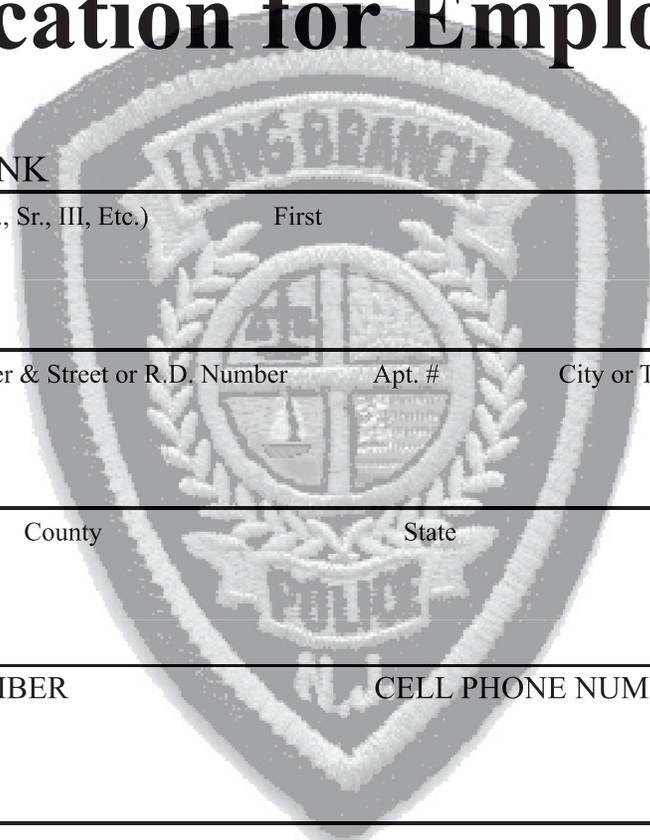


Position
Social Security No.
D.O.B.

City of Long Branch Police Department Application for Employment



PRINT IN BLACK INK

NAME	Last (Suffix - Jr., Sr., III, Etc.)	First	Middle
HOME ADDRESS	Number & Street or R.D. Number	Apt. #	City or Town
	County	State	Zip Code
HOME TELEPHONE NUMBER	CELL PHONE NUMBER		
E-MAIL ADDRESS			

**PLEASE READ ALL INSTRUCTIONS CAREFULLY
PRIOR TO COMPLETING APPLICATION**

APPLICANT: READ THIS FIRST!!!

This Personal History Statement is the most important document in the application process. **You must follow these instructions exactly.** There are many more applicants for public safety jobs than available positions. Neither investigators nor administrative staff will correct your responses. **Your answers must be true, correct and complete when you prepare them.** If you fail to follow these instructions, we will terminate the interview and it may not be rescheduled for a long period of time due to the great number of applicants to be processed. Before printing answers in this application, **read all instructions.** There are many documents that you must obtain, and they are necessary before you can answer some questions.

- **Answer every question, do not leave any question unanswered. Failure to provide any information will be considered a deception. If a question does not apply to you, print “DNA” in that section to indicate that it does not apply to you.** If you do not know the answer to a question then, after making every reasonable attempt to get the information, print “I do not know” in that section.
- **You must print all entries in black ink.** Do not type or otherwise prepare this application except by printing the answers yourself.
- **YOU MUST HAVE THIS APPLICATION NOTARIZED** on the last page.
- **All entries must be printed legibly in BLOCK LETTERS.**

When mentioning people, **always** identify each person by her or his full correct name. Always give complete addresses. Do not assume investigators will try to discern correct spelling, correct addresses, correct zip codes or correct telephone numbers. This is your responsibility.

When completing the residence portion of this application, be sure to provide **every** address at which you have resided since your birth, and provide these addresses in reverse chronological order starting with your current address and going back to the address at the time of your birth. If necessary, call the appropriate person to get a full correct address and the time period that you resided at any given address.

