

# Absecon Police Department

500 N. Mill Road, Absecon, NJ 08201

609-641-0667, Fax: 609-383-2187



## COMMUNICATIONS OFFICER

### FORMAL APPLICATION

### FOR EMPLOYMENT

#### READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT QUESTIONNAIRE

**INSTRUCTIONS:** Read through this entire questionnaire before completing the required information. Answer every question. 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 questionnaire, in any examination, interview, or in securing eligibility for appointment. Any misstatement of fact is reason for disqualification for employment, or may be punished by law as per N.J.S. 2C:28-2, 2C:28-3, and 2C: 28-7. The questionnaire must be prepared by the applicant, with the exception of Reference Information. References will complete, date and sign their own required information for Submission with this questionnaire. All entries, except signatures must be printed legibly in black ink. If there is insufficient space available for answering any question, use the continuation pages provided. In the event more continuation pages are needed, you may make copies of a blank continuation page and submit as needed. Precede each answer on continuation pages with the corresponding section title and number of the question being answered

#### **UPON COMPLETION, THIS QUESTIONNAIRE MUST BE NOTARIZED**

PRINT NAME	Last (Include Maiden Name)	First	Middle	
MAILING ADDRESS	Number & Street	City	State	Zip Code
County	Home Phone No (      )			
E-Mail Address Web Site Address				

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

RESIDENCE LOCATION Number & Street, Apartment No.				
City	State	Zip Code	County	Home Phone Number (      )

**AN EQUAL OPPORTUNITY EMPLOYER**

## **NOTICE:**

This is to inform you that this background investigation questionnaire will remain a permanent part of your file with the Absecon Police Department. Your failure to neatly and thoroughly complete the required information will be reflected in a negative manner.

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize the disclosure of my social security number is voluntary. I also realize my social security number will be used for the purpose of facilitating the background investigation authorized by submission of this questionnaire to the Absecon Police Department. An applicant who has not supplied a social security number may inhibit his/her advancement in the selection process. Any information released as a result of this questionnaire, including the furnishing of my social security number, shall be used only for the express purpose of processing the applicant's background investigation without delay.

## **APPLICANT NOTICE:**

You are required to promptly report any significant changes in your personal background information or involvement in any incident which might result in criminal or civil charges being brought against you, while you are an applicant in the Absecon Police Department selection process. This includes, but is not limited to: changes in your address, employment, or marital status, motor vehicle accidents or summonses; charges or convictions for any offense/crime; civil matters (bankruptcies, liens/judgments, etc.); or involvement in any incident which could lead to criminal or civil charges. Failure to advise the Chiefs Office at (609)641-0667 of any of this information could adversely affect your status in the selection process.

## **WITHDRAWALS:**

Any concerns or requests that an applicant may have regarding withdrawal from this selection process must be directed to the Chiefs Office, Absecon Police Department, 500 N. Mill Road Absecon, NJ 08201 (609) 641-0667

## A. Personal Data

1. Full name: \_\_\_\_\_  
Last First 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 State County Zip Code

5. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Month Day Year

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

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

8. Have you ever previously submitted information for a background investigation to the Absecon Police Department for any public employment?

Yes \_\_\_ No \_\_\_

If yes, list date(s): \_\_\_\_\_  
Date Date Date

## B. Citizenship

9. Are you a native born or naturalized citizen of the United States? \_\_\_ Native Born \_\_\_ Naturalized

10. Have you ever renounced your United States citizenship? \_\_\_ Yes \_\_\_ No

11. Are you now or have you ever been a citizen of another country? \_\_\_ Yes \_\_\_ No

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

12. If you are a naturalized citizen, fill in the following:

Country of birth: \_\_\_\_\_

Port or place of departure for the United States: \_\_\_\_\_ Date: \_\_\_\_\_

How were you transported into the United States? (Ship, Plane, Train, etc.) \_\_\_\_\_

Name of transport conveyance and/or company you arrived on: \_\_\_\_\_

Port or place of entry into the United States: \_\_\_\_\_ Date: \_\_\_\_\_

If a naturalized citizen, state the name, address and date of birth of the person who sponsored you on arrival:

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

13. First address after arrival: \_\_\_\_\_

14. How did you obtain citizenship? \_\_\_\_\_

15. Petition Number: \_\_\_\_\_ Date: \_\_\_\_\_ Court: \_\_\_\_\_

State: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

16. List county where you are currently registered to vote and all counties where you ever registered to vote.

It none, check \_\_\_\_\_

County	State	Year
County	State	Year
County	State	Year
County	State	Year

## C. Social Status

17. Are you: \_\_\_ single \_\_\_ married \_\_\_ separated \_\_\_ divorced \_\_\_ widow \_\_\_ widower

18. Complete the following information on each current and former spouse or fiancée, If none, check \_\_\_\_\_

Name: Last	First	MI (Maiden)	Relationship	Date of Birth
Full Address: Number & Street City State Zip Code				Home Phone ( )
Occupation	Name of Business Employer and Full Address			Work Phone ( )
Name: Last	First	MI (Maiden)	Relationship	Date of Birth
Full Address: Number & Street City State Zip Code				Home Phone



Reason

Additional information \_\_\_ Yes \_\_\_ No See continuation page \_\_\_\_\_

25. Are you the biological, adoptive, foster parent, stepparent, or legal guardian of any children (whether children are alive or deceased)? \_\_\_ Yes \_\_\_ No

If deceased, explain:

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26. List below the information on any child identified under question 25.

Name:	Date of Birth:	Place of Birth:
With Whom and Where Does Child Reside:		
Name:	Date of Birth:	Place of Birth:
With Whom and Where Does Child Reside:		
Name:	Date of Birth:	Place of Birth:
With Whom and Where Does Child Reside:		

Additional information \_\_\_ Yes \_\_\_ No See continuation page \_\_\_\_\_

27. Are you now supporting each of the children listed in question 27? \_\_\_ Yes \_\_\_ No

If no, as to any child identified under question 27, explain on continuation page.

28. Have you ever been involved as a plaintiff or defendant in a paternity proceeding? \_\_\_ Yes \_\_\_ No

If yes, state full details:

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29. Family information- Father, mother, father-in-law, mother-in-law, stepparents, sisters/brothers, step brothers/sisters, half-brothers and half-sisters names: If deceased, state in answer.

Name:		Relation:	Date of Birth:
Full Address with zip code:			Home Phone: ( )
Occupation:	Name of Business or Employer:		Work Phone: ( )
Name:		Relation:	Date of Birth:
Full Address with zip code:			Home Phone: ( )
Occupation:	Name of Business or Employer:		Work Phone: ( )
Name:		Relation:	Date of Birth:
Full Address with zip code:			Home Phone: ( )
Occupation:	Name of Business or Employer:		Work Phone: ( )
Name:		Relation:	Date of Birth:
Full Address with zip code:			Home Phone: ( )
Occupation:	Name of Business or Employer:		Work Phone: ( )

Additional information    \_\_\_ Yes    \_\_\_ No

See continuation page \_\_\_\_\_

30. If currently engaged to be married, list parents and step-parents of fiancée:

Name:		Relation:	Date of Birth:
Full Address with zip code:			Home Phone: ( )
Occupation:	Name of Business or Employer:		Work Phone: ( )
Name:		Relation:	Date of Birth:
Full Address with zip code:			Home Phone: ( )
Occupation:	Name of Business or Employer:		Work Phone: ( )
Name:		Relation:	Date of Birth:
Full Address with zip code:			Home Phone: ( )
Occupation:	Name of Business or Employer:		Work Phone: ( )
Name:		Relation:	Date of Birth:
Full Address with zip code:			Home Phone: ( )
Occupation:	Name of Business or Employer:		Work Phone: ( )

Additional information    \_\_\_ Yes    \_\_\_ No

See continuation page \_\_\_\_\_

31. List full names (first, middle, last - include maiden name) of three friends and/or associates other than or employers, past or present.

