



# Ocean Township Police Department

*Committed to Serving and Protecting the Citizens of Ocean Township*

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50 Railroad Avenue Waretown, New Jersey 08758  
Telephone (609)639-4007 • Fax: (609)693-8392

Michal J. Rogalski  
Chief of Police

## Initial Employee Application Packet

Attached within the packet you will find the following:

Application for Employment  
Release Authorization

### Instructions for proper completion of Initial Employee Application Packet

1. Please fill out all fields to the best of your knowledge. Any area that do not apply please enter N/A into that area (Do Not Leave Any Areas Blank)
2. Make sure the application is printed or typed neatly in BLACK ink.
3. On the EMPLOYMENT INFORMATION area of the application the first area reads "Position for which you area applying," in the area fill in one of the following:

Law Enforcement Officer  
Dispatcher  
Clerical

4. Behind the Release Authorization page please attached the following information:

Copy of

High School Diploma or Equivalent Degree  
Military Discharge (Form DD-214) if applicable  
Driver's License  
Social Security Card

Any Certificates, Diplomas, Certification Cards or other pertinent documents for the position which you are applying for.

# **APPLICATION FOR EMPLOYMENT**

*Print or type in black ink only. Please answer all fields. Any fields that do not apply enter N/A  
(DO NOT LEAVE ANY FIELDS BLANK)*

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

DOB (mm-dd-yy): \_\_\_\_\_ Social Security No: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

On what date would you be available for your first day of work (mm-dd-yy): \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restrictions?  Yes  No

Besides English are there any other languages you speak fluently?  Yes  No  
If yes, list languages and if you can read, speak, understand, or all three:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in any organization that has a goal of overthrowing or disbanding the United States Government?  Yes  No

If yes, please describe circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a misdemeanor within the past 5 years in or out of the State of New Jersey?  Yes  No

If yes, please describe circumstances:

\_\_\_\_\_

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Have you ever been convicted of a felony in or out of the State of New Jersey? [ ] Yes [ ] No  
If yes, please describe circumstances:

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Have you ever been convicted of any moving violation in or out of the State of New Jersey?  
[ ] Yes [ ] No  
If yes, please describe location, outcome and offense:

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Have you ever been involuntarily terminated or asked to resign from any position of  
employment? [ ] Yes [ ] No  
If yes, please describe circumstances and provide the name(s) of supervisor(s) while in that position:

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If selected for employment, are you willing to submit to a pre-employment drug screening test?  
[ ] Yes [ ] No

Is there any other information that you would like to advise this department that you feel may  
affect your appointment with this agency. [ ] Yes [ ] No  
If yes, please describe circumstances:

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<b>EDUCATION (most recent first)</b>				
<b>School Name</b>	<b>Location (city, state)</b>	<b>Years Attended</b>	<b>Degree Received</b>	<b>Major</b>


**Other training, certifications, or licenses held:**

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**Briefly explain why you wish to seek employment with this department:**

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**List other information you feel is pertinent to the employment you are seeking:**

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**CHARACTER REFERENCES***(Please list four person not related to you that you have know for at least one year)*

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years known</u>	<u>Occupation</u>

**EMPLOYMENT HISTORY (most recent first)**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_

Ending Salary: \_\_\_\_\_ per \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_

Ending Salary: \_\_\_\_\_ per \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_

Ending Salary: \_\_\_\_\_ per \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_

Ending Salary: \_\_\_\_\_ per \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_

Ending Salary: \_\_\_\_\_ per \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_

Ending Salary: \_\_\_\_\_ per \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Your Position: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_

Ending Salary: \_\_\_\_\_ per \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**  
***(please attach a copy of DD-214 Form to the back of this application, if applicable)***

Are you currently serving in the U.S. Military? [ ] Yes [ ] No

If yes, what branch of Service? \_\_\_\_\_

Are you a veteran of the U.S. Military? [ ] Yes [ ] No

If yes, beginning date and ending date of active duty (mm-yy) From: \_\_\_\_\_ To: \_\_\_\_\_



On what grounds were you discharged (write exactly as it appears on discharge form):

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Were you ever court marshaled or convicted of a crime in a military court? [ ] Yes [ ] No  
If yes, please describe outcome and offense:

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<b>ACKNOWLEDGEMENT AND AUTHORIZATION</b>
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ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statement contacted in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that 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 employer.

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

\_\_\_\_\_  
Date

**RELEASE AUTHORIZATION**

To all courts, probation departments, selective service boards, physicians, hospitals, past and present employers, and other institutions and agencies, without exception:

I, \_\_\_\_\_, am applying for appointment as an employee of Ocean Township Police Department. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Ocean Township Police Department or its representative any and all information, documentary or otherwise, pertaining to me that they may request.

I hereby release, discharge, and exonerate the Ocean Township Police Department, its agents, and representatives, and any person so furnishing information from any and all liability or every nature and kind arising out of the furnishing, inspection and/or collection of such documents, records, and other information or the investigation made by the Ocean Township Police Department.

*Any copies of this authorization will be considered as effective and valid as the original.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name Printed: