

**APPLICATION FOR EMPLOYMENT**  
**South Harrison Township**  
**PO Box 113 Harrisonville, NJ 08039**  
**PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION**

I \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the South Harrison Township Police Department, whether said records are of public, private, or confidential nature.

The intent of this authorization is to provide full and free access to the background and history of my personal and public life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the South Harrison Township Police Department to consider in determining my suitability for employment in that department.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date of Birth:

\_\_\_\_\_  
 Social Security No.

**Warning:**

Any misstatement of fact, omissions or attempt to mislead this agency, its investigators or the appointing authority, deliberate or in error, may lead to your disqualification.

This application must be typewritten or legibly hand printed and all information filled in. If any requested data does not apply to you, indicate by entering "N/A".

Initial the bottom of every page on the right-hand side as you complete that page. Use additional pages as necessary.

**1. PERSONAL INFORMATION**

<b>AFFIX          HEAD AND SHOULDER          COLOR PHOTOGRAPH          TAKEN WITHIN LAST SIX MONTHS</b>	LAST NAME: _____	FIRST NAME: _____
	MIDDLE NAME _____	DATE OF BIRTH: _____
STREET ADDRESS: _____ _____ _____		
CITY: _____ STATE: _____ ZIP: _____		
PHONE DAY: _____ EVENING: _____		
SOC. SEC. NO. _____ WHERE ISSUED: _____		
CURRENT OCCUPATION: _____		
AGE: _____ SEX: _____ HGT: _____ WGT: _____ EYES: _____ HAIR: _____		
DRIVER'S LICENSE NUMBER: _____ STATE: _____		

**2. CITIZENSHIP**

ARE YOU A NATIVE BORN OR NATURALIZED CITIZEN? NATIVE BORN: [ \_ ] NATURALIZED: [ \_ ]

IF YOU ARE OF FOREIGN BIRTH, OR ARE A NATURALIZED CITIZEN, COMPLETE THE FOLLOWING:

COUNTRY OF BIRTH: \_\_\_\_\_

PORT OR PLACE OF DEPARTURE TO THE UNITED STATES: \_\_\_\_\_

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

POINT OF ENTRY INTO THE UNITED STATES: \_\_\_\_\_

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

HOW WERE YOU TRANSPORTED TO THE UNITED STATES? \_\_\_\_\_

(SHIP, PLANE, TRAIN, ETC.)

NAME OF TRANSPORT CONVEYANCE AND/OR COMPANY YOU ARRIVED ON: \_\_\_\_\_

\_\_\_\_\_

IF A NATURALIZED CITIZEN, NAME AND ADDRESS OF PERSON WHO SPONSORED YOU ON ARRIVAL:

\_\_\_\_\_

\_\_\_\_\_

HOW DID YOU OBTAIN CITIZENSHIP? (GIVE DETAILS)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PETITION NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE: \_\_\_\_\_ COURT: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

**3. SOCIAL INFORMATION**

SINGLE: [ \_ ]

MARRIED: [ \_ ] DATE: \_\_\_\_\_

SEPARATED: [ \_ ] DATE: \_\_\_\_\_

DIVORCED: [ \_ ] DATE: \_\_\_\_\_

WIDOWED [ \_ ] DATE: \_\_\_\_\_

PROVIDE THE FOLLOWING INFORMATION REGARDING MARRIAGE OR MARRIAGES:

NUMBER OF TIMES MARRIED: \_\_\_\_\_

WHERE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WERE YOU EVER DIVORCED OR HAD A MARRIAGE ANNULLED: \_\_\_\_\_ HOW MANY TIMES: \_\_\_\_\_

WHERE: \_\_\_\_\_

**SOCIAL INFORMATION (cont.)**

Provide names of three close friends and/or associates other than listed references:

NAME: _____ AGE: _____ PHONE:(____) _____ FULL ADDRESS: _____ _____ OCCUPATION: _____ DURATION OF ASSOCIATION: _____ YEARS
NAME: _____ AGE: _____ PHONE:(____) _____ FULL ADDRESS: _____ _____ OCCUPATION: _____ DURATION OF ASSOCIATION: _____ YEARS
NAME: _____ AGE: _____ PHONE:(____) _____ FULL ADDRESS: _____ _____ OCCUPATION: _____ DURATION OF ASSOCIATION: _____ YEARS

Provide three references other than listed friends with whom you are personally or professionally acquainted:

NAME: _____ AGE: _____ PHONE:(____) _____ FULL ADDRESS: _____ _____ OCCUPATION: _____ DURATION OF ASSOCIATION: _____ YEARS
NAME: _____ AGE: _____ PHONE:(____) _____ FULL ADDRESS: _____ _____ OCCUPATION: _____ DURATION OF ASSOCIATION: _____ YEARS
NAME: _____ AGE: _____ PHONE:(____) _____ FULL ADDRESS: _____ _____ OCCUPATION: _____ DURATION OF ASSOCIATION: _____ YEARS

#### 4. ACTIVITIES

List below all professional, civic and social organizations of which you have been a member within the last five years.

_____	YEARS: [ __ ]
_____	YEARS: [ __ ]
_____	YEARS: [ __ ]
_____	YEARS: [ __ ]
_____	YEARS: [ __ ]

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.

_____ _____	YEARS: [ __ ]
_____ _____	YEARS: [ __ ]
_____ _____	YEARS: [ __ ]
_____ _____	YEARS: [ __ ]
_____ _____	YEARS: [ __ ]
_____ _____	YEARS: [ __ ]

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

_____
_____
_____
_____
_____

**ACTIVITIES (cont.)**

What hobbies or sports do you participate in

_____
_____
_____
_____
_____
_____

**5. MILITARY SERVICE**

Have you served on active duty in any military organization of the United States? [**Y**] [**N**]

IF YES, WHAT ORGANIZATION? _____
FROM: _____ TO: _____
HIGHEST RANK HELD: _____ TYPE OF DISCHARGE RECEIVED? _____
WHAT WAS YOUR MILITARY SPECIALTY: _____

Have you ever served in a Reserve military organization or National Guard Unit? [**Y**] [**N**]

IF YES, WHAT ORGANIZATION? _____
FROM: _____ TO: _____
HIGHEST RANK HELD: _____ TYPE OF DISCHARGE RECEIVED? _____
WHAT WAS YOUR MILITARY SPECIALTY: _____

Have you ever served in a military organization of a foreign government?

IF YES, WHAT ORGANIZATION? _____
FROM: _____ TO: _____
HIGHEST RANK HELD: _____ TYPE OF DISCHARGE RECEIVED? _____
WHAT WAS YOUR MILITARY SPECIALTY: _____
GIVE DETAILS: _____
_____
_____

Did you receive any medals or decorations as a member of the military service? [**Y**] [**N**]

If yes, what were they? \_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE (cont)**

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:

[ Y ] [ N ]

IF YES: HOW MANY TIMES? _____ GIVE DETAILS OF CHARGES, AGENCY CONCERNED, DATES AND DISPOSITIONS: _____ _____ _____ _____
--

**6. EMPLOYMENT**

<b>PRESENT EMPLOYER</b>	
<b>DATES EMPLOYED (MONTH/YEAR)</b> FROM: _____ To: _____	<b>ADDRESS</b>
<b>MAY WE CONTACT FOR REFERENCES</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME, HRS/WK _____ <b>SALARY – (PER MONTH)</b> STARTING \$ _____ FINAL: \$ _____	<b>POSITION TITLE</b>  <b>REASON FOR LEAVING:</b>
<b>SUPERVISOR'S NAME/TITLE/PHONE:</b>	
<b>DUTIES:</b>	

Are you currently on an employment list, or have you taken any tests for potential employment with any other law enforcement agency:

[ Y ] [ N ]

If yes, what agency(s)? When?

_____ _____ _____ _____ _____ _____
--

**EMPLOYMENT (cont)**

Were you ever or are you a member of a labor, or fraternal organization? [ Y ] [ N ]

If yes, list below every such organization.

ORGANIZATION NAME: _____ TYPE: _____ FROM: _____ To: _____ ADDRESS: _____
ORGANIZATION NAME: _____ TYPE: _____ FROM: _____ To: _____ ADDRESS: _____
ORGANIZATION NAME: _____ TYPE: _____ FROM: _____ To: _____ ADDRESS: _____
ORGANIZATION NAME: _____ TYPE: _____ FROM: _____ To: _____ ADDRESS: _____
ORGANIZATION NAME: _____ TYPE: _____ FROM: _____ To: _____ ADDRESS: _____

**7. GENERAL**

DO YOU SMOKE CIGARETTES, CIGARS, OR A PIPE, OR USE ANY OTHER FORM OF TOBACCO PRODUCTS? [ <u>Y</u> ] [ <u>N</u> ] IF YES, WHAT FORM? _____ IF YES, HOW FREQUENTLY? _____ DO YOU CONSUME ANY ALCOHOLIC BEVERAGE? [ <u>Y</u> ] [ <u>N</u> ] IF YES, HOW FREQUENTLY? _____ QUANTITY _____ HOW WOULD YOU DESCRIBE YOUR USE OF ALCOHOLIC BEVERAGES? _____ _____ _____ _____ _____
---

**8. ARRESTS, SUMMONS, ETC.**

**(You must disclose any and all - even if subsequently expunged)**

Have you ever been arrested for or charged with Juvenile Delinquency? [ Y ] [ N ]

If yes, complete the following:

DATE: _____	AGE: _____	VIOLATION CHARGED _____
LOCATION: _____	POLICE AGENCY _____	
COURT DISPOSITION: _____		
SENTENCE: _____		
DATE: _____	AGE: _____	VIOLATION CHARGED _____
LOCATION: _____	POLICE AGENCY _____	
COURT DISPOSITION: _____		
SENTENCE: _____		

Complete for any other arrests, summons, etc.

DATE: _____	AGE: _____	VIOLATION CHARGED _____
LOCATION: _____	POLICE AGENCY _____	
COURT DISPOSITION: _____		
SENTENCE: _____		
DATE: _____	AGE: _____	VIOLATION CHARGED _____
LOCATION: _____	POLICE AGENCY _____	
COURT DISPOSITION: _____		
SENTENCE: _____		
DATE: _____	AGE: _____	VIOLATION CHARGED _____
LOCATION: _____	POLICE AGENCY _____	
COURT DISPOSITION: _____		
SENTENCE: _____		

Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state or federal agency, committee or other investigative body?

[ Y ] [ N ]

If yes, give complete details

_____
_____
_____
_____
_____
_____

**ARRESTS, SUMMONS, ETC. (cont)**

Have you ever received a summons for any violation of the fish and game laws? | [ Y ] [ N ]

If yes, complete the following:

DATE: _____	AGE: _____	VIOLATION CHARGED _____
LOCATION: _____	POLICE AGENCY _____	
COURT DISPOSITION: _____		
SENTENCE: _____		
DATE: _____	AGE: _____	VIOLATION CHARGED _____
LOCATION: _____	POLICE AGENCY _____	
COURT DISPOSITION: _____		
SENTENCE: _____		

Have you ever been arrested for, or charged with, a violation of a city ordinance or the disorderly persons act? | [ Y ] [ N ]

If yes, complete the following:

DATE: _____	AGE: _____	VIOLATION CHARGED _____
LOCATION: _____	POLICE AGENCY _____	
COURT DISPOSITION: _____		
SENTENCE: _____		
DATE: _____	AGE: _____	VIOLATION CHARGED _____
LOCATION: _____	POLICE AGENCY _____	
COURT DISPOSITION: _____		
SENTENCE: _____		

Have you ever been fingerprinted for any reason prior to submitting your application for employment with this agency? | [ Y ] [ N ]

If yes, complete the following:

DATE: _____	WHERE _____
PURPOSE _____	
_____	
_____	
_____	

**9. SUBVERSIVE AFFILIATIONS**

Are you now, or have you ever been, a member of any 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; or who's purpose and intent is to unlawfully deny or circumvent the civil rights of any person in the United States or this State?

[ Y ] [ N ]

**11. MOTOR VEHICLE HISTORY**

Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (Exclude Parking Violations)

[ Y ] [ N ]

If yes, insert the required information below.

