BOROUGH OF RUNNEMEDE POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



ATE RECEIVED:				
SITION APPLIED	FOR:			
II Time Police Offi	icer Special	Officer-I	Special Officer-II	
	LAST NAME	FIRST	MIDDLE	
AFFIX HEAD AND				
SHOULDER COLOR PHOTOGRAPH				
	STREET ADDRESS		CITY, STATE, ZIP CODE	
TAKEN WITHIN THE LAST SIX MONTHS				

ALTERNATE NUMBER

PHONE NUMBER

This formal application form will be used to record information concerning applicants for employment with the Runnemede Police Department. Read every question carefully. Answer every question. LEAVE NO BLANK SPACES. If a question does not apply to you, enter N/A (not applicable). The applicant will personally prepare this form. All entries except signatures must be printed legibly in block letters and BLACK ink. If space is insufficient for answering a question add an additional page.

WARNING:

Any misstatement of fact, omissions or attempt to mislead this agency, its investigators or the appointing authority, deliberate or in error, may lead to your disqualification.

Δ	NSWEI		QUES'	PIONS
-		` — LL	. WUES	

NOTE: It is the responsibility of the applicant to notify the Runnemede Police Department in writing of any changes after application is processed.

PERSONAL DATA

LAST NAME	FIRS	T NAME	MIDDLE
SOCIAL SECURITY N	IUMBER		STATE ISSUED
WHERE WERE YOU BO	DRN?		
	CITY	//TOWN	STATE
BIRTH CERTIFICATE			
	NUMBER	CITY/TOWN	STATE/COUNTRY
IF FOREIGN BORN, AR	E YOU NATRULAIZE	D? YES 🗆	NO□

.)	DATE OF BIRTH		AGE	SEX					
	HEIGHT	WEIGHT	EYECOLOR	HA	IR				
)	In chronological o	rder (starting with the r	most recent) List every	/ place you have resid	ded				
FROM	(MONTH/YEAR)	TO (MONTH/YEAR)	STREET AL	DDRESS/CITY	STATE	ZIP			
5) 7)	ARE YOU SINGLE DIVORCED MARRIED WIDOW I								
3)		nild born to you – includ				-			
	Name	Date of Birth	Place of Birth		resides and addı	ess			

OR —	MAL EN	MPLOYME	NT APPLIC	ATIC	ON			
9)	Are you	ı now supporting	these children?	,	res 🗆	№ □		
	IF NO,	EXPLAIN						
0)	List oth	er dependants o	or persons residing	in your	househol	d		
	Namo	e	Date of Birth	ı	Social	Security Number	er Occupation	on/Employer
<u>11)</u>	List family	y information – F	ather, mother, spo	ouse, sis	sters, and	brothers		
	Name	Relation	Address	Birt	hday	SSN	Phone #	Employer

List the names of three (3) friends or associates-include boyfriend, girlfriend or significant other if you don't reside with them currently

Name	Relationship	Full Address	Date of Birth	Phone Number

EDUCATION

13) List chronologically (earliest dates first) since elementary school, all high schools and colleges that you have attended; you may also list any training course you feel may benefit this application.

Fr	From To					
Month	Year	Month	Year	Name of school	Exact Address	Last Grade

14) List any problems with school/college (absenteeism, tardiness, poor grades, other discipline problems)

Date	Name of School/College	Problem (explain)

EMPLOYMENT

13)	List present employer (Include self	, part-time, military and volunteer work)
	NAME OF COMPANY	
	ADDRESS	
		POSITION
	DUTIES	
		COMPANY PHONE #
	NAME OF COMPANY	
	DATE HIRED	
	DUTIES	
		COMPANY PHONE #
14)	Are you engaged in any business a	as an owner, partner, stockholder or corporate member (active or
	silent)? YES 🗆 NO 🗀 IF YES, E	EXPLAIN

List each and every place you were previously employed since age 18 in chronological order, starting with the most recent. Include part-time, full-time, military service and volunteer work.

START DATE	END DATE	EMPLOYERS NAME/ BRANCH OF MILITARY	PHONE #	SUPERVISOR	REASON FOR LEAVING

16)	Did you ever serv	e in the mi	litary of any cou	ntry? YES 🗆	NO \square
	IF YES, WHAT C	OUNTRY?	·		
	BRANCH	HIGHI	EST RANK	SPECIALTY	SERVICE SERIAL #
					-
<u> </u>					
17)	Were you ever di	scharged c	or asked to resig	n from employment?	YES □ NO □
	EMPLOYER	DATE	OF ACTION	SUPERVISOR	TYPE OF DISCHARGE AND REASON
		57112	or Action	OO! EKVIOOK	AND READOR
18)	Were you ever su	ubjected to	any disciplinary	action in connection	with any employment or military
	service? YES	NO \square	IF YES, GIVE D	ETAILS BELOW	
	EMPLOYER	DATE	OF ACTION	SUPERVISOR	TYPE OF DISCHARGE AND REASON
<u> </u>					
19)	Have you previou	ıslv made a	annlication to the	Dunnamada Dalias	Department? YES □ NO □
,		aoi, illaac c	application to the	Runnemede Police	
	Or any other law	-			
	Or any other law	enforceme	nt agency?		•
	Or any other law	enforceme OSITION I	nt agency? DID YOU APPLY	YES □ NO □	•
	Or any other law	enforceme POSITION I	nt agency? DID YOU APPLY	YES NO Y FOR	•
	Or any other law IF YES, WHAT P COMPLETE INFO	enforceme POSITION I	nt agency? DID YOU APPLY N BELOW	YES NO Y FOR	<u> </u>
	Or any other law IF YES, WHAT P COMPLETE INFO	enforceme POSITION I	nt agency? DID YOU APPLY N BELOW	YES NO Y FOR	<u> </u>

20)

Have you ever	YES 🗆	NO □							
Have you ever been arrested, indicted or convicted for a criminal violation? YES \square NO \square									
Have you ever had any criminal record expunged? YES \square NO \square									
Have you ever been arrested for or charged as a disorderly person? YES \square NO \square									
Have you ever l	been arres	sted or ch	narged for violating	a city ordinance?		YES □	NO □		
Have you ever l	been inves	stigated l	oy any law enforce	ment or private age	ency?	YES □	NO □		
Have you ever I	been held	as a ma	terial witness?			YES □	NO □		
IF YOU ANSWE			Y OF THE ABOVE	E QUESTIONS, YO	OU MUS	T EXPLAII	N AND		
DATE	DATE AGE		VIOLATION/ CHARGE	LOCATION	DISPOSITION		AGENCY NAME		
21) Have you or your spouse ever been subpoenaed, summoned, requested or required to testify before any municipal, state or federal agency, committee, or other investigative body? YES □ NO □									
DATE			ACTION OR ROCEEDING	REASON			OF AGENCY, BODY		

ARRESTS, SUMMONSES

ILLEGAL DRUGS

22)	Have you ever	, or are you pr	esently using illegal drugs?	YES □	NO □
	Have you ever	inhaled or ing	ested any illicit substance to	experience eup	horia or felling of well
	being?	YES □	NO 🗆		
	IF YES EXPLA	AIN:			
AGAIN DRUG (INCLU BY TH SHOU BAN F YEAR:	N DURING TRA S IN THE APPL USION OF THE IE NJSP, WHIC LD APPLICAN ROM OBTAINI S FROM THE D	INING. A POS LICANTS URI APPLICANTS H INFORMAT T AGAIN APP NG SWORN I DATE OF A PO	RINALYSIS IS MANDATORY SITIVE CONFIRMATION OF NE WILL RESULT IN. (REJE S POSITIVE TESTING IN A G TION WILL BE AVAILABLE TO LY FOR FUTURE LAW ENF LAW ENFORCEMENT EMPL DISTIVE CONFIRMATION TE	THE PRESENCECTION FOR EICENTRAL REGITHROUGH COURTON EORCEMENT ELOYMENT FOR	CE OF ILLEGAL MPLOYMENT), BISTRY MAINTAINED URT ORDER OR EMPLOYMENT AND (A
SIGNA	ATURE				

MOTOR VEHICLE HISTORY

23) If you possess any of the following items, complete the form below.

Item	Plate/DL Number	State	Description	Date Issued	Date Expires
Motor Vehicle Registration					
2 nd Motor Vehicle Registration					
Motor Vehicle Driver's License					
Operator's License For any other vehicle					

24) Have you ever received a summons for violating motor vehicle laws in NJ?	YES □	NO □
Or violating motor vehicle laws in any other state?	YES □	NO □
Has your motor vehicle registration ever been revoked or suspended?	YES □	NO □
Has your driver's license ever been revoked or suspended?	YES □	NO □

If you answered YES provide details below (attach additional sheet if necessary)

Date	Age	Violation	Location	Disposition	Name of Agency

25)	Have you ever been involved in a motor vehicle accident as a registered owner or operator?						
	(regardless of fau	it) YES 🗆 NO 🗆					
	If YES, how man	y times? Give	details of accident(s) below				
	Location Date of Accident Disposition Agency Occurred						
26) Has your motor vehicle insurance ever been cancelled or refused? YES \(\subseteq \) NO \(\subseteq \) IF YES explain: 27) List below current insurance information							
	Insurance Co.	Policy #	Name of Agency	Phone Number			

GENERAL

28) Ha	Have you any garnishment, wage assignment, lien, or judgment pending against you? YES \(\sigma\) NO \(\sigma\)							
	lf `	YES give details below							
	TYPE: arnishment. dgment, etc.	With whom: Name, Address & Zip Code	Area Code & Phone #	When Incurred	Original Amount	Present Amount	Monthly Payment	Amour	
								1	
31) Are	all tax payments required to t	pe made by you	ı current?		YES □	NO		
	Are	payments on all loans (includ	ing student loa	ns) current?		YES □	NO		
	Are	all charge accounts or other	monthly installn	nent obligations o	current?	YES □	NO		
	lf N	IO to any of the above pleas	e explain:						
		o to any or and another produc							
32) Ha	ve you ever been bonded?				YES 🗆	NO		
	Have you ever been refused a bond?						NO		
	If Y	If YES to any of the above please explain:							
33	Were you or your spouse ever summoned or subpoenaed to court in a civil action or proceeding in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction?								
						YES □	NO		
	Indicate below every civil action or proceeding in which you or your spouse were summoned or subpoenaed, or in which you or your spouse were a third party and also the contingent possibilities as described above:								
	Date	ate Action or Proceeding Plaintiff, defendant, petitioner, respondent or witness?			Cour	t Dispositio	on		

ALL APPLICANTS MUST COMPLETE THIS SECTION

34)	Have you ever applied for any pistol license, firearms ID card, or dealer's license in this or any other							
	state? YES 🗆 NO							
		SUBVER	SIVE ACTIVITY					
35)	Are you now, or have you ever been, a member, associated with, or affiliated with any subversive organization, movement, or group, or have you associated with any individuals, including relatives whon you have reason to believe are or have been members of any such organization or group which advocate the overthrow of our constitutional form of government, or which seeks to alter the form of the state or federal government by unconstitutional or unlawful means? YES NO							
	family, association, o	Are you now, or have ever been, a member associated with, or affiliated with any organized crime group or family, association, or have you associated with any individuals, including relatives whom you have reason to believe are or have been members of any such organization or group? YES NO						
	If YES to the above	, please explain:						
36)	questions which is or eligibility and qualific concerning your char	Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for this position, including but not limited to, knowledge or information concerning your character, temperance, habits, employment, education, family, association, criminal records, traffic violations, residence or otherwise?						
	15 VEO to the above			YES \square NO \square				
37)	If YES to the above, please explain: List the names of any Federal, State, or Local Law Enforcement Officers with whom you are personally acquainted.							
	Name Phone # Agency Name How are you acquainted?							

CERTIFICATION

I certify that all 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 if it is determined that I have misrepresented any facts in this application that I will be disqualified from the selection process. Further, I authorize the Runnemede Police Department to verify any and all information contained herein and to review my employment, education, financial and criminal history, military, medical, disciplinary and other records and information from any source as noted in the duty executed authorization and release form.	
I have read this Certification and I understand and agree to the conditions imposed herein.	
APPLICANT SIGNATURE: DATE:	

AFFADAVIT

STATE OF		
COUNTY OF		
Before me personally appeared the saidabove instrument of his/her own free will and a		
Sworn to and subscribed before me this	day of	20
My Commission expires on	_ Notary Public	

THIS PAGE MUST BE COMPLETED FOR ALL THAT ARE APPLYING FOR THE POSITION OF POLICE OFFICER OR SPEICLA LAW ENFORCEMENT OFFICER ONLY AND THE REFERENCE MUST NOT BE A SWORN MEMBER OF THE RUNNEMEDE POLICE DEPARTMENT, OR PERSONS WHO ARE ALREADY LISTED IN ANY OTHER SECTION OF THIS APPLICATION.

THE POLICE OFFICER OR SPECIAL OFFICER APPLICANT MUST OBTAIN THREE REPUTABLE CITIZENS (NO RELATIVES) WHO WILL VOUCH FOR THE HONESTY, REPUTATION AND ABILITY OF THIS APPLICANT.

PERSONAL REFERENCE #1

I, the undersigned, declare that I am over eighteen years of age, I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant.

I will, upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL (PLEASE PRINT OR TYPE)

Name	Home Phone No
Address	
City, State, Zip Code	
Date of Birth	Social Security No
Occupation	Business Phone No
Business Address	
How long have you known the applicant?	
Is the applicant of good character and reputation?	
Reference Signature	Date

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PERSONAL REFERENCE #2

I, the undersigned, declare that I am over eighteen years of age, I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant.

I will, upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL (PLEASE PRINT OR TYPE)

Name	Home Phone No
Address	
City, State, Zip Code	
Date of Birth	Social Security No
Occupation	Business Phone No
Business Address	
How long have you known the applicant?	
Is the applicant of good character and reputation?	
Reference Signature	Date

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PERSONAL REFERENCE #3

I, the undersigned, declare that I am over eighteen years of age, I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant.

I will, upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL (PLEASE PRINT OR TYPE)

Name	Home Phone No
Address	
City, State, Zip Code	
Date of Birth	Social Security No
Occupation	Business Phone No
Business Address	
How long have you known the applicant?	
Is the applicant of good character and reputation?	
Reference Signature	Date

TO WHOM IT MAY CONCERN, I am an applicant for a position with the Runnemede Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Runnemede Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Runnemede Police Department whether said records are of public, private, or confidential nature. 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 that may provide pertinent data for the Runnemede Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information however personal and confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, at the custodian of such records of the Runnemede Police Department, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Runnemede Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Runnemede Police Departments acceptance and processing of my application for employment, I agree to hold the police department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Runnemede Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Ace of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Runnemede Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said Photocopy or FAX does not contain an original writing of my signature.

not contain an original writing of my signature.	
This waiver is valid for a period of from the date of my signature.	
Should there be any questions as the validity of this release, you may contact me at the address listed on this form.	
I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address list	ed on
this form.	

I agree to indemnify and hold harmless the person whom this request is presented and his agents and employees, from and against all claims damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Print Name	Date
Address:	Phone No

AUTHORITY TO RELEASE INFORMATION

To whom it may concern,

I hereby authorize any authorized representative of the Runnemede Police Department bearing this release, or copy thereof, to obtain any information personally or copies of, your files, records, or references, pertaining to me that will be utilized in an investigation for potential employment. The release is approved for disclosure of records of employment, educational records (including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records), medical records, credit records, (including credit card and payment device numbers), and law enforcement records (including but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the use of the Runnemede Police Department. Consent is granted for the Runnemede Police Department to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social security account number on a voluntary basis with the understanding such is not required by federal statute or regulation. This serves as notice that the Runnemede Police Department will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application.

Full Name:		
	(Signature)	
Full Name:		Date:
	(Printed)	
Social Security No: _		
Witness:		-
	(Runnemede Police Department)	