



Shawn M. Bennett
CHIEF OF POLICE

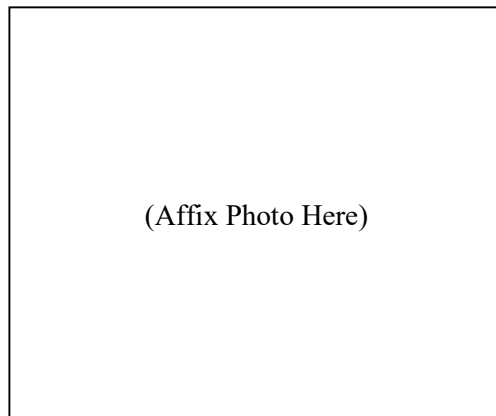
Police Department

Borough of Mountain Lakes

400 Boulevard
Mountain Lakes, NJ 07046
(973) 334-1413 • Fax (973) 334-4123



EMPLOYMENT APPLICATION



(Affix Photo Here)

Applicant Name (Last, First, M.I.)

The Mountain Lakes Police Department is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally procted status.

Notice: The following documents must be attached to this application.

1. Copy of birth certificate
2. Copy of college diploma
3. Copy of DD-214 (if applicable)
4. Copy of Police Training Certificate
5. Copy of New Jersey Driver's License
6. Copy of Social Security Card
7. Recent photograph (waist up, full-face view).

INSTRUCTIONS

All applications must be typed or printed legibly in black ink. All questions must be answered. If a question does not apply, enter "N/A" in the space provided. Incomplete applications will not be considered. If the space provided is not sufficient, you may attach supplemental pages.

Position Applying For: _____

Date: _____

INFORMATION

The Mountain Lakes Police Department employment process consists of many facets. The applicant, depending on how far he or she progresses through the process, may be asked to complete or participate in the following:

- ✓ Application
- ✓ Written Test
- ✓ Physical Agility Test
- ✓ Interview(s)
- ✓ Background Check

If the applicant is offered a position within the Mountain Lakes Police Department, upon acceptance, he or she will be required to complete a medical and psychological examination.

PERSONAL DATA

Last Name	First Name	Middle Name	Social Security Number
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Address	City	State	Zip Code
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Date of Birth	Home Phone Number	Cell Phone Number	Email Address
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Place of Birth:

City	State	County
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List all other names you have used, including circumstances and time periods you used them. Include maiden name, nicknames, alias(es), former names, etc.

Name	Circumstances	Date From (Month/Year)	Date To (Month/Year)

Have you submitted an application to the Mountain Lakes Police Department within the past three years?

YES NO

If yes, what position did you apply for? _____

Have you ever been employed by the Mountain Lakes Police Department or Borough of Mountain Lakes before?

YES NO

If yes, what position did you hold? _____

Are you a United States Citizen?

YES NO

If naturalized, please provide: _____

Date	Place	Court	Naturalization Number
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Are you able to participate with or without accommodation in defensive tactics, physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description of the position for which you have applied?

YES NO

This position may require a physical agility test. If such a test or examination is required, would you be able to take this test or examination with or without accommodation?

YES NO

If you would need a physical accommodation, indicate what accommodation you would require for this test/job:

The Borough of Mountain Lakes contains multiple lakes which an officer may be required to enter during emergency situations. Are you currently able to swim?

YES NO

EDUCATION/TRAINING

High School/College/University	Date Attended From	Date Attended To	Credit Hours Earned	Did you Graduate?	Type of Diploma

Major: _____

Minor: _____

Other Schools (Trade, Vocational, Business, Military)

School and Location	Date Attended From	Date Attended To	Credit Hours Earned	Did you Graduate?	Type of Certificate Earned

Are you fluent in any foreign language? YES NO

If yes, in what language? _____

If yes, are you able to speak? YES NO Read? YES NO Write? YES NO

Indicate any special skills, certifications or licenses you possess which you feel may be beneficial in the position for which you are applying:

EMPLOYMENT HISTORY

May we contact present or previous employers? YES NO

If no, please explain: _____

List chronologically all employment for the past ten years, beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. Please indicate periods of unemployment.

(see next page)

Current Employer			
Street Address			
City, State, ZIP			
Phone Number			
Dates Employed	Start:	End:	
Title or Position		Select:	Full-Time Part-Time
Average Hours/Week			
Name of Supervisor			
Reason for Leaving			
Description of Duties			

Current Employer			
Street Address			
City, State, ZIP			
Phone Number			
Dates Employed	Start:	End:	
Title or Position		Select:	Full-Time Part-Time
Average Hours/Week			
Name of Supervisor			
Reason for Leaving			

Description of Duties	
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Current Employer	
Street Address	
City, State, ZIP	
Phone Number	
Dates Employed	Start: _____ End: _____
Title or Position	Select: Full-Time Part-Time
Average Hours/Week	
Name of Supervisor	
Reason for Leaving	
Description of Duties	

Current Employer	
Street Address	
City, State, ZIP	
Phone Number	
Dates Employed	Start: _____ End: _____
Title or Position	Select: Full-Time Part-Time
Average Hours/Week	
Name of Supervisor	
Reason for Leaving	
Description of Duties	

Have you ever been dismissed, asked to resign or had any disciplinary action taken against you by any employer?

YES NO

If yes, provide details: _____

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

YES NO

If yes, provide details: _____

RESIDENCES

List your actual places of residence for the past ten years chronologically, including residences while at school and/or in the military. For college on-campus residences, indicate dormitory name, city and state. If residences in the military service cannot be shown as a street address, indicate complete military unit designation and location by city, state and zip.

Dates (Month/Year)		Street Address (Include Apt # or PO Box #)	City	State	ZIP
From	To				

MILITARY HISTORY

Have you ever served active duty in the Armed Force of the United States? YES NO

Branch of Service: _____ Highest Rank: _____

Duty dates: From: _____ To: _____

Date and type of Discharge: _____

Have you ever served in the armed forces of a foreign country? YES NO

If yes, specify the country(ies) and dates: _____

Are you currently an Active or Inactive Reservist? YES NO

Are you currently a member of the National Guard? YES NO

CREDIT DATA

Are you indebted to anyone? YES NO

List any debt where payment is past due, regardless of amount: _____

Have you, your spouse, or a company controlled by you filed for bankruptcy? YES NO

Have you, your spouse, or a company controlled by you declared bankruptcy? YES NO

Have you, your spouse, or a company controlled by you had a legal judgement rendered against you for a debt?

YES NO

If yes to any of these questions, provide details: _____

REFERENCES

Provide three (3) personal references (not family members or household members), who are responsible adults of reputable standing in their communities, such as property owners or business professionals, who have know you well for the past five (5) years. If the individual is retired, please note former occupation.

Name:	Years Acquainted:	Occupation:
Address:		
City, State, ZIP		
Phone:		
Business Address:		
City, State, ZIP		
Business Phone		

Name:	Years Acquainted:	Occupation:
Address:		

City, State, ZIP	
Phone:	
Business Address:	
City, State, ZIP	
Business Phone	

Name:	Years Acquainted:	Occupation:
Address:		
City, State, ZIP		
Phone:		
Business Address:		
City, State, ZIP		
Business Phone		

ARREST HISTORY/COURT DATA

False statements or incomplete information may result in your application not receiving further consideration. All information provided will be verified by this agency.

Have you ever received a ticket or been charged with a motor vehicle/traffic violation (excluding parking tickets)?

YES NO

If yes, please provide details below:

Date	City, State, ZIP	Charge	Disposition

Have you ever been charged, arrested, or received a notice to appear for any criminal violation? YES NO

Have you ever been charged, arrested, or convicted of any Domestic Violence related offense? YES NO

If you answered yes to either of the above questions, please provide details below. List all matters, even if you were not formally charged, had a court appearance, or were found not guilty to any charge which is pending, disposed of or adjudicated. Include all juvenile records or any other previously sealed or expunged records.

Date	City, State, ZIP	Charge	Disposition

Do you now or have you ever had a Temporary or Final Restraining Order filed against you? YES NO

If you answered yes, please provide details below:

Date of Restraining Order	Court Issuing the Order	Type (Temporary or Final)	Date Vacated	Plaintiff

Have you or your spouse ever been a plaintiff or defendant in any court action? YES NO

If yes, provide dates and details: _____

Have you ever been detained by law enforcement for investigative purposes or to your knowledge, have you ever been the subject of or a suspect in any criminal investigation? YES NO

If yes, provide dates and details: _____

Have you ever been fingerprinted for any reason (arrest, employment, military, firearms, etc.)? YES NO

If yes, provide dates and details: _____

CONTROLLED SUBSTANCE USE HISTORY

False statements or incomplete information may result in your application not receiving further consideration. All information provided will be verified by this agency.

