

# Ship Bottom Police Department Application for Employment



PRINT NAME: Last (Include Maiden Name)	First	Middle
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NJ DRIVER'S LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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MAILING ADDRESS: Number & Street	City	State	Zip Code
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County _____	Cell Phone Number _____	Home Phone Number _____
Email Address: _____		

IF CURRENT RESIDENCE IS DIFFERENT FROM ABOVE, COMPLETE THE FOLLOWING:

RESIDENCE LOCATION:

\_\_\_\_\_  
Number & Street, Apartment No.

\_\_\_\_\_  
City State County

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

**INSTRUCTIONS:** Read this entire application before completing the required information. **The candidate will personally prepare this application.**

**Answer every question and leave no blank spaces. If a question does not apply to you, write DNA in the space provided for the answer.** A candidate will be rejected from the selection process who has intentionally made a false statement or practiced or attempted to practice any deception or fraud in this application, in any examination, interview, or in securing eligibility for appointment. All entries **must be printed legibly in black ink. If there is insufficient space available or additional answers to any specific question need to be provided, use the continuation pages provided.** Precede each answer on continuation pages with the corresponding number of the question being answered. **Upon completion, this questionnaire must be notarized.**

In order to facilitate a complete and thorough background investigation, you are required to submit the following documents with your completed application. These documents will be used to determine your eligibility for employment.

Failure to submit all documents or a completed application will result in a delay in conducting our investigation which will in turn delay your appointment.

It is your responsibility to make sure all information is current and accurate, i.e., address, phone numbers, dates, etc.

**All required documents are listed on Page 3 of this application**

**NOTICE:** You are required to contact your background investigator **immediately** if you have any changes to the information you are providing, contact with any **Law Enforcement Agency**, questions, concerns, or clarifications.

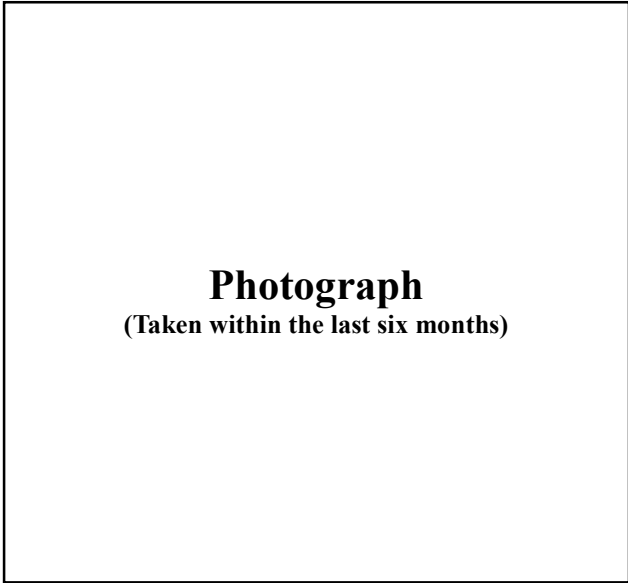
This is to inform you that this application will remain a permanent part of your file with the Ship Bottom Police Department. Your failure to neatly and thoroughly complete the required information will be reflected in a negative manner upon your Oral Interview, should you advance to that portion of the process. You will be expected to wear appropriate business attire to each phase of this selection process unless directed to do otherwise.

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

***SHIP BOTTOM BOROUGH IS AN EQUAL OPPORTUNITY EMPLOYER***

**Required Documents Checklist**  
**For Police Department Applicants**

- Copies of Social Security Card, Birth Certificate, and NJ Driver's License
- Copy of Naturalization Papers (if applicable)
- Copy of Marriage Certificate and/or Divorce Papers (if applicable)
- Copy of High School Diploma or GED
- Copy of OFFICIAL High School Transcripts
- Copy of College Diploma (if applicable)
- Copy of OFFICIAL College Transcripts (if applicable)
- Credit Report (ex: Credit Karma, Experian, etc)
- Copy of Federal and State Tax Returns from the last two (2) years
- Any Certificates and Licenses
- Any and all Police and/or Motor Vehicle Accident Reports for which you were involved
- DD-214 (if applicable)
- All applicants **MUST** fill out an **SF-180 Form** regardless of having/not having prior military service and provide the Ship Bottom Police Department with a copy of the confirmation of your request and the results, when received. The form can be accessed online by going to <https://www.archives.gov/veterans/military-service-records> and selecting "Start Request Online." This step is required pursuant to NJ PTC Licensing. **Even if you provide a copy of your DD-214, you must complete the SF-180 as well.**
- Signed Authorization for Release of Personal Information



## A. Personal Data

1. Full name: \_\_\_\_\_  
Last Name First Name Middle

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

\_\_\_\_\_

3. Place of Birth: \_\_\_\_\_  
City State County Zip Code

4. Birth Certificate \_\_\_\_\_  
Certificate Number City County State Zip Code

5. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(MM/DD/YYYY)

6. Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

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

NJ DL# \_\_\_\_\_

Do you wear contact lenses or glasses? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

8. List any and all email, website, Facebook, Twitter, Snapchat, Instagram and other social media sites/apps you are affiliated with. List account name.

