

# SURF CITY POLICE DEPARTMENT EMPLOYMENT APPLICATION



DATE OF APPLICATION: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

APPLICANT'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: AREA CODE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE NUMBER: AREA CODE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE NUMBER: AREA CODE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

AFTER COMPLETING THIS APPLICATION, RETURN IT TO:

**SURF CITY POLICE DEPARTMENT  
813 LONG BEACH BOULEVARD  
SURF CITY, N.J. 08008**

**APPLICATION FOR EMPLOYMENT**  
**SURF CITY POLICE DEPARTMENT**  
**OCEAN COUNTY, NEW JERSEY 08008**

**READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT APPLICATION**

**INSTRUCTIONS:** Read through this entire application before completing the required information fields. Answer every question and leave no spaces blank. If a question or field does not apply to you, write DNA in the space provided for the answer. A candidate will be rejected from the selection process if they have intentionally made a false statement and/or practiced or attempted to practice any deception or fraud in this application, in any examination, in any interview, or in securing eligibility for appointment. Any misstatement of fact is reason for disqualification for employment or may be punished by law as per N.J.S. 2C:28-2, 2C:28-3 and 2C:28-7. The application must be prepared by the applicant. All entries, except signatures, must be printed legibly in black ink or typed. If there is insufficient space available for answering any question, use the continuation pages provided. In the event more continuation pages are needed, you may make copies of a blank continuation page and submit as needed. Precede each answer on continuation pages with the corresponding section title and number of the question being answered.

**UPON COMPLETION, THIS APPLICATION MUST BE *NOTARIZED*.**

**NOTE:** THIS APPLICATION WILL BECOME A PERMANENT PART OF YOUR FILE WITH THE SURF CITY POLICE DEPARTMENT. BEFORE CONSIDERING ANY INDIVIDUAL FOR EMPLOYMENT WITH THE SURF CITY POLICE DEPARTMENT, CERTAIN INFORMATION IS REQUIRED. FAILURE TO NEATLY AND THOROUGHLY COMPLETE THE INFORMATION REQUESTED IN THIS APPLICATION WILL REFLECT NEGATIVELY UPON YOU DURING THE SELECTION PROCESS.

IF YOU HAVE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS APPLICATION OR ITS UTILIZATION IN THE EMPLOYMENT PROCESS PLEASE CONTACT THE SURF CITY POLICE DEPARTMENT BETWEEN THE HOURS OF 9 AM AND 3 PM, MONDAY THROUGH FRIDAY.

**SURF CITY IS AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.**

## NOTICE TO APPLICANTS

THE INFORMATION PROVIDED IN THIS APPLICATION IS SUBJECT TO VERIFICATION THROUGH INTERVIEWS WITH PERSONS NAMED IN ANSWERS, AS WELL AS THROUGH CHECKS OF PUBLIC AND OTHER RECORDS.

IN ORDER TO FACILITATE A COMPLETE AND THOROUGH BACKGROUND INVESTIGATION, YOU ARE REQUIRED TO SUBMIT COPIES OF THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION.

- BIRTH CERTIFICATE**
- SOCIAL SECURITY CARD**
- DRIVERS LICENSE**
- HIGH SCHOOL DIPLOMA OR GED CERTIFICATE**
- HIGH SCHOOL TRANSCRIPT** (OR HAVE MAILED DIRECTLY TO POLICE DEPT.)
- COLLEGE DIPLOMA (IF APPLICABLE)**
- COLLEGE TRANSCRIPT** (OR HAVE MAILED DIRECTLY TO POLICE DEPT.)

FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS LISTED ABOVE OR A COMPLETED APPLICATION WILL RESULT IN A DELAY IN CONDUCTING OUR INVESTIGATION, WHICH WILL IN TURN DELAY YOUR POTENTIAL APPOINTMENT.

.....  
: **NOTICE:** Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize the disclosure of my  
: Social Security Number is voluntary. I also realize my Social Security Number will be used for  
: the purpose of facilitating the background investigation authorized by submission of this  
: application to the Surf City Police Department. An applicant who has not supplied a Social  
: Security Number may inhibit his/her advancement in the selection process. Any information  
: released as a result of this application, including the furnishing of my Social Security Number,  
: shall be used only for the express purpose of processing the applicant's background  
: investigation without delay.  
:  
: **APPLICANT NOTICE:** It is your responsibility to make sure all information is current and  
: accurate. You are required to promptly report any significant changes in your personal  
: background information or involvement in any incident which might result in criminal or civil  
: charges being brought against you, while you are an applicant in the Surf City Police selection  
: process. This includes, but is not limited to: changes in your address, employment or marital  
: status; motor vehicle accidents or summonses; charges or convictions for any offense/crime;  
: civil matters (bankruptcies, liens/judgments, etc); or involvement in any incident which could  
: lead to criminal or civil charges. Failure to advise the Chief of Police of any changes on the  
: application could adversely affect your status in the selection process.  
: Contact to update information/changes:  
:  
: Chief John N. Casella Jr.  
: Surf City Police Department  
: 813 Long Beach Blvd.  
: Surf City, N.J. 08008  
: (609) 494 - 8121  
: .....

## POLICE OFFICER ESSENTIAL FUNCTIONS

- Walk, sometimes for long periods of time, in extreme weather conditions, in physically hazardous locations
- Run, sometimes sprinting at a high rate of speed for a short distance, in extreme weather conditions, in physically hazardous locations
- Ascend or descend stairs
- Climb over, pull up over, and jump over obstacles
- Jump down from elevated surfaces or areas
- Climb or crawl through openings
- Crawl under obstructions or in confined areas
- Balance on uneven or narrow surfaces
- Use body force to gain entrance to break through barriers
- Push objects, vehicles, or persons
- Pull objects or persons
- Lift and carry objects or persons
- Drag objects or persons
- Sit or stand for extended periods of time
- Employ defensive tactics using balance, leverage, concentration of power, and opponent's power
- Swim
- Operate a motor vehicle, during the day or at night, in emergency situations, at high rates of speed, on the open road or in congested traffic, in unsafe conditions caused by factors such as fog, smoke, rain, ice or snow
- Detain individuals
- Stop suspicious vehicles and individuals
- Pursue fleeing suspects, in vehicle or on foot
- Disarm persons
- Restrain or subdue resisting suspects
- Effectuate a full physical arrest, forcibly if necessary, using handcuffs and other restraints
- Conduct visual and audio surveillance
- Perform law enforcement patrol functions, on foot or in a vehicle
- Issue summonses
- Direct traffic, sometimes for long periods of time, using hand signals, flares, flashlights, barricades, etc
- Observe, record, recall and report incidents and information
- Operate radar equipment
- Administer field sobriety tests
- Operate a fire extinguisher
- Fingerprint, photograph, and videotape individuals, objects, and scenes
- Transport citizens, prisoners, and committed mental patients using handcuffs and other restraints, when appropriate
- Work, rotating shifts and adapt to irregular working conditions
- Work holidays, weekends, and take no vacations during the summer
- Maintain mental alertness and readiness to act, even during periods of calm and inactivity
- Identify, collect, label and preserve evidence
- Secure the scene of a crime, emergency, or disaster
- Stand guard at the scene of a crime, emergency, or disaster to prevent damage, loss, or injury
- Control crowds

- Secure and evacuate persons from particular areas, using either verbal commands or the appropriate degree of physical force
- Administer emergency first aid
- Administer cardio-pulmonary resuscitation and utilize a semi-automatic external defibrillator
- Physically check buildings, including doors and windows, to ensure they are secure
- Remedy hazardous conditions by direct action or notification of appropriate authority or agency
- Perform searches of people, vehicles, buildings, and large outdoor areas, which may involve seeing, feeling, and detecting objects, and walking for long periods of time
- Search for missing, wanted, or lost persons or evidence
- Load, unload, aim, and fire a handgun and shotgun in day and night conditions from a variety of body positions at the proficiency level required by qualification standards
- Process arrested persons, which included examining documents, communicating verbally, and eliciting and recording information
- Understand and follow orders, policies, and procedures
- Accept direction and function cooperatively as a member of a unit
- Communicate effectively, both verbally and in writing, detailing incidents and activities of those involved
- Prepare written investigative and other reports, including sketches, using appropriate grammar, symbols, and mathematical computations
- Read and comprehend legal and non-legal documents, including the preparation and processing of documents such as summonses, affidavits, and warrants
- Communicate effectively and coherently over telephone, walkie-talkie or radio, initiating or responding to verbal communications
- Communicate effectively in court or other formal settings
- Integrate individual activities and goals with the efforts of other members of the law enforcement community for the promotion of common goals and objectives
- Mediate disputes and confrontations with hostile and potentially violent individuals
- Gather information by observation of behavior, visual inspection and oral communication; determine what information is significant; assess a situation based on that information; and exercise independent judgment to make decisions concerning choice of action and equipment
- Perform a variety of tasks involving different and sometimes contrasting skills in rapid succession during a short period of time
- Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and/or arrest, and when force may be used and to what degree
- Endure verbal, mental, and physical abuse, including threats, taunts, and insults to self, family, and fellow officers
- Withstand exposure to and deal appropriately with stress involved in dealing with hostile views, opinions, and behavior in antagonistic settings; with crime victims, accident victims, disaster victims, and their families; with incidents of suicide and domestic violence
- Answer telephones, receive complaints, inquiries, and requests for police assistance
- Serve as a police dispatcher as assigned, to provide breaks, public assistance

A. Are you physically able to perform the above-listed essential functions of the position applied for? See pages 4 and 5 listing the essential functions: [ ] YES [ ] NO

**ATTACH PICTURE HERE**

THE ATTACHED PICTURE WILL BE USED SOLELY BY INVESTIGATIVE PERSONNEL TO ACCURATELY IDENTIFY THE APPLICANT WHEN VERIFYING THE INFORMATION ON THIS APPLICATION.

**I. PERSONAL DATA**

A. Full Name:

\_\_\_\_\_ *Last Name*                      *First Name*                      *Middle*                      *Suffix*

B. List/explain any other names you have used, or have been known by, including nicknames:

\_\_\_\_\_

C. Are you a resident of New Jersey?     Yes     No

D. Address where you currently reside: \_\_\_\_\_

E. Place of Birth: \_\_\_\_\_  
*City*                      *State*                      *Country*

F. Birth Date: \_\_\_\_\_      Age: \_\_\_\_\_  
*Month*    *Day*    *Year*

G. Height: \_\_\_\_\_      Weight: \_\_\_\_\_      Eye Color: \_\_\_\_\_      Hair Color: \_\_\_\_\_

H. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      State Issued: \_\_\_\_\_

I. Scars & Tattoos: \_\_\_\_\_  
\_\_\_\_\_

J. Do you wear corrective lenses?  Yes  No    If yes, (circle): Contacts    Glasses

K. Dominant Hand (circle): Left    Right    Both

L. Do you smoke or chew tobacco?  Yes  No    If yes, describe \_\_\_\_\_

M. Have you ever applied for employment with Surf City before?  Yes     No  
If yes, when and what position? \_\_\_\_\_

N. Are any of your family members current or former employees of the Borough of Surf City?  
 Yes     No If yes, give name and relationship.  
\_\_\_\_\_

**II. ADDITIONAL PERSONAL DATA**

**A.** Marital Status:  Single  Married  Divorced  Separated  Widowed

**B.** If separated or divorced, list the name, present address and phone number of that person:

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**C.** If separated or divorced, state reason:

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**D.** Note corporation memberships or other business interests:

Position Shares	Name of Entity	Address of Entity	Objectives of Entity	Other Shareholders and/or Officers
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**E.** List below all stockholdings valued at more than \$100.00:

Company	Number of Shares
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**F.** Are all tax payments required to be made by you current?  Yes  No

**G.** Are payments on all student loans, charge accounts or other monthly installment obligations current?  Yes  No If no, please explain: \_\_\_\_\_

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**H.** List outstanding judgments or liens, giving date, name of judgment, creditor or liens, amount, docket number or book page of record name of court or place of record.

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**I.** Have you ever petitioned for bankruptcy?  Yes  No  
If yes, please give details: \_\_\_\_\_

J. List languages you speak other than English and indicate your knowledge (good, fair, poor).  
LANGUAGE READING, SPEAKING, KNOWLEDGE, UNDERSTANDING, WRITING

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K. Explain your personal consumption of alcoholic beverages:  
 Non-drinker  Social Occasions  Moderate  Other, explain \_\_\_\_\_  
Type Consumed: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often: \_\_\_\_\_

L. Note your personal involvement with gambling:  Non-gambler  Occasional casino trip  
Other, explain \_\_\_\_\_

M. Have you ever used any illegal drugs, or drugs other than those prescribed or provided by a  
Physician, or purchased over the counter?  Yes  No  
If yes, explain \_\_\_\_\_

N. Have you ever possessed any pistol, firearm, firearms ID card or dealer's license in this or  
any other state?  Yes  No  
If yes, list license number: \_\_\_\_\_  
Issuing Agency and State: \_\_\_\_\_

O. Has any agency refused you such a firearms permit or license?  Yes  No  
If yes, explain \_\_\_\_\_

P. Have you ever applied to any other Law Enforcement Agency for employment?  
 Yes  No If yes, list below.  
Agency / Address: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Status: \_\_\_\_\_

Q. Have you ever taken anything from your employer without permission?  Yes  No  
If yes, explain below.  
\_\_\_\_\_  
\_\_\_\_\_

R. Do you have any knowledge or information in addition to that specifically called for in the  
proceeding questions which is or which may be relevant, directly or indirectly, in connection  
with an investigation of your eligibility and qualifications for the position applied for, including  
but not limited to knowledge or information concerning your character, temperance, habits,  
employment, education, subversive activities, family, associations, criminal records, traffic  
violations, residence or otherwise?  Yes  No  
If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### III. FAMILY INFORMATION

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each spouse. Furnish similar information, including date and place of action, for any members of your immediate family who have been divorced. Even though a relative is deceased, give all information requested and indicate last residence and year of death. Include stepbrothers and sisters, half brothers and sisters. If you or your spouse has stepparents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included under sections C, H, and J, regarding your future spouse and in-laws, and clearly show that such a relationship is a future one. Also list all members of your household, including those who are not related to you.

Give complete name, including middle initial and suffix: complete address with zip code.

**A. Father**

(Occupation, name & address of employer)

_____		_____
Name		
_____		_____
Address		
_____		_____
Date of Birth	Place of birth	

**B. Mother**

Occupation, name & address of employer

_____		_____
Name		
_____		_____
Address		
_____		_____
Date of Birth	Place of birth	

**C. Spouse** (if wife give maiden name)

Occupation, name & address of employer

_____		_____
Name		
_____		_____
Address		
_____		_____
Date of Birth	Place of birth	

**D. Children**

Occupation, name & address of employer

_____		_____
Name		
_____		_____
Address		
_____		_____
Date of Birth	Place of birth	

**D. Children (Continued)**

Occupation, name & address of employer

Name

Address

Date of Birth

Place of birth

**E. Brothers**

Occupation, name & address of employer

Name

Address

Date of Birth

Place of birth

Name

Address

Date of Birth

Place of birth

Name

Address

Date of Birth

Place of birth

**F. Sisters**

Occupation, name & address of employer

Name

Address

Date of Birth

Place of birth

Name

Address

Date of Birth

Place of birth

Name

Address

Date of Birth

Place of birth

**G. Spouse Siblings** (give maiden name)

Occupation, name & address of employer

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Place of birth*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Place of birth*

**H. Father-in-law**

Occupation, name & address of employer

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Place of birth*

**I. Mother-in-law**

Occupation, name & address of employer

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Place of birth*

**J. Brothers and Sisters of Spouse**

Occupation, name & address of employer

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Place of birth*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Place of birth*

**J. Brothers and Sisters of Spouse (Continued)**

Occupation, name & address of employer

Name			
Address			
Date of Birth	Place of birth		

**K. Other relative with whom you have resided for an extended period of time (Indicate relation)**

Name			
Current Address			
Date of Birth	Place of birth		

Name			
Current Address			
Date of Birth	Place of birth		

**L. Other members of your household including those who are not related to you:**

Name			
Current Address			
Date of Birth	Place of birth		

Name			
Current Address			
Date of Birth	Place of birth		

**M. List the name and agency of any relative currently or formerly employed in law enforcement:**

Relatives Full Name	Relationship	Home Address	Home Phone
Rank/Title	Agency Name & Full Address		Work Phone
Relatives Full Name	Relationship	Home Address	Home Phone
Rank/Title	Agency Name & Full Address		Work Phone

## IV. RESIDENCES

In chronological order (starting with your most recent past residence) list each and every previous residence since birth (include college residences, summer homes, military residence, etc.).

**Dates:**

**Address:**

From: Mo/Yr | To: Mo/Yr

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## V. Education

A. Did you graduate from high school?  Yes  No If no, highest grade completed? \_\_\_\_  
Date graduated or last attended: Month/Year \_\_\_\_\_

B. Name and location of last high school attended (City and State): \_\_\_\_\_  
\_\_\_\_\_

C. College: (If you expect to graduate within the next nine months give month and year. \_\_\_\_\_)

Date Attended	Name and Address of College	Graduated/ Degree and Major	# of Credits Completed
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D. Graduate School: (If you expect to graduate within the next nine months give month and year. \_\_\_\_\_)

Date Attended	Name and Address of College	Graduated/ Degree and Major	# of Credits Completed
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E. Police Academy:

Dates Attended:

Academy Name & Location:

P.T.C. Certification Awarded

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F. Other schools or training (for example: trade, vocation, armed forces or business). Give name and location (city, state, zip code) of schools attended, subjects studied, number of class hours of instruction per week, certifications and any other pertinent data.

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G. Honors, awards and/or fellowships received: \_\_\_\_\_

## VI. Employment Experience

List all prior employment. Start with your present position and work backward. Please indicate by checking box in left margin if you do NOT wish an inquiry to be made of your present employer regarding your character, qualifications and record of employment. Please explain under "reason for leaving" if you don't want them contacted.

A.  Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Employer Name & Address: \_\_\_\_\_  
Title of Position Held: \_\_\_\_\_  
Salary Earnings: \$ \_\_\_\_\_ per \_\_\_\_\_ Average Hours per Week Worked: \_\_\_\_\_  
Immediate Supervisor (include phone number): \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

B.  Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Employer Name & Address: \_\_\_\_\_  
Title of Position Held: \_\_\_\_\_  
Salary Earnings: \$ \_\_\_\_\_ per \_\_\_\_\_ Average Hours per Week Worked: \_\_\_\_\_  
Immediate Supervisor (include phone number): \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

C.  Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Employer Name & Address: \_\_\_\_\_  
Title of Position Held: \_\_\_\_\_  
Salary Earnings: \$ \_\_\_\_\_ per \_\_\_\_\_ Average Hours per Week Worked: \_\_\_\_\_  
Immediate Supervisor (include phone number): \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

D.  Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
 Employer Name & Address: \_\_\_\_\_  
 Title of Position Held: \_\_\_\_\_  
 Salary Earnings: \$\_\_\_\_\_ per \_\_\_\_\_ Average Hours per Week Worked: \_\_\_\_\_  
 Immediate Supervisor (include phone number): \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Description of Duties & Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

E. List other Employment: \_\_\_\_\_  
 \_\_\_\_\_

F. Have you ever resigned or agreed to resign from any employment to avoid disciplinary action or while under investigation for any reason?  Yes  No If yes, please explain:  
 \_\_\_\_\_

G. Special qualifications and skills: \_\_\_\_\_  
 a. Kind of license or certificate (for example: lawyer, C.P.A., etc.) \_\_\_\_\_  
 b. State or other licensing authority. \_\_\_\_\_  
 c. Year of license or certificate. \_\_\_\_\_ Expiration: \_\_\_\_\_ Number: \_\_\_\_\_

**VII. MOTOR VEHICLE HISTORY**

A. Driver's license#: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

B. Vehicle Registration(s): List all vehicles presently owned/leased:

Year:	Make/Model/Color:	Registration#/ State:	Insurance Policy No.
_____	_____	_____	_____
_____	_____	_____	_____

C. If you do not own or lease a vehicle, what vehicle do you operate as your primary mode of transportation?

Year	Make/Model/Color	Registration# /State	Insurance Policy#
_____	_____	_____	_____

D. Have your driving privileges ever been suspended or revoked in this or any other state or country?  Yes  No If yes, explain (include date of restoration):  
 \_\_\_\_\_

E. Did you ever possess a chauffeur's or commercial driver's license?  Yes  No  
 If yes, Provide State of issue and number. \_\_\_\_\_

F. Have you ever had your auto insurance discontinued for any reason?  Yes  No  
 If yes, explain \_\_\_\_\_

**G.** Have you ever received a summons for a violation of the Motor Vehicle Laws in this or any other state? (Exclude overtime-parking violations) [ ] Yes [ ] No If yes, list:

Date:	Violation:	Location: Municipality State
Guilty - Amount Paid - Not Guilty		Police Agency Concerned:
Date:	Violation:	Location: Municipality State
Guilty - Amount Paid - Not Guilty		Police Agency Concerned:
Date:	Violation:	Location: Municipality State
Guilty - Amount Paid - Not Guilty		Police Agency Concerned,

**H.** Have you ever been involved in any motor vehicle accident as a registered owner, operator, passenger or pedestrian? [ ] Yes [ ] No If yes, give date, location, circumstance and attach a copy of all accident reports.

Date	Location	Circumstances
Date	Location	Circumstances
Date	Location	Circumstances

**VIII. MILITARY RECORD**

**A.** Have you ever served on active duty in the Armed Forces of the United States?  
 [ ] Yes [ ] No If yes, Highest rank obtained: \_\_\_\_\_ Date Commissioned \_\_\_\_\_

**B.** If ever classified 1-Y (registrant qualified for military service only in time of war or national emergency) or 4-F (registrant not qualified for any military service), furnish reasons:  
 \_\_\_\_\_

**C.** Give branch of service: \_\_\_\_\_ Military Specialty: \_\_\_\_\_

**D.** Give period or periods of active service:  
 From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**E.** List all medals and decorations awarded to you as a member of the Armed Forces:  
 \_\_\_\_\_

**F.** How many discharges or separations from the service were given to you? \_\_\_\_\_

**G.** What type of discharge(s) or separation(s), (honorable, dishonorable, honorable conditions)?  
 Be exact: \_\_\_\_\_



- H. Has your discharge or separation notice ever been changed or corrected?  Yes  No
- I. 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  No If yes, explain: \_\_\_\_\_
- J. Are you a member of the Reserve or National Guard?  Yes  No If yes, are you:  
 Active  Inactive Branch: \_\_\_\_\_ Unit: \_\_\_\_\_
- K. If you attend drills, meetings or camps, give name of unit and location: \_\_\_\_\_  
 \_\_\_\_\_
- L. Are you obligated to attend summer camps?  Yes  No Duration: \_\_\_\_\_

**IX. POLICE/COURT RECORDS**

- A. Have you ever been arrested, or charged with any crime, juvenile offense, disorderly persons offense, or other violation (except motor vehicle summonses) or under investigation by any agency, or subpoenaed by any grand jury or investigative body?  Yes  No  
 If yes, please state below:

Date	Place and Department	Charge	Final Disposition	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- B. To your knowledge has any member of your family, relative (including in-laws) or member of your household listed in this application under Section 3 ever been arrested for anything other than traffic violations, under investigation by any agency or subpoenaed by any grand jury or investigative body?  Yes  No If yes, please list:

Name/SSN if known	Relation	Date	Place and Department	Charge	Final Disposition
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- C. Have you ever been a plaintiff or defendant in a court action including divorce actions?  
 Yes  No If yes, give date, place court, names of parties involved, nature of action, and final disposition:

\_\_\_\_\_

\_\_\_\_\_

D. Pursuant to the provisions of N.J.S.A. 2C: 52-27 (c), have you ever filed a petition for the purpose of expunging or sealing court records? [ ] Yes [ ] No

If yes, state contents of expunged or sealed record(s): \_\_\_\_\_

**X. DISCIPLINARY ACTIONS**

A. Have you been disciplined by an employer, military establishment or educational institution? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_

**XI. REFERENCES**

List three persons who are **NOT RELATED TO YOU** and who have definite knowledge of your qualifications and fitness, for the position you are applying for. **DO NOT** repeat names of supervisors listed under Section 6, Employment Experience.

1. \_\_\_\_\_  
Full Name Home Address

Occupation Telephone Number Years Known

2. \_\_\_\_\_  
Full Name Home Address

Occupation Telephone Number Years Known

3. \_\_\_\_\_  
Full Name Home Address

Occupation Telephone Number Years Known

## XII. APPLICANT'S STATEMENT

I, \_\_\_\_\_, CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT. I ALSO RECOGNIZE THAT ANY INTENTIONAL FALSE STATEMENTS OR OMISSIONS WILL BE AUTOMATIC GROUNDS FOR DISMISSAL. FURTHER, I AUTHORIZE THE SURF CITY POLICE DEPARTMENT TO VERIFY ANY INFORMATION CONTAINED HEREIN, AND TO REVIEW MY CRIMINAL HISTORY, MILITARY AND DISCIPLINARY RECORDS FROM ANY SOURCE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED ONE YEAR. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND HIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME. THE APPLICANT UNDERSTANDS THAT NEITHER THIS DOCUMENT NOR ANY OTHER OFFER OF EMPLOYMENT FROM THIS DEPARTMENT CONSTITUTES AN EMPLOYMENT CONTRACT UNLESS A SPECIFIC DOCUMENT TO THAT AFFECT IS EXECUTED IN WRITING. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE SURF CITY POLICE DEPARTMENT.

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_





**SURF CITY POLICE DEPARTMENT**

813 Long Beach Boulevard  
Surf City, New Jersey, 08008  
Phone: (609) 494-8112 Fax: (609) 494-0285

**AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_, am making application for employment to the  
(Print Full Name)  
Borough of Surf City Police Department. As a result, an investigation is being conducted to determine my eligibility. It is in the public interest that all information concerning my personal and employment history be disclosed to the above department.

Therefore, you are authorized and directed to release to the Borough of Surf City Police Department or its representative, any and all information, documentary or otherwise, pertaining to me, that they may request.

I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any authorized agent of the Surf City Borough Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Surf City Borough Police Department to consider in determining my suitability for employment in that department.

A photocopy or Fax copy of this release form will be valid as an original thereof, even though the said photocopy or Fax copy does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date