Important Notice to Applicants

The Penns Grove Police Department conducts background investigations on all potential employees to determine their suitability for employment. The information that is requested in this booklet is necessary in order to complete these background investigations. We may not be able to offer you employment if you fail to answer any question completely and honesty. The information that you provide is confidential and will be used for employment purposes only, however, if necessary, your information may be shared with other entities as it relates to your background investigation.

The Penns Grove Police Department is committed to a policy of equal opportunity for all prospective and current employees and does not discriminate regardless of race, creed, color, religion, sex, age, national origin or disability.

The selection process for a Police Officer Candidate is an extremely competitive endeavor that requires our agency to identify only the most highly qualified applicants for consideration for employment. You must understand that there are an overwhelming number of highly qualified applicants that you will be competing against for a limited number of position vacancies within this department. Our community expects and demands that we employ only those individuals who possess the highest degree of integrity.

The completion and submission of this application booklet is an important step in a thorough and lengthy employment selection process. These steps include a comprehensive background investigation, and an optional oral review board. Following a conditional offer of employment, you will be required to take a full medical and psychological examination.

All questions contained within this booklet must be completed honestly, accurately and thoroughly. The information that you provide will be carefully analyzed and evaluated to determine your suitability for employment. Do not withhold any information, whether you think that it is important or not. This agency will decide the importance of the information that you have provided. The omission of information and or any deception will not be tolerated and will be justification to remove you from consideration.

While completing the application booklet and when listing individuals and or places of employment, be sure that you provide the full name and identity of the individual or business with their title, position, complete home and or business addresses and any other applicable information. We will not attempt to determine correct spellings, street numbers, apartment numbers, telephone numbers, zip codes or area codes. It is your responsibility to provide complete and accurate information.

If during any phase of your employment, application or selection process, you have any contact of an investigative or prosecutorial nature with any law enforcement officer or agency, you are required to immediately notify the Applicant Unit or your background investigator.

If you have any questions about the application or selection process or need clarification regarding the application booklet, please contact Officer in Charge, Lt. Joseph Schultz or your background investigator.

Signature/Date: _____

CAREFULLY REVIEW THE INSTRUCTIONS PRIOR TO BEGINNING THIS APPLICATION/PERSONAL HISTORY STATEMENT

****

Instructions for the Proper Completion of this APPLICATION FOR EMPLOYMENT PERSONAL HISTORY STATEMENT & QUESTIONNAIRE

The position of **Police Officer** is one of tremendous responsibility and trust. In order to assist you in the application process it is imperative that complete, proper and accurate information is supplied to the Police Department. Your application process will be placed in jeopardy if you supply inaccurate or incomplete information. All information contained within this application will be kept confidential and will remain a part of your official record.

All pages of the application must be completed and mailed to the address below, personally brought to the Penns Grove Police Department station or Borough of Penns Grove Deputy Clerk. Any alterations to this application or delays in returning this application will void your status**.**

Attention: OIC-Lt. Joseph Schultz
Penns Grove Police Department
1 State Street, 1st Floor
Penns Grove NJ 08069

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1. You must answer all questions that pertain to you. Use **N/A** (Not Applicable) for those questions that do not apply to you.

2. You must completely answer all questions. Failure to answer questions completely will delay the application process and may void your status.

3. In those questions that require you to identify a jurisdiction where a judgement or legal proceeding took place, the city and state cannot be abbreviated.

4. All responses in this application **must** be completed in your own handwriting. **Use blue ink!** The use of a pencil is not authorized. Typed print or other means of electronic printing is not authorized.

5. If you require additional room to answer questions(S), please do so in the *Additional Information Section* of this application. If more space is required, please use and attach lined paper for your responses.

6. Each page must be signed and dated by you.

Signature/Date: _____

PREVIOUS LAW ENFORCEMENT EXPERIENCE INFORMATION

1._____
LAST NAME **FIRST NAME** **MIDDLE NAME**

2._____
STREET ADDRESS **CITY/STATE/COUNTY** **ZIP CODE**

1. DATE OF BIRTH: _____/ _____ / _____ TELEPHONE NUMBER: _____
MONTH DAY YEAR **W/AREA CODE**

2. Are you presently a BCPO certified Police Officer in NEW JERSEY? ☐ **YES** ☐ **NO**

3. If the answer to Question 2 is **YES**, enter dates of employment:
FROM: _____/ _____/ _____ **TO** _____/ _____/ _____
MONTH DAY YEAR **MONTH DAY YEAR**

4. Are you a former New Jersey full-time Police Officer? ☐ **YES** ☐ **NO**

5. If the answer to Question 4 is **YES**, enter dates of employment:
FROM: _____/ _____/ _____ **TO** _____/ _____/ _____
MONTH DAY YEAR **MONTH DAY YEAR**

6. Are you a laid-off New Jersey Full-time Police Officer? ☐ **YES** ☐ **NO**

7. If the answer to Question 6 is **YES**, enter dates of employment:
FROM: _____/ _____/ _____ **TO** _____/ _____/ _____
MONTH DAY YEAR **MONTH DAY YEAR**

8. Are you a graduate of NJ Alternate Route Basic Police Officers Program ☐ **YES** ☐ **NO**

9. If the answer to Question 8 is YES, enter date of graduation: _____ / _____ /_____
Which Police academy did you graduate from? _____ **MONTH DAY YEAR**

10. Have you completed the Basic Course for SLEO Class II? ☐ **YES** ☐ **NO**

11. If the answer to Question 10 is **YES**, enter date of graduation: _____ / _____ /_____
Which Police academy did you graduate from? _____ **MONTH DAY YEAR**

12. Have you successfully completed police officer training in another state. Or trained for federal law enforcement service? ☐ **YES** ☐ **NO**

13. If the answer to Question 12 is YES, enter date of graduation: _____/_____/_____
What is the a name of the training course? _____ **MONTH DAY YEAR**

State/Agency? _____**(Please attach certificate of completion and documentation describing the curriculum).**

14. Are you currently serving as a police officer in another State? ☐ **YES** ☐ **NO**

15. If the answer to Question #14 is YES, enter dates of employment: from _____/_____/_____ to _____/_____/_____ Name of Agency/State: _____: Title:_____
MONTH DAY YEAR **MONTH DAY YEAR**

Signature/Date: _____

DOCUMENT CHECK LIST

The following documents must be provided as part of the pre-employment investigation for the position of police officer. If you cannot provide the applicable document(s) listed here, a detailed explanation concerning the reason(s) the document(s) is (are) missing must be supplied. A lack of sufficient explanation for the missing document(s) will void this application. Initial the appropriate space indicating that the required document has been supplied. If the document does not apply, indicate by ***N/A.*** These documents **must be** submitted at time of submitting your application. Missing documents will delay the application process.

_____ Birth Certificate with raised seal

_____ N.J. Driver's License, sealed certified driving abstract

_____ Out of State Driver's License(s)

_____ High School Diploma/GED Certificate

_____ College Transcripts. (All courses must be included)

_____ Military Service Records (DD 214) and Discharge

_____ Marriage Certificate with raised seal

_____ Court Orders:

- Certified Divorce Decree
- Name Change(s)
- Adoption(s)
- Civil or criminal court orders or dispositions
- Bankruptcy order(s)
- Ex Parte Orders

_____ Trade or Professional License(s)

_____ Police Training Commission Certificate

_____ Other Police/Law Enforcement Training Certificates and Transcripts

_____ U.S. Citizenship (Naturalization) Papers

_____ Professional Certificates, Awards, Commendations, etc. pertinent to employment as a police officer

_____ Passport

_____ Firearms ID Card and Firearms Permits

_____ Social Security Card

_____ Current Resume

Signature/Date: _____

*****SUPPLEMENTAL INSTRUCTIONS *****

1. You must supply three (3) personal references.

2. Your references must be persona that know you and can attest to your character, ability, work and/or study habits, and your residency. Blood relations, current and former employees of the Department, or current or former elected officials or politicians cannot be used as references for this purpose.

3. This application shall be used to record applicants for employment with the Police Department and is specifically for applicants who wish to be considered for employment as a sworn police officer.

NOTICE TO APPLICANT

Any candidate who makes a false statement, purposeful omission, misrepresentation or concealment of a material fact. Or who practices, attempts to practice any deception or fraud in securing eligibility for appointment, or any candidate who provides answers contrary to official records, will be rejected from the application process and will be disqualified for eligibility.

Information obtained in this regard will be forwarded to the New Jersey Civil Service Commission and will remain with the candidates' file. Discovery of the aforementioned after a candidate has been appointed to the Police Department will be cause and justification for dismissal from the department.

APPLICANT SCREENING AND SELECTION PROCESS

There is a progression of steps, which must be successfully completed and met before advancing to the next step. Applicants will be notified after each step whether they will be permitted to continue in the selection to continue in the selection process.

1. Application and questionnaire
2. Driving Record and verification of valid driver's license
3. Physical Certification by Physician
4. Employment Application
5. Personal/Law Enforcement Interview
6. Background Investigation (including criminal history background check).
7. Conditional offer of employment
8. Psychological examination
9. Medical examination
10. Offer of employment. Dates, times and locations will be announced as you progress from step to step.

Signature/Date: _____

REQUIREMENTS FOR POLICE OFFICER POSITION

MINIMUM REQUIREMENTS FOR EACH POLICE OFFICER POSITION ARE LISTED:

REQUIREMENTS FOR POLICE OFFICER POSITION:

EDUCATION:

Graduation from a high school or vocational school or possession of an approved high school equivalent certificate.

AGE:

Not less than 18 years of age at the announced closing date for filing applications for the position.

NOTE: Appointees who have not completed New Jersey's Basic Police Officer Program will be required to successfully complete a training program mandated by the New jersey Police Training Commission within 12 months of appointment. Such training includes successful attainment of satisfactory level of proficiency in the use of firearms. In addition, appointees must successfully complete agency training and field training program.

LICENSE:

Appointees will be required to possess a valid New Jersey driver's license.

SPECIAL QUALIFICATIONS:

NOTE: Appointees to this position must successfully qualify semi-annually in the use of firearms.

CITIZENSHIP:

Must be a citizen of the United States.

MEDICAL EXAMINATION:

As a prerequisite for appointment, appointees may be required to pass a thorough medical and psychiatric examination to be administered by the appointing authority. Any psychological, medical or physical condition or defect which would prevent efficient performance of the duties of the position, cause the appointee to be a hazard to him/herself or others, or become aggravated as a result of performance of these duties, will be cause for rejection.

DRUG TESTING:

Drug screening through urinalysis is mandatory during pre-employment and again during training. A positive confirmation of the presence of illegal drugs in the applicant's urine, including steroids, will result in: (1) Rejections for employment; (2) inclusion of applicant's positive testing in a central registry maintained by N.J.S.P. which information will be available through court order or should applicant again apply for future law enforcement employment; and (3) a bar from obtaining sworn law enforcement employment for a period of two(2) years from the date of a positive confirmation test.

BACKGROUND INVESTIGATION:

Applicant must satisfactorily pass a thorough background investigation, including but not limited to inquiries with the F.B.I., State Police, Local Police, Schools, Credit Bureau, Motor Vehicle Division, Military, Previous Employers, Family, Neighbors, and References etc.

RESIDENCY:

Applicant must be a resident of the State of New Jersey at time of appointment.

APPOINTMENT:

After completing testing and prior to appointment, the applicant must withdraw from consideration for employment from any other law enforcement agency and provide documentation of same. Also, the applicant must not be on a leave of absence from any law enforcement agency.

There is a progression of steps, which must be successfully completed and met before advancing to the next step in the process. The steps serve to measure the ability of the applicant and whether the applicant is suitable to advance in addition to verifying that the applicant also meets the qualifications. Applicants will be notified after each step whether they will be permitted to continue on.

Signature/Date: _____

CANIDATE BACKGROUND INFORMATION AND DATA

1. _____
LAST NAME **FIRST NAME** **MIDDLE NAME**

2. DATE OF BIRTH: _____/ _____ / _____ TELEPHONE NUMBER: _____
MONTH DAY YEAR **W/AREA CODE**

3. Social Security Number: _____

4. **United States Citizen:** **YES** ☐ **NO** ☐

5. If the answer to Question #4 is NO, are you a Naturalized Citizen? **YES** ☐ **NO** ☐

6. By what means did you obtain Naturalized Citizenship? **Self** ☐ **Spouse** ☐ **Parents** ☐

7. Has your name ever been changed for any reason? **YES** ☐ **NO** ☐

If the answer to Question #7 is YES, please provide the following information:

Previous Name:_____
Last: **First:** **Middle:**

Reason for Name Change:_____

_____

_____

_____

_____

Jurisdiction: _____

Date of Change**:** _____

Signature/Date: _____

8. Starting with your present address and listing them in reverse chronological order, list all places where you have lived for the past 20 years. Include P.O. Boxes, temporary addresses, and mailing addresses, if applicable. If additional space is needed, utilized the additional information section.

FROM: Month/Year	TO: Month/Year	ADDRESS (Include City/State/Zip & County if applicable):
/	/	
/	/	
/	/	
/	/	
/	/	
/	/	
/	/	

9. What Classification type most closely represent the current status of your residency?
(Mark Category that applies)

_____Own home or similar residence.

_____ Rent / Lease home or similar residence.

_____ Rent / Lease apartment, single room, dormitory, or similar unit.

_____ Reside with parents, relative, friend, etc.

10. What is your marital status? **(Mark category that applies)**

_____ Married _____ Single _____ Widow(er)

_____ Divorced _____ Separated _____ Civil Union

Signature/Date: _____

11. If you were raised by anyone other than your parents, please provide information concerning who raised you:

Name (Last, First, Middle)	Relationship	Date of Birth	Criminal Record
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐

12. List all persons that currently reside with you:

Name (Last, First, Middle)	Relationship	Date of Birth	Criminal Record
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐

Signature/Date: _____

13. List all immediate family members, including parents, siblings, children and current/former spouses or domestic partners:

Name (Last, First, Middle) _____	**Relationship** _____	**Contact #** _____	**Criminal Record:** **YES** ☐ **NO** ☐
Complete Address: _____ _____			
Name (Last, First, Middle) _____	Relationship _____	Contact # _____	Criminal Record: YES ☐ NO ☐
Complete Address: _____ _____			
Name (Last, First, Middle) _____	Relationship _____	Contact # _____	Criminal Record: YES ☐ NO ☐
Complete Address: _____ _____			
Name (Last, First, Middle) _____	Relationship _____	Contact # _____	Criminal Record: YES ☐ NO ☐
Complete Address: _____ _____			

Signature/Date: _____

For additional space for names, please continue to the next page…….

14. Do you own firearms: YES ☐ NO ☐

15. If YES, please provide the information below:

Handgun/Riffle/Shotgun	Make	Model	Caliber	Serial #

16. Do you possess a valid firearm I.D. Card? YES ☐ NO ☐

17. If YES, what jurisdiction? _____

18. What is the S81# (or I.D.#): _____

19. Have you ever had a firearms I.D., permit to purchase a handgun, or hunting license?

YES ☐ NO ☐

20. Have you ever had a firearms ID. Permit to purchase a handgun, or hunting license seized/revoked?

YES ☐ NO ☐ Which one(s): _____

21. If YES to Question #20, Why?: _____

22. Have you ever had a firearms ID, permit to purchase a handgun, or hunting license denied?

YES ☐ NO ☐ Which One(s): _____

23. If the Answer to Question # 22 is YES, explain why: _____

_____

24. Have you ever had a permit to carry a firearm? YES ☐ NO ☐

25. If the answer to Question # 24 is YES: Where? When ? and Why ? _____

_____

26. Have you ever had a carry permit denied/seized/revoked? YES ☐ NO ☐

27. If the answer to Question # 26 is YES, explain when, where, and why? _____

_____

Signature/Date: _____

MARITAL / FAMILY STATUS

28. Date of current marriage / civil union: _____ / _____ / _____
MONTH DAY YEAR

29. Spouse's / Partner's Name:

_____
LAST NAME (MAIDEN NAME, IF APPLICABLE) FIRST MIDDLE

30. Is your family aware of your intention of applying for a sworn law enforcement position?

YES ☐ NO ☐

31. Have you ever been personally involved in a Domestic Violence Incident? YES ☐ NO ☐

32. If you answered YES to Question # 31, provide the following information:

_____
JURISDICTION: CITY/COUNTY / STATE DATE DOCKET # CASE#

33. Have you ever been served with a Domestic Violence restraining order? YES ☐ NO ☐

If you answered YES to Question #33: How many times? _____

County	State	Type of Order	Date	Disposition

List chronologically by age, all of your children regardless of dependency and residence:

Name (Last, First, Middle)	Gender	Date of Birth	Dependent?	Child Lives with you?
			YES ☐ NO ☐	YES ☐ NO ☐
			YES ☐ NO ☐	YES ☐ NO ☐
			YES ☐ NO ☐	YES ☐ NO ☐
			YES ☐ NO ☐	YES ☐ NO ☐
			YES ☐ NO ☐	YES ☐ NO ☐
			YES ☐ NO ☐	YES ☐ NO ☐
			YES ☐ NO ☐	YES ☐ NO ☐
			YES ☐ NO ☐	YES ☐ NO ☐
			YES ☐ NO ☐	YES ☐ NO ☐

Signature/Date: _____

34. Are you responsible for child support for any child listed? YES ☐ NO ☐

_____ _____

OF DEPENDENDTS AMOUNT OF SUPPORT: INDICATE PAYMENT SCHEDULE (WEEKLY, MONTHLY, ETC.)

35. Are you responsible for the payment of alimony or any other type of court ordered assistance?

YES ☐ NO ☐ Is YES to Questions #35, provide the following information:

_____

Amount of Alimony: Indicate Payment Schedule (Weekly / Monthly / etc.)

36. Has any legal action of any kind, civil, criminal, or administrative, been taken against you for failure to make any payments of support or alimony? YES ☐ NO ☐

If you answered YES to Question # 36, complete the below:

Type of Support Child/ Alimony	Jurisdiction	Amount in Arrears	Confinement	Length of Confinement	Disposition
			YES ☐NO ☐		
			YES ☐NO ☐		
			YES ☐NO ☐		
			YES ☐NO ☐		
			YES ☐NO ☐		
			YES ☐NO ☐		
			YES ☐NO ☐		

37. Have you ever been involved in a paternity proceeding? YES ☐ NO ☐

If the answer to Questions #37 is YES, provide details: _____

_____

_____

38. Have you ever been evicted from a place of residence? YES ☐ NO ☐

If YES to Question # 38, provide details: _____

_____

_____

Signature/Date: _____

39. List all previous marriage (s) ☐ None

Name of Former Spouse	Street Address, City, State, Zip Code	Date of Birth	Phone # & area code

40. List current dating partner (s): ☐ NONE

Name & S.S. #	Street Address, City, State, Zip	Date of Birth	Phone # W/ Area Code

41. List previous dating partner (s): ☐ NONE

Name & S.S. #	Street Address, City, State, Zip	Date of Birth	Phone # W/ Area Code

Signature/Date: _____

42. Have there been any domestic violence issues with present/past dating partner's?

YES ☐ NO ☐

If YES to Question #2, provide details: _____

_____

_____

43. Has your spouse, fiancée, significant other, current or past dating partner ever been arrested, interviewed, detained, or convicted by any law enforcement agency? YES ☐ NO ☐

If YES to Question #43, provide details: _____

_____

_____

44. Has your spouse, fiancée, significant other, current or past dating partner ever called the police on you for any reason? YES ☐ NO ☐

If YES to Question #44, provide details: _____

_____

_____

45. Have the police ever been called to any home or residence in which you have ever resided?

YES ☐ NO ☐

If YES to Question #45, provide details: _____

_____

_____

46. Have you ever viewed, purchased, possessed, or downloaded child pornography?

YES ☐ NO ☐

If YES to Question #46, provide details: _____

_____

_____

_____

_____

_____

Signature/Date: _____

EDUCATIONAL BACKGROUND DATA

The information requested in the section relates to all phases of your educational background. It is necessary to list in proper chronological order **ALL** high schools, trade schools, 2- & 4-year colleges or universities attended, and the degree (s) awarded:

47. Have you been awarded a high school diploma? YES ☐ NO ☐ Year:_____

48. Have you been awarded a G.E. D. certificate? YES ☐ NO ☐ Year:_____

49. If you had been awarded a G.E.D. certificate, please provide the following:

_____	_____	_____
State of Issue	Date of Issue	Certificate Number

50. Has your education ever been interrupted or terminated for any reason:

YES ☐ NO ☐

If yes, briefly describe the reason for the interruption or termination of your education:

_____

_____

_____

_____

51. Have you ever been suspended or expelled from any educational institute for any reason?

YES ☐ NO ☐

If yes, explain: _____

_____

_____

_____

_____

52. Are you in default or arrears on any student loan? YES ☐ NO ☐

If yes, explain: _____

_____

_____

Signature/Date: _____

53. List in reverse chronological order, all schools that you have attended starting with your most recent:

FROM: Month/Year	TO: Month/Year	Name of School	Street Address City/State/Zip	Degree Attained
/	/			
/	/			
/	/			
/	/			
/	/			
/	/			
/	/			

MILITARY BACKGROUND

54. Have you ever served in any branch of the U.S. Military or related organization? YES ☐ NO ☐

If yes, provide the following information:

From: _____/_____/_____ To: _____/_____/_____

Branch: _____ Serial Number: _____

Rank Upon Discharge: _____ Job/MOS: _____

Type of discharge (Be Specific): _____

Reason for Discharge: _____

(If you had more than one commission/enlistment, explain in the Additional Information section.)

55. Has your discharge or separation ever been changed, upgraded, downgraded, or corrected?

YES ☐ NO ☐

If yes, changed from:_____ to _____

Authority: _____

Who requested the change: _____

Reason for Change: _____

Signature/Date: _____

56. Were you ever reprimanded, disciplined, tried, punished, demoted, attended Captain's Mast, received an Article 15, etc. for any infraction of military rules, law, or regulations?

YES ☐ NO ☐

57. If yes, complete this section:

Date	Charge / Proceeding	Disposition	Penalty

58. Are you now or have you ever been an active member of any branch of the United States Military Reserved or State National Guard? YES ☐ NO ☐

If yes, provide the following information:

From: _____/_____/_____ To: _____/_____/_____

Branch: _____ Serial Number: _____

Rank Upon Discharge: _____ Job/MOS: _____

Type of discharge (Be Specific): _____

Reason for Discharge: _____

59. Have you ever served in any military organization of any foreign government? YES ☐ NO ☐

If yes, provide details: _____

_____

_____

60. Have you ever been denied/refused entry into any of the United States Military, Military Reserved or National Guard? YES ☐ NO ☐

If yes, explain the basis of your denial (EXCEPT IF FOR MEDICAL REASONS):

_____

_____

_____

_____

Signature/Date: _____

CIVIL, CRIMINAL & JUVENILE OFFENSES/ACTIONS

61. Have you ever been detained, investigated, arrested or charged by any law enforcement officer, agency, or citizen as an adult for any crime, disorderly person offense, petty disorderly person offense, administrative code, or violation of local ordinance?

If yes, provide information below:

Date	Court/Locations	Original Charge	Final Charge	Disposition

62. Have you ever received a summons commanding your appearance in court? (Other than a traffic summons): YES ☐ NO ☐

If yes, provide information below:

_____
_____
_____
_____

63. Have you ever been involved as a plaintiff or defendant in any civil proceeding? YES ☐ NO ☐

If yes, provide information below:

_____
_____
_____
_____

64. Were you finger printed? YES ☐ NO ☐

If yes, provide the following information:

_____ _____ _____
Date Agency Reason

Signature/Date: _____

65. Have you ever had any records expunged? YES ☐ NO ☐
If yes, provide the following information:

_____

_____

66. Can you safely operate a motor vehicle? YES ☐ NO ☐

67. Do you possess a valid New Jersey Driver's License? YES ☐ NO ☐

Driver's License Number: _____

What class of vehicle(s) are you licensed to operate? _____

68. Have you ever possessed a driver's license from a state other than New Jersey? YES ☐ NO ☐

If yes, complete the following:

State	Dates	License Number	Status

69. Have your driving privileges ever been revoked or suspended in this or any state? YES ☐ NO ☐

If yes, complete the following:

State	From	To	Reason

70. Have you ever been refused a driver's license from any state? YES ☐ NO ☐

If yes, provide details: _____

_____

_____

Signature/Date: _____

71. Have your motor vehicle privileges ever been suspended/revoked in this or any other state?

YES ☐ NO ☐

If yes, provide details: _____

_____

_____

72. Do you have any outstanding/unpaid summonses against you for any moving or parking violation?

YES ☐ NO ☐

If yes, provide details: _____

_____

_____

73. Have you received a moving violation summons in the last 5 years? YES ☐ NO ☐

If yes, provide information on each and every summons:

Date	Charge/Violation	Jurisdiction	Penalty

74. Have you ever been stopped, detained, arrested or charged with any violation for Driving while Under the Influence of Alcohol or Drugs? YES ☐ NO ☐

If yes, provide details (date, location, jurisdiction, disposition: _____

_____

_____

75. Do you currently have any penalty points against your driver's license? YES ☐ NO ☐

If yes, How many: _____

76. Do you own or lease a motor vehicle? YES ☐ NO ☐

If yes, you must provide a copy of all vehicle registrations, lease agreements, and proof of insurance for any vehicle owned or leased by you.

Signature/Date: _____

77. Do you regularly operate a motor vehicle belonging to another for your personal use?

YES ☐ NO ☐ If yes, complete the below section:

Make	Model	License Plate & State	Name of Owner

EMPLOYMENT RECORD

78. Have you ever been fired, terminated, asked to leave, laid off, or resign or quit under questionable circumstances; or has any form of disciplinary action ever been taken against you by an employer:

YES ☐ NO ☐ If yes, provide details_____

_____

_____

_____

79. List all current and former employers, including full-time, part-time, seasonal, under-the-table employment and periods of unemployment over 30 days in the last 20 years. List backward chronological order. Include within the sequence any period of active military service. If you were discharged or were requested to resign by an employer, answer so in the reason for leaving section:

A. Employer #1: _____

Address: _____

Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

Signature/Date: _____

B. Employer #2: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

C. Employer #3: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

D. Employer #4: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

E. Employer #5: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

Signature/Date: _____

F. Employer #6: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

G. Employer #7: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

H. Employer #8: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

I. Employer #9: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

Signature/Date: _____

J. Employer #10:_____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

K. Employer #11: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

L. Employer #12: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

M. Employer #13: _____

Address: _____
Street City State Zip

Telephone#" _____ FULL TIME ☐ PART-TIME ☐

Dates of Employment: From: _____ To:_____

Position/Title:_____ Supervisor's Name: _____

Weekly Salary:_____ Hours Per Week: _____

Signature/Date: _____

REFERENCES

80. I the undersigned, declare that I am over eighteen years of age, I have personally known the applicant for at least (1) one-year and I believe the applicant should be considered for employment as a police Officer. I will upon request, give further information regarding my knowledge of the applicant.

A. Reference #1: Name: _____

Home Address: _____
STREET CITY STATE/ ZIP

Telephone#(s): _____
HOME WORK CELL

Work Address: _____
HOME WORK CELL

How long have you known this applicant: _____

Is the applicant of good character and reputation: YES ☐ NO ☐

Reference signature: _____ Date: _____

B. Reference #2: Name: _____

Home Address: _____
STREET CITY STATE/ ZIP

Telephone#(s): _____
HOME WORK CELL

Work Address: _____
HOME WORK CELL

How long have you known this applicant: _____

Is the applicant of good character and reputation: YES ☐ NO ☐

Reference signature: _____ Date: _____

Signature/Date: _____

C. Reference #3: Name: _____

Home Address: _____
STREET CITY STATE/ ZIP

Telephone#(s): _____
HOME WORK CELL

Work Address: _____
HOME WORK CELL

How long have you known this applicant: _____

Is the applicant of good character and reputation: YES ☐ NO ☐

Reference signature: _____ Date: _____

D. Reference #4: Name: _____

Home Address: _____
STREET CITY STATE/ ZIP

Telephone#(s): _____
HOME WORK CELL

Work Address: _____
HOME WORK CELL

How long have you known this applicant: _____

Is the applicant of good character and reputation: YES ☐ NO ☐

Reference signature: _____ Date: _____

Signature/Date: _____

SUPPLEMENTAL INFORMATION

81. Have you ever collected unemployment benefits that you were not entitled to receive?

YES ☐ NO ☐ If yes, provide details: _____

_____

_____

82. Have you ever applied for any criminal justice position? YES ☐ NO ☐

If yes, provide details:

Date	Application submitted to:	Position applied for:

83. Have you ever been rejected from any criminal justice position? YES ☐ NO ☐

If yes, provide details:

Date	Application rejected from:	Position rejected from:

84. Have you ever applied for or been rejected from any other civil service, federal, state, county or municipal government position? YES ☐ NO ☐

If yes, provide details:

Date	Place of application or rejected from:	Position applied for /rejected from:

Signature/Date: _____

85. Have you ever been a member of any organized crime enterprise, street gang, or motorcycle gang or crew? YES ☐ NO ☐ If yes, provide details:

_____

_____

_____

86. Have you ever been discharged, terminated, furloughed, laid off or asked to resign from any employment? YES ☐ NO ☐ If yes, provide details:

_____

_____

_____

87. Do you have any knowledge or any information in addition to that specifically requested in the application that is or may be relevant directly or indirectly to this background investigation and/or your eligibility for the position that you have applied for?

YES ☐ NO ☐ If yes, provide details:

_____

_____

_____

88. List all your email addresses: _____

_____

89. Do you have any social media accounts? YES ☐ NO ☐ If yes, provide details:

_____

_____

_____

90. Are you affiliated with any internet websites? YES ☐ NO ☐ If yes, provide details:

_____

_____

_____

Signature/Date: _____

91. Do you have any foreign language skills? YES ☐ NO ☐ If yes, provide details:

_____

_____

_____

NOTE: You may be requested to participate in a language certification exercise that will verify your fluency level.

DRUG EXPERIMENTATION & HISTORY

92. Have you ever smoke, experimented with, tasted, ingested, used, injected, sniffed, etc. any of the following:

Substance (circle each as applicable)	Yes	No	Date Month/Year	# of times used/Approx. amount
Marijuana / Hashish				
Cocaine/ Powder				
Opium Derivative (Heroin, Morphine, Codeine, etc.)				
Amphetamines (Speed)				
Barbiturates (Reds/Downers)				
Inhalants (Glue, Solvents, Aerosols, Whippit, etc.)				
Anabolic Steroids				
Hallucinogenic (LSD, PCP, mushrooms, Ecstasy, etc.)				
Quaaludes, Valium, Darvocet, Dilaudid, Percocet, Percodan, etc.				
Club drugs, diet pills, pharmaceuticals				
Any other drug/narcotic not specifically listed above				
Have you ever purchased/bought any of the above listed substances?				

Signature/Date: _____

93. Have you ever been investigated, arrested or charged with any type of drug/narcotic related violation? YES ☐ NO ☐

94. Have you ever used prescription medication that was prescribed to another person & not you? YES ☐ NO ☐

95. Have you ever sold, distributed, or provided any person with or without their permission or consent any type of illegal drug/narcotic? YES ☐ NO ☐

96. Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage, or handling of any illegal drugs/narcotics for yourself or anyone else? YES ☐ NO ☐

97. Have you ever made any money or profit in any way from your involvement in drugs/narcotics? YES ☐ NO ☐

98. Have you ever inhaled, used, tried, tasted, injected, experiments with, or had anything else to do with any illegal dug/narcotic, other than what you have already listed in this book? YES ☐ NO ☐

If you answered yes to any of these questions, you are required to provide a full explanation in the Additional information section. Include dates and amounts involved.

99. Do you gamble? NEVER ☐ SELDOM ☐ OCCASIONALLY ☐ REGULARLY ☐

If so, on what: _____

_____

_____

100. Have you ever been issued a criminal citation for any type of alcohol related violation?

YES ☐ NO ☐ If yes, provide details:

_____

_____

_____

101. Have you ever purchased alcohol for a minor? YES ☐ NO ☐ If yes, provide details:

_____

_____

_____

Signature/Date: _____

102. Do you have experience as a sworn police/law enforcement? YES ☐ NO ☐

If yes, provide details below:

Agency	Position	Length of Service

103. Do you have any experience in private security? YES ☐ NO ☐

If yes, provide details below:

Agency	Position	Length of Service

104. Do you have experience as an intern, volunteer, cadet, or explorer with this agency or any other law enforcement or public safety agency? YES ☐ NO ☐

If yes, provide details below:

Agency	Position	Length of Membership

Signature/Date: _____

105. Do you have experience as a member (paid or volunteer) of any fire department or rescue squad? YES ☐ NO ☐

If yes, provide details below:

Agency	Position	Length of Membership

106. Are you currently attending, or have you attended any police academy in the past or received any law enforcement training? YES ☐ NO ☐

If yes, please enter details below:

Dates to & from	Name of Academy	Academy Type (LEO, Fire, etc.)

107. Do you personally know any Police Officers? YES ☐ NO ☐

If yes, please enter Officer name, and how long you have known the Officer:

_____

_____

_____

108. Do you have any family members or relatives who are current or past members of a law enforcement agency? YES ☐ NO ☐ If yes, list your relationship and their department agency:

_____

_____

_____

_____

Signature/Date: _____

109. Have you ever applied for a position with any federal, state, or local law enforcement agency or fire department? YES ☐ NO ☐ If yes, please provide details below:

_____

_____

_____

_____

110. Have you ever applied for any position with the federal government for which a background investigation was initiated? YES ☐ NO ☐ If yes, please provide details below:

_____

_____

_____

_____

111. Have you ever been denied employment by any organization covered in questions #110 & #111? YES ☐ NO ☐ If yes, please provide details below:

_____

_____

_____

_____

112. Has the United States government ever granted you a security clearance?

YES ☐ NO ☐ If yes, please provide details below:

_____

_____

_____

_____

Signature/Date: _____

113. List all law enforcement agencies and fire departments with whom you have applied. List all steps that you have completed with each agency (written test, oral interview, polygraph, background completed, physical agility, medical, psychological, etc.); also list your final status. If you have applied to the same agency more than once, list each time separately:

Department	Date Applied	Steps taken	Investigators	Telephone #'s	Status

114. Do you have any computer skills or experience? YES ☐ NO ☐

If yes, please provide details. Include hardware/software applications & general competency level of this skill:

_____

_____

_____

_____

115. If you are employed as a police officer by this agency, how long do you anticipate remaining with us? _____

116. Did anyone provide advice, guidance or other assistance to you in regard to the completion of this confidential questionnaire booklet? YES ☐ NO ☐

If yes, please provide details. Include hardware/software applications & general competency level of this skill:

_____

_____

_____

_____

Signature/Date: _____

CURRENT AND FORMER POLICE OFFICERS

This section only applies to current and former police officers.

117. With what Police/Law Enforcement agency are you currently employed or formerly employed by? _____

_____

_____

118. What are /were the dates of your employment: From: _____To:_____

119. Have you been the subject of any internal investigations or citizen complaint in the last five (5) years? YES ☐ NO ☐ If yes, explain in full, all the circumstances below:

_____

_____

_____

_____

_____

Disposition: _____

120. Have you ever been suspended from duty, with or without pay, for any reason, except for medical reasons? YES ☐ NO ☐ If yes, explain in full, all the circumstances below:

_____

_____

_____

_____

Signature/Date: _____

121. Have you ever been subject to any departmental disciplinary actions?

YES ☐ NO ☐ If yes, explain in full, all the circumstances below:

_____

_____

_____

_____

122. What assignments, special training and skills do you have as a police officer, and how long have the assignments lasted? (Skills include radar, FTO, breathalyzer operator, DWI, Drug Recognition Expect \, detective, etc.). _____

_____

_____

_____

_____

_____

123. How would you rate your overall work performance as compared to other members of your current/past agency?

☐ Excellent

☐ Above Average

☐ Average

☐ Below Average

☐ Unsatisfactory

Explain your rationale: _____

_____

_____

_____

Signature/Date: _____

124. How would you rate your contribution to proactive crime prevention and problem-solving efforts during the last six (6) months as compared to other members of your current/past agency?

☐ Excellent

☐ Above Average

☐ Average

☐ Below Average

☐ Unsatisfactory

Explain your rationale: _____

_____

_____

_____

125. Have you ever given an untruthful statement in court or to your current/past agency?

YES ☐ NO ☐ If yes, explain in full, all the circumstances below:

_____

_____

_____

_____

126. Have you ever been charged or investigated for the use of excessive force or police brutality?

YES ☐ NO ☐ If yes, explain in full all the circumstances including date(s), location(s), type of call(s) investigator, and disposition below:

_____

_____

_____

_____

127. Please explain the reason(s) why you want to leave your current employer, or why you left your previous law enforcement employer: _____

_____

_____

Signature/Date: _____

128. Have you ever been disciplined for unsatisfactory attendance by your current/past agency?

YES ☐ NO ☐ If yes, explain in full, all of the circumstances below:

_____

_____

_____

_____

129. Have you ever been investigated by your current/past agency for any allegations of domestic violence or spousal abuse? YES ☐ NO ☐

If yes, explain in full, all of the circumstances below:

_____

_____

_____

_____

Signature/Date: _____

ADDITIONAL INFORMATION SECTION

This section should be utilized to provide detailed information that may be required for specific individual questions that you have previously answered. Failure to provide the required details may be grounds for rejection from the position you have applied for.

When completing this section, make sure that you relate the specific question to the answer. Place a large "X" through unused lines.

Question #	Answer
Question #	**Answer**

Signature/Date: _____

Question #	Answer

Question #	Answer

Question #	Answer

Signature/Date: _____

Question #	Answer

Question #	Answer

Question #	Answer

Signature/Date: _____

PERSONAL HISTORY STATEMENT AFFIRMATION

I hereby affirm that this Application/Personal History Statement is true and correct and contains no misrepresentations, falsifications, omission of material facts or concealments of material facts. Additionally, the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

I am cognizant that the statements made by me on the Applications/Person History Statement are subject to later investigation. Additionally, I realize that should any investigation disclose any misrepresentation, misstatement, falsification, omission or concealment of material fact, my application for the position is subject to rejection and my name will be removed from the eligibility list. If I have been already appointed to the position, I will be subject to dismissal.

I further understand that if there are any changes in my application answers from the date of my original application to the Police Department and to the date of any scheduled appointment, I will notify the Police Department of those changes, and if I fail to do so, I realize it is grounds for non-selection or dismissal from my position.

"By my signature below I state that I have read and understood the above warning, and all information provided by me is true, complete, and accurate".

_____

SIGNATURE OF CANDIDATE DATE

Notary Certification in this Block

Signature/Date: _____

CANDIDATES RELEASE FOR MILITARY INFORMATION & RECORDS

I authorize the National Personnel Records Center, St. Louis, MO or any other custodian of my military records to release information and provide photocopies of my complete military personnel records regardless of type or classification. This information shall include but is not limited to enlistment information, discharge or separation information, disciplinary record, criminal records, DD214 (s), performance and appraisal records, award records and financial records.

I hereby provide permission for the release of records and information and forever discharge and hold harmless any person or entity for the disclosure of said military records to:

OIC-Lt. Joseph Schultz
Penns Grove Police Department
1 State Street, 1st Floor
Penns Grove, NJ 08069

_____ _____
Signature of Candidate Date

_____ _____
Print Name: Last, First Middle Social Security Number

_____ _____
Branch of Service Date of Birth

Date of Service: From _____ to _____

_____
Notary Signature **Print Name:** Last First Middle

Notary Certification in this Block
(Seal)

(A photocopy of this authorization will be considered as effective and valid as the original.)

Signature/Date: _____

DRUG SCREENING THROUGH URINALYSIS

I, _____, understand that as part of the pre-employment process, the Police Department will conduct a comprehensive background investigation in an effort to determine my suitability to fill the position for which I have applied. I further understand that as part of the pre-employment process, I will be required to submit to and perform certain medical and physical examinations. In accordance with the efforts of the Police Department to select only those most suitable for law enforcement, I do herby consent to the sampling and submission for testing of my urine for the purpose of drug screening. I understand that a negative result is a condition of employment.

I also understand that refusing to supply the required samples or producing a positively confirmed test result for the present of illegal drugs will result in the rejection of my application for employment. I understand that in the case of positive test result, my name will be forwarded to a central registry maintained by the Division of State Police and will be make available only upon court order or as part of a background investigation for a law enforcement position. I understand that a confirmed positive test result indicating the presence of drugs will bar me from securing future law enforcement employment for a period of two (2) years. I understand that after this two (2) year period, a positive test result may be considered in evaluation my fitness for future law enforcement employment.

I understand that the results of the urinalysis will be provided to me as soon as possible after receipt by the Police Department.

I hereby acknowledge receipt of a copy of the methods and procedures for drug screening applicants for sworn law enforcement positions.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Applicant Date

_____

Print Notary Name: Last First Middle

Notary Certification in this Block
(Seal)

Signature/Date: _____

CANDIDATE'S RELEASE OF REPORTS TO CIVIL SERVICE COMMISSION

I authorize the Police Department to release the results of criminal background information and medical reports to the New Jersey Civil Service Commission to support employment decisions in comportment with NJAC 13:59-1.2(b).

I hereby provide permission for the release of these records and information and forever discharge and hold harmless any person or entity for the disclosure of said records to:

OIC-Lt Joseph Schultz
Penns Grove Police Department
1 State Street, 1st Floor
Penns Grove, NJ 08069

_____ _____
Signature of Candidate Date

_____ _____
Print Name: Last, First Middle Social Security Number

_____ _____
Branch of Service Date of Birth

Date of Service: From _____ to _____

_____
Notary Signature **Print Name:** Last First Middle

Notary Certification in this Block
(Seal)

(A photocopy of this authorization will be considered as effective and valid as the original.)

Signature/Date: _____

Penns Grove Police Department

1 State Street, Penns Grove N.J. 08069, 856-299-0056

Allen J Cummings
Police Director
Office: 856-299-0098 ext 104

Lt. Joseph Schultz
Officer-In-Charge
Office: 856-299-7003

PENNS GROVE POLICE DEPARTMENT
RELEASES AUTHORIZATION FOR BACKGROUND INVESTIGATION

To all Law Enforcement, Courts, Probation Departments, Selective Service Boards, Employers, Educational and other Institutions:

I, _____, give Borough of Penns Grove permission to conduct a background investigation of my person. Therefore, you are authorized to release to Borough of Penns Grove Police Department or Borough Representative any and all information, documentary or otherwise, pertaining to me that they may request.

I hereby release, discharge and exonerate Borough of Penns Grove, its agents and representative, and any person so furnishing, inspection or collection of such documents, records and other information, or the investigation made by Borough of Penns Grove.

A photo static copy of this authorization will be considered as effective and valid as the original.

Date of Birth: ____/____/_____ Social Security No.:_____

Signature: _____ Date: ____/_____/____

Witness Signature: _____ Date: ____/_____/____

OFFICER USE ONLY

Officer Conducting Background Investigation: _____ Badge#:_____

Notes:

_____
_____
_____
_____

Signature/Date: _____