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



Date of Marriage: \_\_\_\_\_

Do they have any criminal history? If yes, explain. \_\_\_\_\_

13. How many times have you been married? \_\_\_\_\_

14. If separated, state reason:

\_\_\_\_\_

15. How many times were you separated? \_\_\_\_\_

16. List any former spouse(s):

(A) Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Status: Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Annulled: \_\_\_\_\_

17. List every separation, annulment, and/or divorce below.

(A) Status: Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Annulled: \_\_\_\_\_ Date: \_\_\_\_\_

Plaintiff: \_\_\_\_\_ Where issued: \_\_\_\_\_

Defendant: \_\_\_\_\_ Reason: \_\_\_\_\_

18. Do you currently pay or receive any voluntary or court ordered alimony payments?

Yes \_\_\_ No \_\_\_ If yes, provide the following:

Docket # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Recipient: \_\_\_\_\_ Recipient Contact #: \_\_\_\_\_

19. Have you ever been delinquent on any alimony payments? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

20. List two previous dating partners other than listed on Question #12:

(A) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Street Address City State Zip  
Contact #: \_\_\_\_\_ Dates of Relationship: \_\_\_\_\_ to \_\_\_\_\_  
MM/YY MM/YY

(B) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Street Address City State Zip  
Contact #: \_\_\_\_\_ Dates of Relationship: \_\_\_\_\_ to \_\_\_\_\_  
MM/YY MM/YY

21. Has your current or former spouse/significant other/current or previous dating partner ever contacted the police regarding you for any reason? Yes\_\_\_ No\_\_\_ If yes, complete the following:

Date:\_\_\_\_\_ Police Dept. contacted:\_\_\_\_\_

Location:\_\_\_\_\_ Reason:\_\_\_\_\_

Outcome:\_\_\_\_\_

## D. Children and Dependents

22. Are you the parent of any children – biological, adoptive, foster, step, or legal guardian (include deceased)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list below:

(A) Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Relationship: \_\_\_\_\_

Deceased: Yes \_\_\_ No \_\_\_

(B) Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Relationship: \_\_\_\_\_

Deceased: Yes \_\_\_ No \_\_\_

(C) Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Relationship: \_\_\_\_\_

Deceased: Yes \_\_\_ No \_\_\_

23. Do you have residential custody of the children listed above? Yes \_\_\_ No \_\_\_

If no, explain: \_\_\_\_\_

24. Are you now supporting all children listed on Question #22?

Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_

25. Do you currently pay or receive any voluntary or court ordered child support? Yes \_\_\_ No \_\_\_ If yes, provide the following:

Docket # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Recipient: \_\_\_\_\_ Recipient Contact #: \_\_\_\_\_







**32.** If you reside with someone other than your spouse, children, parents or siblings, list complete information below. Include any and all persons with whom you have lived during the past two years:

(A) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
                    First                      M                      Last

Occupation: \_\_\_\_\_ Contact #: \_\_\_\_\_

Type of relationship: \_\_\_\_\_

Length of relationship: \_\_\_\_\_

How long have you resided together? \_\_\_\_\_

(B) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
                    First                      M                      Last

Occupation: \_\_\_\_\_ Contact #: \_\_\_\_\_

Type of relationship: \_\_\_\_\_

Length of relationship: \_\_\_\_\_

How long have you resided together? \_\_\_\_\_

(C) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
                    First                      M                      Last

Occupation: \_\_\_\_\_ Contact #: \_\_\_\_\_

Type of relationship: \_\_\_\_\_

Length of relationship: \_\_\_\_\_

How long have you resided together? \_\_\_\_\_

**33.** In chronological order (starting with most recent past residence) state each and every previous residence in the last ten years (include college residence, military residence, etc.)

(A) FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
                    (MM/YYYY)                      (MM/YYYY)

\_\_\_\_\_  
Full Address                                      City                                      State                                      Zip Code

Landlord Name & Phone No:  
\_\_\_\_\_

(B) FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
                    (MM/YYYY)                      (MM/YYYY)

\_\_\_\_\_  
Full Address                                      City                                      State                                      Zip Code

Landlord Name & Phone No:  
\_\_\_\_\_

(C) FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(MM/YYYY) (MM/YYYY)

Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord Name & Phone No: \_\_\_\_\_

(D) FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(MM/YYYY) (MM/YYYY)

Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord Name & Phone No: \_\_\_\_\_

**34. Have the police **EVER** been called to any homes/residences in which you have resided?**

Yes \_\_\_ No \_\_\_ If yes, provide:

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

Location: \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Police Agency: \_\_\_\_\_

Reason/outcome: \_\_\_\_\_

**35. Neighborhood References:**

Provide names of two (2) people who reside in your current neighborhood. These names cannot be used in any other part of the application:

(A) Name: \_\_\_\_\_ Length of time acquainted: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact #: \_\_\_\_\_

(B) Name: \_\_\_\_\_ Length of time acquainted: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact #: \_\_\_\_\_

## G. Education

Upon my receipt of this application, I will immediately forward official transcripts from all colleges/universities/high schools and or trade schools attended to:

Ship Bottom Police Department  
(Attn: Detective Lazlo)  
1621 Long Beach Blvd  
Ship Bottom, NJ 08008

**(Any applicable fees for obtaining transcripts are to be paid by the applicant)**

**36.** Other than English, what language(s) can you either read, write, speak or understand. Indicate your understanding of the language (read, write, speak, understand):

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**37.** List (most recent dates first) all colleges/universities attended:

(A) \_\_\_\_\_

Name of College:	No. of Credits Earned/Cumm. G.P.A.	From	To	Registrar Phone No. & Ext
<hr/>				
Major/Degree (A.S.,B.S., M.S., Ph.d):	City/Town of College	State	Zip Code	County

(B) \_\_\_\_\_

Name of College:	No. of Credits Earned/Cumm. G.P.A.	From	To	Registrar Phone No. & Ext
<hr/>				
Major/Degree (A.S.,B.S., M.S., Ph.d):	City/Town of College	State	Zip Code	County

**38.** List chronologically (most recent dates first) all schools attended, grades 12 through 7.

(A) \_\_\_\_\_

Name of School:	From (MM/YY)	To (MM/YY)	Phone No:
<hr/>			
Address:	State:	Zip:	County:

(B) \_\_\_\_\_

Name of School:	From (MM/YY)	To (MM/YY)	Phone No:
<hr/>			
Address:	State:	Zip:	County:

(C) \_\_\_\_\_

Name of School:	From (MM/YY)	To (MM/YY)	Phone No:
<hr/>			
Address:	State:	Zip:	County:

**39.** List any problems at school, including college (absenteeism, tardiness, failing grades, discipline, suspensions).

School	Date	Problems
School	Date	Problems

**40.** If a GED was obtained, indicate the following:

Date: \_\_\_\_\_ Name School: \_\_\_\_\_

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

Street address	City	State	Zip
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41. List other formal schooling or specialized training (i.e. teaching, trade certification, medical field, etc.)

Date Attended	School/Course Name	Location	Certification

## H. Military Service

42. Have you ever served in an active military organization of the United States? \_\_\_ Yes \_\_\_ No

43. Have you ever served in a military organization of any foreign government? \_\_\_ Yes \_\_\_ No

If yes, give details \_\_\_\_\_

44. Give branch of service \_\_\_\_\_

Military Specialty \_\_\_\_\_

45. Rank held \_\_\_\_\_

46. Give period or periods of active service.

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

47. List all medals and decorations awarded to you as a member of the armed forces.

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

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

49. What type of discharge(s) or separation(s) (honorable, dishonorable, honorable conditions)

\_\_\_\_\_

50. Has your discharge or separation notice ever been corrected or changed? \_\_\_ Yes \_\_\_ No

51. What was the nature of the change? Changed from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

52. 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      Number of times \_\_\_\_\_

If yes, give details of charges and dispositions \_\_\_\_\_

\_\_\_\_\_

53. Have you ever been subject of a military police investigation? Yes \_\_\_ No \_\_\_

If yes, give details of the allegation(s) and facts surrounding the incident:

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

54. Have you ever been AWOL? Yes \_\_\_ No \_\_\_

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

55. 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 \_\_\_ No If yes, state which - active or inactive \_\_\_\_\_

Branch \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**I. Employment**

56. Starting with your current employment, chronologically list every place where you are/ were employed. **Omit None.** Give complete addresses and correct phone numbers with extensions. Include dates of military service, part-time, school (not working) and summer employment. Include periods of idleness and unemployment.

