

EMPLOYEE APPLICATION PACKET

PACKET CONTENTS:

- 1 – Application for Employment
- 1 – Release Authorization

Please fill out all fields to the best of your knowledge. Any areas that do not apply please enter N/A into that area (DO NOT LEAVE ANY AREAS BLANK).

Make sure application is printed or typed neatly in BLACK ink.

On the EMPLOYMENT INFORMATION area of the application the first area reads “Position for which you are applying,” in the area fill in one of the following:

DISPATCHER
LAW ENFORCEMENT OFFICER
CLERICAL

Behind the Release Authorization page please staple:

COPY OF HIGH SCHOOL DIPLOMA
COPY OF MILITARY DISCHARGE (FORM DD-214) - If applicable
COPY OF DRIVER'S LICENSE
COPY OF 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:

Have you ever been convicted of a felony in or out of the State of New Jersey? Yes No

If yes, please describe circumstances:

Have you ever been convicted of any moving violation in or out of the State of New Jersey? Yes No

Yes No

If yes, please describe location, outcome and offense:

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:

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:

EDUCATION (*most recent first*)

School Name	Location (city, state)	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

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

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

CHARACTER REFERENCES

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

Name	Address	Phone	Years known	Occupation

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: _____

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: _____

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: _____

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):

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

ACKNOWLEDGEMENT AND AUTHORIZATION

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: