

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 honestly. 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 the Operations' Officer, Officer Robert Frett or your background investigator.

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 applications 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.

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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.

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 4 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 6 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 10 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 12 is **YES**, enter date of graduation: ____/____/____
 Which Police academy did you graduate from? _____
 YEAR MONTH DAY

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 14 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 #16 is YES, enter dates of employment: from ____/____/____ to ____/____/____
 Name of Agency/State: _____: Title: _____
MONTH
DAY
YEAR

Signature/Date: _____

DOCUMENT CHECK LIST

The following copies of 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*. Missing documents will delay the application process. These documents must be submitted at your first scheduled appointment with the Police Director/ Operations Officer/ Background Investigations Unit.

- _____ Birth Certificate
- _____ 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.

POSITION(S) APPLYING FOR

Please check the position(s) you wish to be considered for:

POLICE OFFICER

DISPATCHER

CIVILIAN

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/her self 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 NAMEFIRST NAMEMIDDLE NAME

2. DATE OF BIRTH: ____/____/____ TELEPHONE NUMBER: _____
MONTH DAY YEARW/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 <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

12. List all persons that currently reside with you:

Name (Last, First, Middle)	Relationship	Date of Birth	Criminal Record
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

Signature/Date: _____

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

<u>Name (Last, First, Middle)</u> _____	<u>Relationship</u> _____	<u>Contact #</u> _____	Criminal Record: YES <input type="checkbox"/> NO <input type="checkbox"/>
Complete Address: _____ _____			
			<input type="checkbox"/> <input type="checkbox"/>
<u>Name (Last, First, Middle)</u> _____	<u>Relationship</u> _____	<u>Contact #</u> _____	Criminal Record: YES <input type="checkbox"/> NO <input type="checkbox"/>
Complete Address: _____ _____			
			YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>Name (Last, First, Middle)</u> _____	<u>Relationship</u> _____	<u>Contact #</u> _____	Criminal Record: YES <input type="checkbox"/> NO <input type="checkbox"/>
Complete Address: _____ _____			
			YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>Name (Last, First, Middle)</u> _____	<u>Relationship</u> _____	<u>Contact #</u> _____	Criminal Record: YES <input type="checkbox"/> NO <input type="checkbox"/>
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/Rifle/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 <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		

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: _____

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: _____

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
------	--------	--------

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
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Telephone#” _____ FULL TIME PART-TIME

Dates of Employment: From: _____ To: _____

Position/Title: _____ Supervisor’s Name: _____

Weekly Salary: _____ Hours Per Week: _____

Signature/Date: _____

B. 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: _____

C. 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: _____

D. 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: _____

E. 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: _____

F. 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: _____

G. 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: _____

H. 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: _____

I. 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: _____

J. 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: _____

K. 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: _____

L. 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: _____

M. 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: _____

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: _____

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: _____

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

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 :

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:

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 regards 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:

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 of 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 of the circumstances below:

Signature/Date: _____

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

YES

NO

If yes, explain in full, all of 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 Expert \, 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: _____

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 of 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 of 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: _____

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

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:

**Lt. Jason Spera
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 photo copy 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 hereby 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 presence of illegal drugs will result in the rejection of my application for employment. I understand that in the case of a positive test result, my name will be forwarded to a central registry maintained by the Division of State Police and will be made 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 of 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 comporment 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:

**Lt. Jason Spera
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 photo copy 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

Patrick J Riley, Sr.
Chief of Police
Office 856-299-7003

Lt. Jason Spera
Operations Officer
Office: 856-299-0311

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: _____