(A) From \_\_\_\_\_ To \_\_\_\_\_ Employer Name: \_\_\_\_\_  
MM/YY MM/YY

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

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

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

Position (full time, part time, seasonal, etc.): \_\_\_\_\_

Status (resigned, terminated, etc.): \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

(B) From \_\_\_\_\_ To \_\_\_\_\_ Employer Name: \_\_\_\_\_  
MM/YY MM/YY

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

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

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

Position (full time, part time, seasonal, etc.): \_\_\_\_\_

Status (resigned, terminated, etc.): \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

(C) From \_\_\_\_\_ To \_\_\_\_\_ Employer Name: \_\_\_\_\_  
MM/YY MM/YY

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

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

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

Position (full time, part time, seasonal, etc.): \_\_\_\_\_

Status (resigned, terminated, etc.): \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

(D) From \_\_\_\_\_ To \_\_\_\_\_ Employer Name: \_\_\_\_\_  
MM/YY MM/YY

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

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

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

Position (full time, part time, seasonal, etc.): \_\_\_\_\_

Status (resigned, terminated, etc.): \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

(E) From \_\_\_\_\_ To \_\_\_\_\_ Employer Name: \_\_\_\_\_  
MM/YY MM/YY

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

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

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

Position (full time, part time, seasonal, etc.): \_\_\_\_\_

Status (resigned, terminated, etc.): \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

\_\_\_\_\_

**58.** Were you ever subjected to disciplinary action in connection with any employment? \_\_\_ Yes \_\_\_ No  
If yes, explain:

\_\_\_\_\_

**59.** Were you ever discharged or asked to resign from employment? \_\_\_ Yes \_\_\_ No If yes, explain:

\_\_\_\_\_

60. Have you ever falsified or lied on an employment application? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

61. Have you ever been the subject of any type of workplace complaint? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

62. Have you ever resigned while anticipating that your employer intended to discharge or take any disciplinary actions against you? \_\_\_ Yes \_\_\_ No If yes, explain:

\_\_\_\_\_

63. Have you ever walked off a job without giving notice? Yes \_\_\_ No \_\_\_ If yes, explain:

\_\_\_\_\_

64. Whether or not employed in a specified area, have you ever been professionally licensed or certified (i.e., law, real estate, nursing)? \_\_\_ Yes \_\_\_ No

If yes, list: \_\_\_\_\_

65. Has any such license or permit been revoked, canceled or suspended? \_\_\_ Yes \_\_\_ No

If yes, give details: \_\_\_\_\_

66. Were you ever a member of a social, labor or fraternal organization? \_\_\_ Yes \_\_\_ No  
If yes, list every such organization (Include college fraternities and sororities).

(A) From To

Mo.	Yr.	Mo.	Yr.	Organization Name	Type of Organization
_____	_____	_____	_____	_____	_____

Organization Address and Phone No. \_\_\_\_\_

67. If you answered Yes to Question 69, have you ever been a trustee, officer, executive board member or in any other capacity for any labor or trade union, organization or affiliate?

\_\_\_ Yes \_\_\_ No If yes, give details: \_\_\_\_\_

## J. Public Safety Experience

68. List all law enforcement agencies and fire departments with whom you have **applied**. **OMIT NONE**. List the stages that you have completed with each agency (written, oral interview, polygraph, background, physical, medical, psychological, etc.,) List your current status and if you applied to the same agency more than once, list separately. Include this application.

(A) Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Date Applied: \_\_\_\_\_ Status: \_\_\_\_\_

Explanation of status: \_\_\_\_\_

\_\_\_\_\_



(B) Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Date Applied: \_\_\_\_\_ Status: \_\_\_\_\_

Explanation of status: \_\_\_\_\_  
\_\_\_\_\_

(C) Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Date Applied: \_\_\_\_\_ Status: \_\_\_\_\_

Explanation of status: \_\_\_\_\_  
\_\_\_\_\_

(D) Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Date Applied: \_\_\_\_\_ Status: \_\_\_\_\_

Explanation of status: \_\_\_\_\_  
\_\_\_\_\_

**69.** Are you currently attending or have you ever attended any police academy or received any law enforcement training? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following:

(A) Academy \_\_\_\_\_ Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
M/Y M/Y

Agency: \_\_\_\_\_ Certification received: \_\_\_\_\_

Completed? Yes \_\_\_ No \_\_\_ If no, explain: \_\_\_\_\_  
\_\_\_\_\_

(B) Academy \_\_\_\_\_ Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
M/Y M/Y

Agency: \_\_\_\_\_ Certification received: \_\_\_\_\_

Completed? Yes \_\_\_ No \_\_\_ If no, explain: \_\_\_\_\_

**70.** Are you currently or have you ever had experience as a paid or volunteer member of any fire department or rescue squad? Yes \_\_\_ No \_\_\_ If yes, provide the following:

(A) Department/Squad \_\_\_\_\_ Phone # \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
M/Y M/Y

Reason for leaving: \_\_\_\_\_

(B) Department/Squad \_\_\_\_\_ Phone # \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
M/Y M/Y

Reason for leaving: \_\_\_\_\_

71. Do you have experience as an intern, volunteer, cadet, or explorer with any law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following:

(A) Department/Squad \_\_\_\_\_ Phone # \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
M/Y M/Y

Reason for leaving: \_\_\_\_\_

(B) Department/Squad \_\_\_\_\_ Phone # \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
M/Y M/Y

Reason for leaving: \_\_\_\_\_

72. Do you have any experience as a sworn law enforcement officer (including Class I and Class II Officers), dispatcher, or matron? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following:

(A) Agency \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
M/Y M/Y

Reason for leaving: \_\_\_\_\_

(B) Agency \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
M/Y M/Y

Reason for leaving: \_\_\_\_\_

(C) Agency \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
M/Y M/Y

Reason for leaving: \_\_\_\_\_

**If you have experience as a sworn law enforcement officer (including Class I and Class II Officers), dispatcher, or matron. Answer the following questions:**

73. What assignment, specialized training, or skills have you completed? \_\_\_\_\_

74. Have you ever been the subject of any departmental disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

75. Have you ever been questioned, interviewed, or interrogated by your department's Internal Affairs/Professional Standards Unit? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

76. Have you ever been the subject of any internal investigation and/or citizen complaints? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

77. Have you ever discharged your service weapon, either on-duty or off-duty, other than for training purposes? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

78. Do you have any experience in private security? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details:

## K. Financial

**You must include a credit report or similar type financial report with this completed form in addition to providing the following financial information.**

79. What is your present salary or wage? \_\_\_\_\_

80. List all other sources of income (including amount) other than your principal occupation:

81. Have you or your spouse ever been involved in a past, present, or pending civil case(s), including lawsuits? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, provide the following:

(A) Case# \_\_\_\_\_ Court Location \_\_\_\_\_  
Date: \_\_\_\_\_ Details and disposition \_\_\_\_\_

82. Do you currently or have you ever had any collections account(s), charge off accounts(s), lien(s), and or financial judgment(s) against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following:

(A) Type \_\_\_\_\_ Company \_\_\_\_\_ Account \_\_\_\_\_  
Case# \_\_\_\_\_ Court Location \_\_\_\_\_  
Date \_\_\_\_\_ Explanation \_\_\_\_\_

83. Do you have any outstanding credit debt? \_\_\_ Yes \_\_\_ No

If yes, give details \_\_\_\_\_

84. Other than standard withholding deductions, has any part of your wages ever been withheld and paid to another party to satisfy a debt, obligation or for any other purpose? \_\_\_ Yes \_\_\_ No

If yes, give details \_\_\_\_\_

85. Have you ever defaulted on a loan and/or had property of any kind repossessed? \_\_\_ Yes \_\_\_ No

If yes, give details \_\_\_\_\_

86. Are you a co-signer on an outstanding loan? \_\_\_ Yes \_\_\_ No If yes, provide the following:

(A) Date: \_\_\_\_\_

Type of Loan: \_\_\_\_\_ Amount: \_\_\_\_\_

87. Have you ever petitioned for bankruptcy?  Yes  No If yes, provide the following:

Case#: \_\_\_\_\_ Court Location: \_\_\_\_\_  
Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

## L. Drug Use and History

88. Have you ever used any illegal drug or drugs other than those prescribed to you by a physician, or those purchased over the counter? (including the use of anabolic steroids) Yes  No

If yes, what was the date of your last usage? Month: \_\_\_\_\_ Year: \_\_\_\_\_

89. Have you ever sold an illegal drug at any time in your life? Yes  No

90. Have you ever manufactured an illegal drug at any time in your life? Yes  No

91. Have you ever transported, grown, delivered, smuggled, stored, handled or produced an illegal drug at any time in your life? Yes  No

92. If you answered yes to any of the above questions in this section (drug use and history), provide a detailed explanation:

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93. If you answered yes to any questions 97-101, were you employed in a position of public trust (e.g., a sworn law enforcement officer, enlisted in the armed services, etc.) at the time you were engaged in the behavior?  Yes  No If yes, explain (include the position of public trust held):

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94. Have you ever solicited or engaged in sex acts in exchange for money, goods or favors?  Yes  No If yes, explain (include dates):