In the employment portion of this application, provide **every** employer where you have worked in your lifetime. Provide these employers in reverse chronological order starting with your current employer and going back to the very first job you ever held. If there was ever a period of unemployment, enter it into the application in the same manner as you would enter another employer by writing “Unemployed” in the block marked “Name of Employer.” Further, if you worked more than one job at a time, place the primary job first and enter the part-time or secondary job in the block immediately after the primary job.

If you run out of space in any section, continue the section in the continuation pages provided at the back of this application.

PROVIDE COMPLETE AND HONEST ANSWERS TO EACH QUESTION. [MORE PEOPLE ARE NOT HIRED BECAUSE OF OMISSIONS OR CONCEALMENT THAN BECAUSE OF PREVIOUS BEHAVIOR.] ANY OMISSION OR CONCEALMENT OF INFORMATION WILL BE CONSIDERED DECEPTION. WHILE MISTAKES, INDISCRETIONS OR OTHER SITUATIONS IN YOUR LIFE HISTORY MAY OR MAY NOT BE CONDONED, DECEPTION WILL ABSOLUTELY NOT BE TOLERATED, AND WILL BE CAUSE FOR REMOVAL FROM THE APPLICATION PROCESS.

Complete this document quickly but accurately. When we assign your case to an investigator, (s)he will call you for an interview. We will not interview you unless this document is complete. When you come for an initial interview, dress in appropriate business attire, be on time and have all required documents with you. The first impression that you make may be the last.

**PAPERS AND DOCUMENTS REQUIRED AT THE INTERVIEW (AS APPLICABLE):
YOU MUST BRING ORIGINAL DOCUMENTS TO YOUR INITIAL INTERVIEW**

1. Birth certificate
2. High school diploma or certificate of high school equivalency. ** High school equivalency certificate (e.g., GED report) MUST be accompanied by the test score report.
3. Official sealed and unopened high school and college or university transcripts. If the school will not give you the transcripts, have them mailed to: City of Long Branch Police Department 344 Broadway Attn: Background Investigation Unit Long Branch, NJ 07740.
4. DD Form 214, Certificate of Discharge from the Armed Forces, for each period of military service the DD Form 214 must be the copy that reflects "Reentry Code."
5. Marriage license(s).
6. Naturalization certificate.
7. All Court orders or papers related to you or your immediate family, including but not limited to:
 - * Divorce decree(s)
 - * Name change(s)
 - * Adoption(s)
 - * Civil or criminal court orders or dispositions
 - * Bankruptcy order(s)
 - * Ex Parte orders
 - * Paternity suits
8. Social Security Card.
9. Driver's license, any vehicle registration card(s) and proof of vehicle insurance.
10. Selective Service card or letter from Selective Service proving you registered (males only).
11. State and federal income tax forms, to include W-2's for the last two years.
12. Credit history (from a nationally recognized credit reporting service).
13. Any and all professional degrees / certifications.

**ALL DOCUMENTS WILL BE COPIED AND RETURNED
FAILURE TO BRING ALL APPLICABLE DOCUMENTS MAY
RESULT IN YOUR DISQUALIFICATION.**

Personal Data

For Official Use Only

Please Check One (*Optional*)

- White (Male)
- White (Female)
- Black (Male)
- Black (Female)
- Hispanic (Male)
- Hispanic (Female)
- Asian (Male)
- Asian (Female)
- American Indian (Male)
- American Indian (Female)
- _____ Other

1. Full Name _____
Last Name Jr., Sr., III, Etc. First Name Middle Name

2. Give any other names you have used or been known by, and attach a statement, giving reasons (if none, so state) _____

3. Place of Birth _____
City/Town State/Country Zip Code

4. Birth Certificate _____
Number City/Town State Zip Code County

5. Date of Birth _____ Age _____ Sex _____
Month Day Year

6. Height _____ Weight _____ Eyes _____ Hair _____

7. Social Security Number _____ State Issued _____

8. Do you wear contact lenses or glasses? Yes or No _____

9. Scars, Marks or Tattoos, If yes, describe and provide location(s) _____

Citizenship

1. Native born or naturalized citizen? Native Born Naturalized

If you are of foreign birth or are a naturalized citizen, please provide the following:

Country of Birth _____

Port or place of departure for the United States _____ Date _____

How were you transported into the United States? (Ship, Plane, Train, etc.) _____

Name of transport conveyance and/or company you arrived on _____

Port or place of entry into the United States _____

If a naturalized citizen, name and address of person who sponsored you on arrival

First address after arrival _____

How did you obtain citizenship? _____

Petition Number _____ Date _____ State _____

Court _____ Certificate Number _____

Social Status

1. Marital Status (single, married, separated, divorced, widowed) _____

2. List number of times married: _____ For any marriages provide the following information:

Partner's Full Name Prior to Marriage	When	Where	By Whom

3. For every marriage that was terminated state the following required information:

Partner's Name	Date Issued	Offending Party as Decreed by Law	Where Issued (Court & State)
Status (Separated, Annulled, Divorced)	By Whom		Reason

Partner's Name	Date Issued	Offending Party as Decreed by Law	Where Issued (Court & State)
Status (Separated, Annulled, Divorced)	By Whom		Reason

Partner's Name	Date Issued	Offending Party as Decreed by Law	Where Issued (Court & State)
Status (Separated, Annulled, Divorced)	By Whom		Reason

4. Do you have any children, whether alive or deceased? Yes or No _____

5. List below every child born to you:

Name	Date of Birth	Place of Birth	With Whom	Where Does Child Reside

6. Do you now provide support to any children whether born to you, adopted, or stepchildren?

Yes or No _____ If not, please state full details _____

7. Have you ever been involved in a paternity proceeding? Yes or No _____

If yes, please state full details _____

8. If single, please provide the following information for all relationships within the last 5 years (list current or last relationship first):

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Home Phone No.		Occupation	Work Phone or Cell Phone No.

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Home Phone No.		Occupation	Work Phone or Cell Phone No.

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Home Phone No.		Occupation	Work Phone or Cell Phone No.

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Home Phone No.		Occupation	Work Phone or Cell Phone No.

Relationship information continued...

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Home Phone No.		Occupation	Work Phone or Cell Phone No.

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Home Phone No.		Occupation	Work Phone or Cell Phone No.

9. Family Information -Provide the following information for your immediate family members alive or deceased (father, mother, sisters/brothers, spouse, stepfather/stepmother, etc)

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Relationship	Home Phone No.	Occupation	Work Phone or Cell Phone No.

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Relationship	Home Phone No.	Occupation	Work Phone or Cell Phone No.

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Relationship	Home Phone No.	Occupation	Work Phone or Cell Phone No.

Family information continued...

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Relationship	Home Phone No.	Occupation	Work Phone or Cell Phone No.

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Relationship	Home Phone No.	Occupation	Work Phone or Cell Phone No.

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Relationship	Home Phone No.	Occupation	Work Phone or Cell Phone No.

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Relationship	Home Phone No.	Occupation	Work Phone or Cell Phone No.

Name		Full Address (Include zip code)	
Date of Birth	Social Security Number	Name of Business/Employer	
Relationship	Home Phone No.	Occupation	Work Phone or Cell Phone No.

10. List name and other requested information for three friends and/or associates. **These individuals cannot be the same as your vouchers:**

Name		Full Address (Include zip code)		
Date of Birth	Social Security Number	Name of Business/Employer		
Home Phone No.	Cell Phone No.	Occupation	Work Phone No.	Years Known

Name		Full Address (Include zip code)		
Date of Birth	Social Security Number	Name of Business/Employer		
Home Phone No.	Cell Phone No.	Occupation	Work Phone No.	Years Known

Name		Full Address (Include zip code)		
Date of Birth	Social Security Number	Name of Business/Employer		
Home Phone No.	Cell Phone No.	Occupation	Work Phone No.	Years Known

11. List names and other requested information members of the Long Branch Police Department which you are socially or personally acquainted with:

Name	Address (if known)	Badge No.	Social/Personal

12. List names and other requested information of any relatives in the law enforcement field:

Name	Address	Department/Agency Name	Badge No.	Relationship

Education

1. Provide the information requested below for ALL schools you have attended since the ninth (9th) grade, in reverse chronological order (beginning with the most recent), include colleges and universities, as well as all business, trade and military schools.

A. School Name		Date of Attendance
Complete School Address <i>(Include Street, City, State, Zip)</i>		Major
School Telephone	Scholastic Standing or GPA	Diploma, Certificate or Degree Awarded

B. School Name		Date of Attendance
Complete School Address <i>(Include Street, City, State, Zip)</i>		Major
School Telephone	Scholastic Standing or GPA	Diploma, Certificate or Degree Awarded

C. School Name		Date of Attendance
Complete School Address <i>(Include Street, City, State, Zip)</i>		Major
School Telephone	Scholastic Standing or GPA	Diploma, Certificate or Degree Awarded

D. School Name		Date of Attendance
Complete School Address <i>(Include Street, City, State, Zip)</i>		Major
School Telephone	Scholastic Standing or GPA	Diploma, Certificate or Degree Awarded

E. School Name		Date of Attendance
Complete School Address <i>(Include Street, City, State, Zip)</i>		Major
School Telephone	Scholastic Standing or GPA	Diploma, Certificate or Degree Awarded

F. School Name		Date of Attendance
Complete School Address <i>(Include Street, City, State, Zip)</i>		Major
School Telephone	Scholastic Standing or GPA	Diploma, Certificate or Degree Awarded

2. Did you graduate from high school and receive a diploma? Yes or No _____ If yes go to question three if no provide the following information

Did you pass a G.E.D. Test? Yes or No _____

Name of Board of Education _____

Board's Complete Mailing Address _____

Date Diploma Issued _____

3. Do you possess any college degree(s) or professional license(s)? Yes or No _____

If yes, provide details _____

For college degree, provide: Grade point average (cumulative) _____

Total credits achieved toward degree _____

4. Do you speak/understand any languages other than English? Yes or No _____ If yes, provide

details _____

5. List any problems with school (absenteeism, tardiness, poor grades, other discipline problems) - include college

Date	School	Problems

6. It is understood that I must **immediately** take all appropriate steps to have all transcripts from all high schools and colleges attended to forwarded to:

Long Branch Police Department
Attn: Background Investigation Unit
344 Broadway
Long Branch, NJ 07740

**Applicant is responsible to pay any fees necessary to obtain these transcripts and have transcriptions forwarded directly from appropriate institutions.

Employment History

1. Present Employer:

Date Hired	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation	Immediate Supervisor (Name & Title)	Check One	
Your Title/Position	Your Salary \$	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Seasonal
	<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Volunteer
		<input type="checkbox"/> Temporary	<input type="checkbox"/> Unemployed
Describe your Duties			

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

3. Has your name ever been submitted or used as a trustee, officer, or in any capacity, or any labor or trade union, organization or affiliate? Yes or No _____ If yes, give details _____

4. Below list in reverse chronological, (most recent date first), each and every place you were previously employed. **Omit none.** Give **correct, full addresses.** Indicate periods of non-employment between periods of employment in proper sequence. Include all part-time employment.

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation	Immediate Supervisor (Name & Title)	Check One		
Your Title/Position	Your Salary \$	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Seasonal	
	<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Volunteer	
		<input type="checkbox"/> Temporary	<input type="checkbox"/> Unemployed	
Describe your Duties				
Reason for Leaving				

Employment history continued...

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

Employment history continued...

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

Employment history continued...

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

Employment history continued...

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

From Month/Year	To Month/Year	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation		Immediate Supervisor (Name & Title)		Check One
Your Title/Position		Your Salary \$		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed
		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other		
Describe your Duties				
Reason for Leaving				

5. Were you ever discharged or asked to resign from employment? Yes or No _____

If yes, how many times? _____ Give details of discharge or forced resignations below

Date	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation	Immediate Supervisor		Discharge or Resignation

Discharge/resignation information continued...

Date	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation	Immediate Supervisor		Discharge or Resignation

Date	Name of Company	Complete Address & Phone Number (include zip & area codes)	
Occupation	Immediate Supervisor		Discharge or Resignation

6. Were you ever subjected to disciplinary action in connection with any employment? Yes or No _____
 If yes, give details _____

7. Have you or your spouse ever been an officer or director of a corporation, manager or member of a limited liability company or partner of a partnership? Yes or No _____ If yes, give details _____

8. Have you, your spouse, or any corporation or partnership of which he/she was an officer, director, or partner ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency? Yes or No _____ If yes, give details _____

Has such license or permit referenced above, ever been revoked, cancelled or suspended? Yes or No _____
 If yes, give details _____

9. Have you ever sponsored, vouched for, served as character witness for, or made any recommendations for or concerning any person or premises to any municipal, state, federal, or other government agency in connection with the issuance, revocation, or suspension of any license or permit or for any other reason? Yes or No _____ If yes, give details _____

10. Have you ever received unemployment insurance or other federal, state or local benefits or assistance? Yes or No _____ If yes, please provide details below

From	To	Type of Assistance	Local Office	Address

11. Have you ever received any government assistance, allowance or other benefit to which you were not entitled? Yes or No _____ If yes, explain _____

12. Have you made application with any other police organization? Yes or No _____
If yes, provide the following information

Where	When	Status of Application

13. Have you ever been rejected by another police department for employment? Yes or No _____
If yes, where _____ When _____
Reason given _____

14. Were you ever a member of a social, labor, or fraternal organization? Yes or No _____
If yes, please provide details below

From Month/Year	To Month/Year	Name of Organization	Complete Address and Phone No.	Type of Organization Social/Labor/Fraternal

15. Have you had any extended work absences (for more than two weeks), other than vacation, while employed?
Yes or No _____ If yes, explain when, employer, and why _____

5. For all driver's licenses that are now or have ever been issued to you from any jurisdiction, provide details below (include all licenses whether suspended, revoked or otherwise not valid)

Issuing Jurisdiction	License Number	Expiration Date	Type of License

6. Is your license to drive or privilege to drive **now**, or has your license to drive or privilege to drive, **ever been**:
 Denied Refused Suspended Revoked Restricted for Employment Only
 Subject to **Any** Other Action

**Explain in detail any checked answers to question six

7. Has license plates to any vehicle which you have owned, now or ever been:

Denied Refused Suspended Revoked Flagged Subject to **Any** Other Action

**Explain in detail any checked answers to question seven

8. Enter the following information concerning any motor vehicle(s) owned or operated by you.

Make	Model		Year
License Plate Number	State Registered	Owner Name	
Owner Address			Owner Phone Number

Make	Model		Year
License Plate Number	State Registered	Owner Name	
Owner Address			Owner Phone Number

Motor Vehicle Information Continued

Make	Model	Year
License Plate Number	State Registered	Owner Name
Owner Address	Owner Phone Number	

Make	Model	Year
License Plate Number	State Registered	Owner Name
Owner Address	Owner Phone Number	

9. Provide information about insurance you currently carry on all of the automobiles registered to you or that you regularly operate:

Vehicle	Insurance Company	Policy Number	Type of Coverage

10. Did you ever possess a chauffeur's or commercial driver's license (CDL) or operator's license issued by New Jersey or any other state? Yes or No _____ If yes, give state and number of all such licenses

Arrests, Summonses, Etc.