Do you now, or have you ever used, possessed, supplied, or sold any narcotics, controlled substances, and/or illegal drugs, such as, but not limited to, cocaine, LSD, amphetamines, heroin, steroids, or any drug of a similar nature?

YES NO

Have you ever used prescription drugs which you did not have a legal prescription for, or sold or distributed prescription drugs?

YES NO

If yes to either, please complete the following:

Drug	Date (Month/Year) First Time	Date (Month/Year) Last Time	Number of Times Used	Number of Times Possessed	Number of Times Supplied	Number of Times Sold
Cocaine						
LSD						
Ecstasy						
Amphetamines						
Steroids						
Heroin						
Prescription Drugs						

Have you used any tobacco products within the last six (6) months? YES NO

If yes, provide dates and details: _____

DRIVING HISTORY

Do you currently possess a valid New Jersey Driver's License? YES NO

NJ Driver's License Number: _____ Expiration Date: _____

If no, which state issued your Driver's License: _____ Expiration Date: _____

Has your driver's license ever been or is it currently suspended in New Jersey or any other state? YES NO

If yes, provide dates and details: _____

ORGANIZATION MEMBERSHIP

Are you now, or have you ever been, a member of any foreign or domestic organization, association, or movement group which adopts or maintains a policy of advocating acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

YES NO

If yes, provide dates and details: _____

Have you ever made a financial or other material contribution to any organization of the type described in the question above?

YES NO

If yes, provide dates and details: _____

If you answered yes to either of the previous two questions, please complete the remainder of this section.

At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

YES NO

If yes, provide dates and details: _____

Did you intend to promote any unlawful aims of the organization?

YES NO

If yes, provide dates and details: _____

APPLICANT'S CERTIFICATION

I certify that the answers given herein are true and complete to the best of my knowledge. I further understand that knowingly providing false information within this application is a violation of N.J.S.A. 2C:21-4.

I authorize the investigation of all statements contained in this application for employment as may be necessary in the arriving at an employment decision.

In the event of employment, I understand that any false or misleading information provided in this application or interview(s) may result in subsequent discharge. I further understand that if selected for employment, I am required to abide by all rules and regulations of the Mountain Lakes Police Department.

Signature of Applicant

Date



Shawn M. Bennett
CHIEF OF POLICE

Police Department

Borough of Mountain Lakes

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Mountain Lakes, NJ 07046
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INFORMATION RELEASE AUTHORIZATION

I have made application for employment with the Mountain Lakes Police Department and I respectfully request that the department be furnished with a copy of my record with former employers, schools or any city, county, state or federal agency, department or bureau, medical/psychological records or financial records including credit reports. I agree to hold any source of information blameless for any error in reporting this information. I release all persons from any and all liability of damages for providing the information requests.

Print Name: _____

Date of Birth: _____

Social Security Number: _____

Signature

Date

Annual Law Enforcement Diversity Reporting Form

Under N.J.S.A. 52:17B-4.10, et seq., all state, county, and municipal law enforcement agencies in the State of New Jersey are required to collect and annually report specified demographical information concerning current and prospective employees. In order to comply with this requirement, the Mountain Lakes Borough Police Department invites prospective employees to self-identify their race, ethnicity, gender, and sexual orientation (where applicable). **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the State of New Jersey. When reported, data will not identify any specific individual, will be maintained separately from other personnel records, and will not be utilized in any employment decision.

Current and prospective employees filling out this form should not include their name, signature, or any identifying information other than the specific categories of information listed below.

Please select the appropriate employment category below:

- Current employee
- Prospective employee/applicant for employment

Year of birth: _____

Please select the appropriate race category below:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or more races
- Other

Please select the appropriate ethnicity category below:

- Hispanic or Latino
- Not Hispanic or Latino

Please select the gender category with which you identify:

- Female
- Male
- X or Non-Binary

In addition to the above, please respond to the following inquiry only if you are an applicant for employment. Current employees should not to respond to the below inquiry.

Do you identify as LGBTQ+? Yes No