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95. Have you ever viewed, possessed or distributed child pornography?  Yes  No  
If yes, explain (include dates):

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96. Have you ever participated in a drug testing program and had a positive result?  Yes  No If yes, explain (include dates):

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97. Explain your personal consumption of alcoholic beverages and/or marijuana:  
 None  Social Occasions  Moderate  Other, Explain \_\_\_\_\_

Type(s) Consumed \_\_\_\_\_

How Much \_\_\_\_\_ How Often \_\_\_\_\_

98. Explain your personal involvement with gambling:  
 Non-gambler  Occasional casino Trip \$ \_\_\_\_\_ (Amount Used)

99. Do you or have you ever used an online casino or sports gambling website/application? If yes, please list the websites/ applications. \_\_\_\_\_

## M. General

100. Have you ever had problems or been alleged to have had problems dealing with persons of another race, ethnic origin, religious group, gender or sexual orientation?  Yes  No

If yes, explain: \_\_\_\_\_

101. Have you ever subjected or been alleged to have subjected others to harassment, discrimination or a hostile work environment?  Yes  No

If yes, explain: \_\_\_\_\_

102. Have you ever been involved in a personal relationship where you threatened, assaulted or harassed another person?  Yes  No

If yes, explain: \_\_\_\_\_

103. Have you ever been involved in a personal relationship in which you were threatened, assaulted or harassed?  Yes  No

If yes, explain: \_\_\_\_\_

104. Have you ever been formally charged with, or accused of violating the civil rights of another person?  Yes  No

If yes, explain: \_\_\_\_\_

105. Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim, or permanent basis? If yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.

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

106. Have you ever attended, been treated, or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric conditions? If yes, give the name and location of the doctor, psychiatrist, hospital, or institution and the date(s) of such occurrence.

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

## N. Arrests, Summonses, etc.

**Notice:** Expungements and conditional discharges must be disclosed on this application. Such disclosure is for law enforcement purposes.

### Juvenile

**107.** Other than motor vehicle offenses, list every incident in which you, **while under the age of 18**, had contact with the following: law enforcement agency, school resource officer, campus police, or security agency. This includes being a complainant, witness, victim, suspect, person of interest, etc. Contact is defined as having been interviewed, questioned, interrogated, detained, etc.

(A) Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Location: \_\_\_\_\_

Reason: \_\_\_\_\_

Outcome: \_\_\_\_\_

(B) Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Location: \_\_\_\_\_

Reason: \_\_\_\_\_

Outcome: \_\_\_\_\_

**108.** Other than motor vehicle offenses, have you, **while under the age of 18**, ever been: charged with, arrested, convicted, or received a violation of any kind as a juvenile? Include city/town/local/borough ordinances, disorderly persons offenses, petty disorderly offenses, criminal law offenses, and fish and game violations. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following:

(A) Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Age \_\_\_\_\_

Location: \_\_\_\_\_

Violation(s) \_\_\_\_\_

Court disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

(B) Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Age \_\_\_\_\_

Location: \_\_\_\_\_

Violation(s) \_\_\_\_\_

Court disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

**Adult**

**109.** Have you ever been summoned, subpoenaed, requested, or otherwise required to testify before any municipal, county, state or federal court? Yes \_\_\_ No \_\_\_ If yes, explain:

\_\_\_\_\_

**110.** Have you ever been fingerprinted? Exclude present application with this department.

Yes \_\_\_ No \_\_\_ If yes, provide:

(A) Location: \_\_\_\_\_ Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

(B) Location: \_\_\_\_\_ Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

**111.** Have you ever possessed or do you possess any permits to carry, pistol permits, permits to purchase handguns, firearm permits, firearm ID cards, or firearm dealer licenses in this or any other state or area under federal jurisdiction? Yes \_\_\_ No \_\_\_

If yes, provide license number and details:

\_\_\_\_\_

**112.** Do you currently possess any firearms? Yes \_\_\_ No \_\_\_ If yes, provide the following:

(A) Serial #: \_\_\_\_\_ Make/Importer: \_\_\_\_\_

Model: \_\_\_\_\_ Caliber/Gauge: \_\_\_\_\_

(B) Serial #: \_\_\_\_\_ Make/Importer: \_\_\_\_\_

Model: \_\_\_\_\_ Caliber/Gauge: \_\_\_\_\_

(C) Serial #: \_\_\_\_\_ Make/Importer: \_\_\_\_\_

Model: \_\_\_\_\_ Caliber/Gauge: \_\_\_\_\_

**113.** Have you ever filed a Domestic Violence Restraining Order or ever had a Domestic Violence Restraining Order file against you? Yes \_\_\_ No \_\_\_ If yes, provide the following:

(A) Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Docket #: \_\_\_\_\_

Person(s) involved: \_\_\_\_\_

Disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(B) Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Docket #: \_\_\_\_\_

Person(s) involved: \_\_\_\_\_

Disposition: \_\_\_\_\_

Explanation:  
\_\_\_\_\_  
\_\_\_\_\_

**114.** Have you ever had a criminal or arrest record expunged? Pursuant to NJSA 2C:52-27(c), information regarding expunged records shall be revealed by a person seeking employment with a law enforcement or corrections agency. Yes \_\_\_ No \_\_\_ If yes, provide the following:

**A copy of the expungement documentation must be submitted to this agency in order to complete pre-employment processing. Failure to do so will result in your removal from this process.**

Explanation: \_\_\_\_\_

**115.** Other than motor vehicle offenses, list every incident in which you, **while 18 years or older**, had contact with any law enforcement or security agency. This includes being a complainant, witness, victim, suspect, person of interest, etc. Contact is defined as having been interviewed, questioned, interrogated, detained, etc.

(A) Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Location: \_\_\_\_\_

Reason: \_\_\_\_\_

Outcome: \_\_\_\_\_

(B) Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Location: \_\_\_\_\_

Reason: \_\_\_\_\_

Outcome: \_\_\_\_\_

**116.** Other than motor vehicle offenses, have you, **while 18 years or older**, ever been: charged with, arrested, convicted, or received a violation of any kind? Include city/town/local/borough ordinances, disorderly persons offenses, petty disorderly persons offenses, criminal law offenses and fish and game violations. Yes \_\_\_ No \_\_\_ If yes, provide:

(A) Date: \_\_\_\_\_ Police Agency: \_\_\_\_\_ Age: \_\_\_\_\_

Location of offense: \_\_\_\_\_

Violation(s): \_\_\_\_\_

Court disposition: \_\_\_\_\_



Explanation: \_\_\_\_\_

(B) Date: \_\_\_\_\_ Police Agency: \_\_\_\_\_ Age: \_\_\_\_\_

Location of offense: \_\_\_\_\_

Violation(s): \_\_\_\_\_

Court disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

(C) Date: \_\_\_\_\_ Police Agency: \_\_\_\_\_ Age: \_\_\_\_\_

Location of offense: \_\_\_\_\_

Violation(s): \_\_\_\_\_

Court disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

## O. Motor Vehicle History

**117. Driver's License(s)**

Current:                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
    Number                      State                      Expiration Date

Other:                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
    Number    State    Expiration Date

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

(A) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Plate \_\_\_\_\_ State \_\_\_\_\_ Registration Exp Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company phone#: \_\_\_\_\_ Insurance Exp. Date: \_\_\_\_\_

(B) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Plate \_\_\_\_\_ State \_\_\_\_\_ Registration Exp Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company phone#: \_\_\_\_\_ Insurance Exp. Date: \_\_\_\_\_

**119. 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 No.                      Owner's Nam

**120.** Provide the information requested below on all NJ and/or out of state driver's licenses, which have ever been issued to you. Include boat, motorcycle, moped, CDL, etc.:

(A) State: \_\_\_\_\_ License: \_\_\_\_\_ Type: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

(B) State: \_\_\_\_\_ License: \_\_\_\_\_ Type: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**121.** Have your driving privileges ever been suspended, refused or revoked in this or any other state or country?

\_\_\_ Yes \_\_\_ No If yes, provide:

(A) Status (revoked, suspended, refused): \_\_\_\_\_

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

Reason: \_\_\_\_\_ Restoration Date: \_\_\_\_\_

(B) Status (revoked, suspended, refused): \_\_\_\_\_

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

Reason: \_\_\_\_\_ Restoration Date: \_\_\_\_\_

**122.** Has your vehicle registration or insurance ever been cancelled, refused, revoked, or suspended in any state or country?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following:

(A) Vehicle Reg./Insurance: \_\_\_\_\_

Status (Cancelled, Revoked, Suspended, Refused): \_\_\_\_\_

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

Reason: \_\_\_\_\_ Restoration Date: \_\_\_\_\_

**123.** Have you ever been detained, arrested, or charged with driving under the influence of alcohol and/or drugs in this or any other state? Yes \_\_\_ No \_\_\_ If yes, provide the following:

(A) Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

**124.** Do you currently have any outstanding parking tickets or motor vehicle summonses?

Yes \_\_\_ No \_\_\_ If yes, provide:

(A) Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

Explanation: \_\_\_\_\_

(B) Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

Explanation: \_\_\_\_\_

**125.** List all motor vehicle violations: Include each time you were stopped by a police officer in this state or any other state and issued one of the following: summons/ticket (via the stop or in the mail), written warning, or verbal warning. Also include non-moving violations where police contact may or may not have occurred, such as a parking violation.

(A) Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

Court finding/Disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

(B) Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

Court finding/Disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

(C) Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

Court finding/Disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

**126.** List all motor vehicle accidents: Include any and all motor vehicle accidents that you have been involved in whether as a registered owner, operator, passenger, or pedestrian. This includes motor vehicle accidents reported and not reported to the police. **(Note: OBTAIN A COPY OF EACH ACCIDENT REPORT)**

(A) Date: \_\_\_\_\_ Location: \_\_\_\_\_

Reported to the police? Yes \_\_\_ No \_\_\_ Police Agency: \_\_\_\_\_

Were summonses issued? Yes \_\_\_ No \_\_\_ Injuries? Yes \_\_\_ No \_\_\_

Insurance claim filed? Yes \_\_\_ No \_\_\_

Explanation: \_\_\_\_\_

(B) Date: \_\_\_\_\_ Location: \_\_\_\_\_

Reported to the police? Yes\_\_ No\_\_ Police Agency: \_\_\_\_\_

Were summonses issued? Yes\_\_ No\_\_ Injuries? Yes\_\_ No\_\_

Insurance claim filed? Yes\_\_ No\_\_

Explanation: \_\_\_\_\_

## P. Subversive Affiliations

**127.** Are you now, or have you ever been, a member of any Communist front, terrorist group or any other organization, association, movement, or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means.

Yes  No

**128.** Are you now, or have you ever been affiliated or associated with any individuals, including relatives who you know or have reason to believe are, or have been members of any organizations or groups described in question 127 above?

Yes  No

**129.** Are you now, or have you ever been, affiliated or associated with any of the organizations or group described in question 127 above?

Yes  No

**130.** Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question 136, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organizations or groups described in question 127?

Yes  No

**131.** Have you ever participated in any of the following activities:

(A). Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, project, organized or sponsored by any organization or group described in question 127?

Yes  No

(B) Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 127?

Yes  No

(C) Sale or distribution of any written or printed matter prepared, reproduced, or published by any group or organization or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 127 or any of its agents?

\_\_\_\_ Yes    \_\_\_\_ No

If you answer is **YES** to any of the above questions, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Q. Other Information

**132.** What volunteer or community activities have you engaged in within the last five years?

Provide the name and address of the sponsoring organization or group and a description of the activities performed.

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

**133.** Do you possess expertise or competence in a particular trade, skill or technology? If yes, briefly describe your level of experience and competence.

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

**134.** What hobbies and sports do you engage in?

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

**135.** 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 of S.L.E.O. I, S.L.E.O. II or Full-Time Patrolman in the Ship Bottom Police Department, 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# AFFIDAVIT AND CERTIFICATION OF APPLICANT

I will assist in any way that I am able to obtain any and all documents and information requested by the Ship Bottom Police Department.

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that any misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Ship Bottom Police Department to verify any and all information contained herein and to review my employment, education, financial, and criminal history, military, disciplinary and other records and information from any source as noted in the duly executed Authorization and Release Form.

“Under Penalty of Law” a person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a statement previously made, when he does not believe the statement to be true, is guilty of a crime of the fourth degree in violation of 2C:28-2.

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Sign in Ink)

\_\_\_\_\_  
(Print Name)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Notary Public, my Commission

Expires: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

---

\_\_\_\_\_  
Signature of applicant made in presence of investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigating Officer

HEADQUARTERS  
1621 Long Beach Boulevard  
Ship Bottom, NJ 08008  
shipbottom.org/police



EMERGENCY PHONE: 9-1-1  
(609) 494-1518  
Fax: (609) 494-3736  
Police@ShipBottom.org

Jonathan Potter  
Chief of Police

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any sworn and duly authorized agent of the Ship Bottom Police Department who is assigned to my background investigation, whether the said records are of public or private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of education institutions, financial or credit institutions, including records of deposits, withdraws and balances or checking and savings accounts, and loans, and also the records of commercial or retail credit (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veteran's Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me and salary records; real and personal property records and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records' records of complaints of civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case in which I presently have, or have had an interest. 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 which may provide pertinent data for the Ship Bottom Police Department to consider in determining my suit ability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically herein.

I understand that any information obtained by personal history background investigations which is developed directly, or indirectly in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Ship Bottom Police Department. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. A photocopy of this release form will be valid as an original herein, even though the said photocopy does not contain an original writing of my signature.

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

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

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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