DATE _____	OFFENSE _____
LOCATION _____	
COURT DISPOSITION _____	
POLICE AGENCY _____	

Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever

Suspended?	[ <u>Y</u> ] [ <u>N</u> ]
Revoked?	[ <u>Y</u> ] [ <u>N</u> ]

If yes, insert the required information below.

IF YES, WHICH LICENSE? _____	WHEN? _____
WHERE? _____	
WHY? _____	

Was your Registration Certificate or Driver's License ever restored? [ Y ] [ N ]

WHEN? _____
WHERE? _____

Have you ever been involved in a motor vehicle accident either as a registered owner, operator, passenger, or pedestrian, which resulted in property damage or personal injury to you or someone else?

[ Y ] [ N ]

If yes, give details:

_____
_____
_____
_____
_____

**Pre-Employment Background Investigation  
Information Release**

**TO WHOM IT MAY CONCERN:**

I am an applicant for a position with the South Harrison Township Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the South Harrison Township Police Department or South Harrison Township Personnel Committee bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer.

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. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form

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

\_\_\_\_\_  
Date

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

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

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

# Pre-Employment Background Investigation Information Release

In Reference to:

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

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

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

## TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other the information you provide in regarding the above applicant who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person, declare that I am over eighteen (18) years of age, that I have personally known of the applicant for at least three years, that I have read the foregoing and all the statements and information provided herein by me are true to the best of my knowledge, and I am not related in any way to the applicant. I will, upon request, give further facts concerning the applicant as I may possess. I understand that my response will be considered to be confidential and not provided to the applicant.

**(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)**

## VOUCHER:

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

(OPTIONAL)

OCCUPATION: \_\_\_\_\_

HOW LONG HAVE YOU PERSONALLY KNOWN THE APPLICANT? \_\_\_\_\_

IN YOUR OPINION WOULD THE APPLICANT MAKE A GOOD LAW ENFORCEMENT OFFICER? \_\_\_\_\_

IF YOU WERE IN DANGER, WOULD YOU WANT THE APPLICANT TO BE THE OFFICER TO ASSIST YOU? \_\_\_\_\_.

WHY? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN YOUR OPINION, DO MOST PERSONS WHO KNOW THE APPLICANT AS WELL AS YOU AGREE WITH YOUR ASSESSMENT OF THE APPLICANT? \_\_\_\_\_

WHY? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU BELIEVE THE APPLICANT'S MOST SIGNIFICANT ATTRIBUTES ARE?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN YOUR OPINION, ON WHAT DEFICIENCIES SHOULD THE APPLICANT WORK TO IMPROVE UPON AND HOW WOULD THAT IMPROVEMENT HELP THE APPLICANT TO BE A SUCCESSFUL LAW ENFORCEMENT OFFICER?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU PERSONALLY KNOW OF ANY REASON WHY THE APPLICANT SHOULD NOT BE HIRED AS A LAW ENFORCEMENT OFFICER? \_\_\_\_\_

ON A SCALE FROM ONE TO TEN (WITH TEN THE HIGHEST), WHERE WOULD YOU PLACE THE APPLICANT AS AN INDIVIDUAL WHO POSSESSES ALL OF THE CHARACTER, QUALITIES, PERSONALITY AND MENTAL ABILITY NECESSARY TO BE A GOOD AND SUCCESSFUL LAW ENFORCEMENT OFFICER? \_\_\_\_\_

ON A SCALE FROM ONE TO TEN (WITH TEN THE HIGHEST), WHERE DO YOU PLACE YOUR LEVEL OF COMFORT AND WILLINGNESS TO SERVE AS A REFERENCE FOR THIS APPLICANT, KNOWING THAT THIS AGENCY WILL GIVE SIGNIFICANT WEIGHT TO YOUR RESPONSES IN DETERMINING WHETHER OR NOT TO EMPLOY THIS APPLICANT AS A LAW ENFORCEMENT OFFICER? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE MAIL THIS FORM DIRECTLY TO:**

Attn: \_\_\_\_\_  
South Harrison Township Police Department  
PO Box 180  
Harrisonville, NJ 08039

**IF VOUCHER HAS ANY QUESTIONS- CONTACT AGENCY DIRECTLY:**

Agency Contact Person: \_\_\_\_\_ Phone: 856-769-3737