PAUL DAILEY CHIEF OF POLICE (856) 939-0666



24 N. Filigii Horee Pine Runnemede, NJ 08078

HEADQUARTERS
856-939-0622
COMMUNICATIONS
856-939-3354
FAX (ADMINISTRATION)
856-939-6778
FAX (PATROL DIVISION)
856-939-5748

DATE APPLICATION TURNED OVER TO APPLICANT:
Dear Applicant,
Enclosed please find an employment application for the Runnemede Police Department for the position of:
OCC
Officer.

Complete the entire application, answering each question carefully. If a particular question does not pertain to you individually, so state with N/A. Use a black ink pen and print legibly.

THIS APPLICATION MUST INCLUDE THE FOLLOWING DOCUMENTS (PHOTOCOPIES):

- 1. Birth Certificate
- 2. Social Security Card
- 3. Naturalization papers (if applicable)
- 4. Drivers License & Registration(s) of all owned vehicles
- 5. High School Transcript and diploma or G.E.D. Certificate
- 6. College Transcripts
- 7. Military Records, Discharge papers (DD214)
- 8. Marriage Certificate and/or Divorce papers
- 9. If applicant was a police officer, previous employment records
- 10. If applicant is a police officer, all training certificates

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24 N. Fleich Horse Phie Rukwensere, NJ 66676

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RUNNEMEDE POLICE DEPARTMENT

TO: Motor Vehicle Services

Bureau of Information Update & Retrieval Driver Abstract

CN 142

Trenton, NJ 08666-0142

Re: Driver's Abstract - Unit Code 6746

Please provide this department with a certified abstract of any motor vehicle history for the following Police Officer applicant:

me:
dress:
iver's License Number:
te of Birth:
e Color: Sex:
Please send the abstract to the attention of the undersigned Investigator.
Thank You.
Sincerely,

Runnemede Police Department

Investigator

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RUNNEMEDE POLICE DEPARTMENT

AUTHORIZATION FOR THE RELEASE OF MILITARY RECORDS

IO:	Commander, U.S. Army Reserve Pe	rsonnel Ce	nter	Date:	
	9700 Page Boulevard				
	St. Louis, MO 63132-5200				
Print I	Full Name While In Service				
As an	applicant for a position with the Runne	emede Poli	ce Departme	ent, I authorize the Natio	onal Personnel Record
Center record	r to release to the Runnemede Police D ls.	Department	information	or photocopies from m	y military personnel
This s	hould include a photocopy of my DD2	14 "Report	of Separation	on". I am required to fur	rnish certain military
record	ls to complete the investigation of my	character.			
Signat	ture of Applicant:				
Branc	h of Service:		Service #:		
SSN:		-			
Dates	of Active Duty: From to	·	Dates of R	Reserve Duty: From	to
Preser	nt Military Status: Coast Guar	rd Reserve:	Na	ational Guard – State	
Preser	nt Home Address:				
Date o	of Birth: Place	ce of Birth:			
			City	State	County
	E COMPLETED BY RECORDS OFFICE finish information to:	CE		Entry Date:	
	emede Police Department			•	
	Black Horse Pike			• -	

PAUL DAILEY CHIEF OF POLICE (856) 939-0666



24 N. Flagh Horse Pine Runnemere, NJ 06070

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RESIDENCY STANDARDS

I,	, have read and fully
understand the residency requireme	nts as set forth in 4A:4-2.11. I have complied with
these standards.	
	Applicant's Signature
	Date
	Investigator

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INTERNET SOCIAL NETWORKING WAIVER

		, bring duly sworn, on this		, do nerby state that I have
ne or	more profiles on any of the	below listed social network		
under	stand that the Runnemede	Police Department is condu	ucting an official	investigation and has requested that
rant n	ny consent to authorize the	Runnemede Police Departi	ment to access, r	request, receive, review, copy, and
therw	ise utilize, as they deem ap	propriate, the following inf	formation from t	he above files.
	Basic user identity infor	mation, stored user files,	general records	s, private user communications
hereb	y authorize any agent of th	e above referenced agency,	, the below speci	fied information associated with my
dentifi	ed profiles accounts. The f	following information should	ld be used to ver	rify my identity: Website/Network,
Email,	Password, Date of Birth, a	nd zip code for account.		
Δ	Website Network		Fmail:	
A.				Zip Code:
	Password:	Date of Birth:		Zip Code:
	Password: Website Network:	Date of Birth:	Email:	Zip Code:
	Password: Website Network:	Date of Birth:	Email:	Zip Code:
B.	Password: Website Network: Password:	Date of Birth: Date of Birth:	Email:	Zip Code:
В.	Password: Website Network: Password:	Date of Birth: Date of Birth:	Email:	Zip Code:
В.	Password: Website Network: Password: Website Network: Password:	Date of Birth: Date of Birth: Date of Birth:	Email:	Zip Code:
В.	Password: Website Network: Password: Website Network: Website Network:	Date of Birth: Date of Birth: Date of Birth:	Email: Email:	Zip Code:
B. C.	Password: Website Network: Password: Website Network: Password: Website Network:	Date of Birth: Date of Birth: Date of Birth: Date of Birth:	Email: Email:	Zip Code: Zip Code:

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l,	, being duly sworn, on this	do hereby state the following
I have one or more profiles on F	Facebook.com. The URL's Friend ID's are:	
I understand that the Runnemed	le Police Department is conducting an offici	al investigation and has requested that
grant my consent to authorize th	e Runnemede Police Department to access	s, request, receive, copy, and otherwise
utilize, as they deem appropriate	e, the following information from the above f	iles.
Basic user identity information	n, stored user files, general records, priv	rate user communications
I hereby authorize Twitter.com to	o provide any agent of the above referenced	d agency, the above specified
information associated with my i	dentified Facebook.com profile/accounts. T	he following information should be used
to verify my identity:		
Email address for account:		<u> </u>
Password for account:		
Date of birth for account:		<u>_</u>
Zip Code for account:		
Pursuant to this Consent, I wa	nive any claims against, indemnify and he	old harmless Facebook.com, its
affiliates and their representat	ive directors, officers, agents and any er	mployees from and against any
crimes, damages or expenses	relating to or arising from, in whole or in	n part, the disclosures of providing
this consent and authorization	n. In witness whereof, the undersigned m	nakes the above statements under
penalty of perjury.		
Mombor Signature	Printed Name	Date
Member Signature	riinted Name	Date
Member Signature	Printed Name	 Date

PAUL DAILEY CHIEF OF POLICE (856) 939-0666



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FAX (PATROL DIVISION)
856-939-5748

l,	, being duly sworn, on this	do hereby state the following:
I have one or more profiles on Tv	vitter. The URL's Friend ID's are:	
I understand that the Runnemede	Police Department is conducting an offic	ial investigation and has requested that I
grant my consent to authorize the	Runnemede Police Department to acces	s, request, receive, copy, and otherwise
utilize, as they deem appropriate,	the following information from the above	files.
Basic user identity information,	, stored user files, general records, priv	vate user communications
I hereby authorize Twitter.com to	provide any agent of the above reference	d agency, the above specified
information associated with my id-	entified Facebook.com profile/accounts. T	The following information should be used
to verify my identity:		
Email address for account:		<u> </u>
Password for account:		
Date of birth for account:		
Zip Code for account:		
Pursuant to this Consent, I wai	ve any claims against, indemnify and h	old harmless Facebook.com, its
affiliates and their representative	e directors, officers, agents and any e	mployees from and against any
crimes, damages or expenses r	elating to or arising from, in whole or i	n part, the disclosures of providing
this consent and authorization.	In witness whereof, the undersigned n	nakes the above statements under
penalty of perjury.		
Member Signature	Printed Name	Date
Member Signature	Printed Name	Date

PAUL DAILEY CHIEF OF POLICE (856) 939-0666



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l,	, being duly sworn, on this	do hereby state the following
I have one or more profiles on Instagra	am. The URL's Friend ID's are:	
I understand that the Runnemede Police	e Department is conducting an offic	ial investigation and has requested that
grant my consent to authorize the Runr	nemede Police Department to acces	s, request, receive, copy, and otherwise
utilize, as they deem appropriate, the fo	ollowing information from the above	files.
Basic user identity information, store	ed user files, general records, priv	vate user communications
I hereby authorize Twitter.com to provid	de any agent of the above reference	d agency, the above specified
information associated with my identifie	ed Facebook.com profile/accounts. T	he following information should be used
to verify my identity:		
Email address for account:		
Password for account:		
Date of birth for account:		
Zip Code for account:		
Pursuant to this Consent, I waive an	y claims against, indemnify and h	old harmless Facebook.com, its
affiliates and their representative dir	ectors, officers, agents and any e	mployees from and against any
crimes, damages or expenses relatir	ng to or arising from, in whole or i	n part, the disclosures of providing
this consent and authorization. In wi	tness whereof, the undersigned n	nakes the above statements under
penalty of perjury.		
Member Signature	Printed Name	Date
Member Signature	Printed Name	Date