registration Exp Date: _____

(B) Make _____ Model _____ Year _____
Plate _____ State _____ Registration Exp Date: _____

109. If you do not own or lease a vehicle, what vehicle do you operate as your primary mode of transportation?

Year	Make/Model/Color	Registration/State	Owner's Name/Your Relationship
------	------------------	--------------------	--------------------------------

110. Provide the information requested below on all NJ 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: _____

111. Have your driving privileges ever been suspended, refused or revoked in this or any other state or country?

___ Yes ___ No If yes, provide:

(A) Status (revoked, suspended, refused): _____

Date: _____ Location: _____

Reason: _____ Restoration Date: _____

112. 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 Reg./Insurance: _____

Status (Cancelled, Revoked, Suspended, Refused): _____

Date: _____ Location: _____

Reason: _____ Restoration Date: _____

113. 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: _____

114. Do you currently have any outstanding parking tickets or motor vehicle summonses?
Yes ___ No ___ If yes, provide:

(A) Date: _____ Location: _____

Police Agency: _____ Violation: _____

Explanation: _____

(B) Date: _____ Location: _____

Police Agency: _____ Violation: _____

Explanation: _____

115. 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 (via the stop or in the mail), written warning, or verbal warning. Also include non-moving violations where police contact may or may not have occurred, such as a parking violation.

(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: _____

116. 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. ☐ Yes ☐ No

If yes, provide a copy of each accident report.

P. Subversive Affiliations

117. Are you now, or have you ever been a member of, affiliated with or associated with any Communist front, terrorist group or any other 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

118. Are you now, or have you ever been affiliated or 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 117 above?

☐ Yes ☐ No

119. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question 117, 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 117?

☐ Yes ☐ No

120. Have you ever participated in any of the following activities:

(A). Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, project, organized or sponsored by any organization or group described in question 117?

☐ Yes ☐ No

(B) Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 117?

☐ Yes ☐ No

(C) Sale or distribution of any written or printed matter prepared, reproduced, or published by any group or organization or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 117 or any of its agents?

☐ Yes ☐ No

If you answer is **YES** to any of the above questions, explain _____

Q. Other Information

121. What volunteer or community activities have you engaged in within the last five years? Provide the name and address of the sponsoring organization or group and a description of the activities performed.

122. Do you possess expertise or competence in a particular trade, skill or technology? If yes, briefly describe your level of experience and competence.

123. What hobbies and sports do you engage in?

124. Do you have any knowledge or information in addition to that specifically called for in the proceeding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for the position of S.L.E.O. I, S.L.E.O. II or Full-Time Patrolman in the Ship Bottom Police Department, including but not limited to knowledge or information concerning your, character, temperance, habits, employment, education, subversive activities, family, associations, criminal records, traffic violations, residence or otherwise?

____ Yes ____ No

If yes, explain: _____

**PLEASE HAVE THE FOLLOWING PAGE NOTARIZED.
DIGITAL NOTARIES ARE NOT ACCEPTED.**

HEADQUARTERS
1621 Long Beach Boulevard
Ship Bottom, NJ 08008
shipbottom.org/police



EMERGENCY PHONE: 9-1-1
(609) 494-1518
Fax: (609) 494-3736
Police@ShipBottom.org

AFFIDAVIT AND CERTIFICATION OF APPLICANT

I will assist in any way that I am able to obtain any and all documents and information requested by the Ship Bottom Police Department.

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that any misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Ship Bottom Police Department to verify any and all information contained herein and to review my employment, education, financial, and criminal history, military, disciplinary and other records and information from any source as noted in the duly executed Authorization and Release Form.

"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.

I have read this Certification and I understand and agree to the conditions imposed herein.

Date: _____ Signature: _____
(Sign in Ink)

(Print Name)

State of: _____

County of: _____

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public, my Commission

Expires: _____

HEADQUARTERS
1621 Long Beach Boulevard
Ship Bottom, NJ 08008
shipbottom.org/police



Jonathan Potter
Chief of Police

EMERGENCY PHONE: 9-1-1
(609) 494-1518
Fax: (609) 494-3736
Police@ShipBottom.org

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any sworn and duly authorized agent of the Ship Bottom Police Department who is assigned to my background investigation, whether the said records are of public or private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of education institutions, financial or credit institutions, including records of deposits, withdraws and balances or checking and savings accounts, and loans, and also the records of commercial or retail credit (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veteran's Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me and salary records; real and personal property records and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records' records of complaints of civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case in which I presently have, or have had an interest. I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Ship Bottom Police Department to consider in determining my suit ability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically herein.

I understand that any information obtained by personal history background investigations which is developed directly, or indirectly in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Ship Bottom Police Department. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. A photocopy of this release form will be valid as an original herein, even though the said photocopy does not contain an original writing of my signature.

Date: _____

Name: _____ Address: _____

Signature: _____

Witness: _____

Witness Signature: _____

[illegible]

[illegible]

[illegible]