1. Have you ever been arrested for or charged with Juvenile Delinquency? Yes or No _____
 If yes, provide information below:

Date	Age	Violation/Actual Charge	Location	Charge Reduced To	Court Disposition of Sentence	Police Agency Concerned

2. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, or federal agency, committee or other investigative body? Yes or No _____
 If yes, give details _____

3. Have you ever been involved in any domestic violence incident? Yes or No _____

If yes, give details below:

Date	Age at Time	Violation	Location	Court Disposition	Police Agency Concerned

4. Have you ever been charged or convicted of any domestic violence incident? Yes or No _____

If yes, insert information below:

Date	Age at Time	Violation	Location	Court Disposition	Police Agency Concerned

Continued from question four

5. Have you ever been detained or questioned by a law enforcement officer, private detective, or security personnel (public or private)? Yes or No _____ If yes, insert information below:

Date	Location	Circumstances	Agency Concerned

6. Have you ever, as a juvenile or adult, whether or not you were charged or convicted:
- | | Yes | No |
|--|--------------------------|--------------------------|
| A. Been arrested..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Been fingerprinted by a law enforcement or security official (excluding this application)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Been photographed by a law enforcement or security official | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Received a summons for any violation of the fish and game laws | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Been arrested for or charged with a violation of the disorderly persons act or other municipal ordinance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Been arrested, indicted, or convicted for any violation of the criminal law | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Had any criminal record expunged | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Been chased, by foot or automobile, by a law enforcement or security official..... | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Been suspect in an active investigation by a police department or any other law enforcement agency | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Been asked by a law enforcement officer to come to a police station or other law enforcement agency | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Been charged with any type of violation or crime by any law enforcement authority | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Issued a citation for a civil or criminal offense..... | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Given any type of court document ordering you to stay away from any person or place | <input type="checkbox"/> | <input type="checkbox"/> |
| N. Been convicted of any offense..... | <input type="checkbox"/> | <input type="checkbox"/> |
| O. Required to forfeit collateral in connection with an arrest or other court action..... | <input type="checkbox"/> | <input type="checkbox"/> |
| P. Been place on probation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Q. Been required to appear in juvenile court for an act that would considered be a crime if committed by an adult..... | <input type="checkbox"/> | <input type="checkbox"/> |

Military Service

1. Have you ever served in an active military organization of the United States? Yes or No _____
2. Have you ever served in a military organization of any foreign government? Yes or No _____
If yes, give details _____

3. Give branch of service _____
M.O.S. _____
Military speciality _____
4. Rank Held _____ Service Serial Number _____
Highest Rank Attained _____ Rank at Discharge _____

5. How many periods of active military service have you had (drafts, enlistments or recalls to service)? _____

6. Give period(s) of active service

From	To	Unit	Location	Commanding Officer

7. List all medals and decorations awarded you as a member of the military service

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

9. Do you have a National Guard or Reserve obligation? Yes or No _____
If yes, what is the date that it ends _____

10. What type of discharge(s) or separation(s) (honorable, dishonorable, honorable conditions) did you have from military service? _____

11. Has your discharge or separation notice ever been corrected, upgraded, or changed? Yes or No _____

12. If so, what was the nature of the change? Changed from _____ to _____

13. Were you ever barred from re-enlistment? Yes or No _____ If yes, explain _____

14. Were you subject to any military disciplinary action (judicial or non-judicial)? Yes or No _____
 If yes, explain _____
15. Were you ever counselled, reprimanded, or otherwise put on notice? Yes or No _____
 If yes, explain _____
16. Were you ever the subject of any investigation by any military authorities? Yes or No _____
 If yes, explain _____
17. Were you ever court martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action? Yes or No _____
 If yes provide: number of times _____ And for each give details of charges and dispositions

18. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state? Yes or No _____
 If yes state, active or inactive _____ Branch _____
 Regiment _____ Unit _____ Rank _____
 Address _____ From _____ To _____

19. List all duty assignments in chronological order. Include the unit, address, and your duties.

From	To	Unit	Location	Commanding Officer	Duties

Selective Service

1. Selective Service Number _____ Last Classification _____
2. Have you ever been denied entrance to any of the armed forces? Yes or No _____
 If yes, explain _____

General Information

1. Have you ever filed a petition for bankruptcy or has bankruptcy ever been filed against you involuntarily?
Yes or No _____ If yes, provide petition number, court, and disposition of case? _____

2. Have you ever had a financial judgment or garnishment placed upon you or any of your bank accounts?
Yes or No _____ If yes, explain _____

3. Do you now have or have you ever been subject to any wage garnishment on your salary, including child support judgment Yes or No _____ If yes, explain _____

4. Have you ever been delinquent on income tax or other tax payments? Yes or No _____
If yes, explain _____

5. Has there ever been a collection suit filed against you? Yes or No _____
If yes, explain _____

6. Has there ever been a lien filed against you or your property? Yes or No _____
If yes, please explain _____

7. Do you now have any financial judgements or other credit matters pending? Yes or No _____
If yes, explain _____

8. Have you ever had any real or personal property foreclosed on or repossessed? Yes or No _____
If yes, explain _____

9. List all loans, debts, and other financial obligations (secured or unsecured), which you owe or in any other way would be responsible for:

Type (loan, credit card, garnishment, judgment, etc.)		With Whom		
Complete Address				Phone Number
When Incurred	Original Amount	Present Balance	Monthly Payments	Amount in Arrears

Active loans and debts continued...

Type (loan, credit card, garnishment, judgment, etc.)		With Whom		
Complete Address				Phone Number
When Incurred	Original Amount	Present Balance	Monthly Payments	Amount in Arrears

Type (loan, credit card, garnishment, judgment, etc.)		With Whom		
Complete Address				Phone Number
When Incurred	Original Amount	Present Balance	Monthly Payments	Amount in Arrears

Type (loan, credit card, garnishment, judgment, etc.)		With Whom		
Complete Address				Phone Number
When Incurred	Original Amount	Present Balance	Monthly Payments	Amount in Arrears

Type (loan, credit card, garnishment, judgment, etc.)		With Whom		
Complete Address				Phone Number
When Incurred	Original Amount	Present Balance	Monthly Payments	Amount in Arrears

Type (loan, credit card, garnishment, judgment, etc.)		With Whom		
Complete Address				Phone Number
When Incurred	Original Amount	Present Balance	Monthly Payments	Amount in Arrears

Type (loan, credit card, garnishment, judgment, etc.)		With Whom		
Complete Address				Phone Number
When Incurred	Original Amount	Present Balance	Monthly Payments	Amount in Arrears

Active loans and debts continued...

Type (loan, credit card, garnishment, judgment, etc.)		With Whom		
Complete Address				Phone Number
When Incurred	Original Amount	Present Balance	Monthly Payments	Amount in Arrears

10. Current Assets: List below all information concerning your assets (include institutions and account numbers)

Asset	Description	Balance
Savings Account		\$
Checking Account		\$
Real Estate Owned		\$
Stocks and Bonds		\$
Life Insurance (cash value of whole life policy)		\$
Auto Cash Value		\$
Other Asset(s) (List)		\$
Total Asset Value		\$

11. Are you a co-maker or guarantor of an outstanding loan? Yes or No _____

If yes, explain _____

12. Have you ever been bonded? Yes or No _____

If yes, as to each time bonded, state details below:

Date	Reason	By Whom	Complete Address & Phone Number

13. Have you ever been refused a bond? Yes or No _____ If yes, by whom _____

14. Were you, your spouse or children ever summoned or subpoenaed to court involving a civil action or proceeding? Yes or No _____

Are you aware of any circumstances that may subject you, your spouse or children to any summons or subpoena in a court of civil action or other proceeding? Yes or No _____

If yes to either question, please provide details below

Date	Action or Proceeding	Location	Plaintiff, Defendant, Petitioner, Respondent or Witness	Court Disposition

Other Information

1. Have you ever possessed any firearm purchase permit, firearms ID card, firearms dealer license issued by this state or any other state or federal jurisdiction? Yes or No _____

If yes, provide details below

Permit Number	Firearms Dealer's License Number	Issuing Agency	State Issued

2. Do you now, or have you ever, used, tried, experimented with or otherwise experienced:
- | | | |
|---|--------------------------|--------------------------|
| Marijuana in any form? | Yes | No |
| Any other illegal drug (including ecstasy, ghb, etc)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Steroids? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any legally prescribed drug that was prescribed to someone else? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any substance that was inhaled in order to obtain a "high" feeling? | <input type="checkbox"/> | <input type="checkbox"/> |

Please fully explain any "yes" answers to question two

3. Have you ever taken an examination for appointment to the Long Branch Police Department?

Yes or No _____ If yes, list date(s) of written examination _____

(Check Box) If a background investigation was ever conducted on you by the New Jersey State Police.

4. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for the position of Police Officer in the Long Branch Police Department, including but not limited to, knowledge or information concerning your character, temperance, habits, education, subversive activities, family, association, criminal records, traffic violations, residence or otherwise?

Yes or No _____ If yes, give details _____

Vouchers

NOT TO BE SWORN MEMBERS OF THE L.B.P.D. OR ANY OTHER PERSON LISTED IN THIS APPLICATION

Upon completion of this application, you must obtain three reputable citizens (no relatives) who will vouch for your honest reputation, and ability.

Voucher One

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

The voucher should **read carefully all statements** made by the applicant in this application **before completing and signing** a voucher form.

I, the undersigned, declare that I am over eighteen years of age, that I have personally known the applicant for at least one year, that I have read the complete application of _____ and believe that 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.

Please Print

Name		Address (include City, State Zip)	
Home Phone No.	Cell Phone No.	Business Name & Address	
Date of Birth	Social Security Number	Occupation	Work Phone No.
How long have you personally known applicant?		Is applicant of good character and reputation?	
Signature			Date

Voucher Two

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

The voucher should **read carefully all statements** made by the applicant in this application **before completing and signing** a voucher form.

I, the undersigned, declare that I am over eighteen years of age, that I have personally known the applicant for at least one year, that I have read the complete application of _____ and believe that 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.

Please Print

Name		Address (include City, State Zip)	
Home Phone No.	Cell Phone No.	Business Name & Address	
Date of Birth	Social Security Number	Occupation	Work Phone No.
How long have you personally known applicant?		Is applicant of good character and reputation?	
Signature			Date

Voucher Three

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

The voucher should **read carefully all statements** made by the applicant in this application **before completing and signing** a voucher form.

I, the undersigned, declare that I am over eighteen years of age, that I have personally known the applicant for at least one year, that I have read the complete application of _____ and believe that 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.

Please Print

Name		Address <i>(include City, State Zip)</i>	
Home Phone No.	Cell Phone No.	Business Name & Address	
Date of Birth	Social Security Number	Occupation	Work Phone No.
How long have you personally known applicant?		Is applicant of good character and reputation?	
Signature			Date

Certification

2C:28-3 Unsworn Falsification to Authorities

A person commits a crime of the 4th degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

On this _____ day of _____, 20_____, I, _____, personally completed the foregoing application in my own hand, and I certify that I understand the contents. I further certify that the information I have given is true and correct. The information I have given does not contain any misrepresentation of any fact. I understand that any misrepresentation of any fact given by me shall be cause for rejection before appointment, dismissal from employment after appointment, and/or charges of unsworn falsification to authorities.

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

Signature of Applicant

STATE OF NEW JERSEY, COUNTY OF MONMOUTH SS.:

I certify that on _____, _____ personally came before me and acknowledged under oath, to my satisfaction, that this person
(a) is named in and personally signed this document; and
(b) signed, sealed and delivered this document as his or her act and deed

Notary Public Signature

**THIS DOCUMENT MUST BE SIGNED BY YOU
IN FRONT OF A NOTARY TO BE VALID**

Do Not write below this line until directed by investigating officer

.....

Signature of Applicant

Signature of Investigating Officer

Date