Name:		Relation:	Date of Birth:
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Full Address with zip code:		Home Phone: ( )
Occupation:	Name of Business or Employer:	Work Phone: ( )
Name:	Relation:	Date of Birth:
Full Address with zip code:		Home Phone: ( )
Occupation:	Name of Business or Employer:	Work Phone: ( )
Name:	Relation:	Date of Birth:
Full Address with zip code:		Home Phone: ( )

## D. Residence

32. Where do you currently reside? \_\_\_\_\_ From \_\_\_\_\_ to Present

Number & Street

\_\_\_\_\_ ( ) \_\_\_\_\_  
 City County State Zip Code Phone No.

If Renting- Landlord Name: \_\_\_\_\_ Phone No  
 ( ) \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_  
 Address: Number & Street City County State Zip Code

33. Do you have any ownership interest (either full, partial or joint) in this residence or any other real property?

\_\_\_ Yes \_\_\_ No If Yes List block/lot numbers: Block \_\_\_\_\_ Lot \_\_\_\_\_

Other real property, list location, including State/County/Lot/Block:

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

Full Name:	Relation:	Date of Birth:	Dates of Residence:
Full Address with zip code:		Home Phone: ( )	
Occupation:	Name of Business or Employer:		Work Phone: ( )
Full Name:	Relation:	Date of Birth:	Dates of Residence:
Full Address with zip code:		Home Phone: ( )	
Occupation:	Name of Business or Employer:		Work Phone: ( )









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

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

\_\_\_\_\_

45. Give branch of service: \_\_\_\_\_

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

46. Rank held: \_\_\_\_\_

47. How many periods of active military service have you had (drafts, enlistments or recalls to service)?  
Note the branch of service:

\_\_\_\_\_

48. Give period or periods of active service:

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

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

49. How many discharges or separations from the service were issued to you? \_\_\_\_\_

50. List type of discharge(s) or separation(s) (honorable, dishonorable, honorable conditions) Be exact:

\_\_\_\_\_

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

If yes, what was the nature of the change? \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Additional information    \_\_\_ Yes    \_\_\_ No

See continuation page \_\_\_\_\_

55. Are you now or have you ever engaged in any business as an owner (active or silent), partner, or corporate member?

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

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

56. Were you ever subjected to disciplinary action in connection with any employment?

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

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

57. Were you ever terminated or asked to resign from employment (this does not include being laid off)?

\_\_\_ Yes    \_\_\_ No    How many times? \_\_\_\_\_ List each event below:

Table with 3 columns: Date, Employer Name and Complete Address, Reason for Discharge. It contains two rows of data for employment events.

Additional information    \_\_\_ Yes    \_\_\_ No

See continuation page \_\_\_\_\_

58. Whether or not employed in a specified area, have you ever been professionally licensed or certified (i.e., law, real estate, nursing)? Specify if license or certification is current.

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

\_\_\_\_\_

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59. Has any such license or permit been revoked, canceled or suspended?

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

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60. Have you ever applied for and received unemployment insurance or other federal, state or local benefits or assistance?

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

Benefit Assistance Given: \_\_\_\_\_ Local Office \_\_\_\_\_

Address \_\_\_\_\_

Give periods: From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

Additional information  Yes  No See continuation page \_\_\_\_\_

61. Have you ever applied for or received any unemployment insurance, workman's compensation, public assistance or disability insurance allowance or benefit to which you were not entitled?

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

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Additional information  Yes  No See continuation page \_\_\_\_\_

62. List applications submitted to other law enforcement agencies.

Organization & Address	Phone Number	Application Date	Test Date	Status	Withdraw Date	Reject Yes/No

Additional information  Yes  No See continuation page \_\_\_\_\_

63. Have you ever attended a Basic 911 Communications or Emergency Medical Communications classes?  
 \_\_\_ Yes \_\_\_ No

If yes, where? \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_

Did you graduate? \_\_\_ Yes \_\_\_ No If Yes, date of graduation: \_\_\_\_\_

List all awards, accolades or recognition received: \_\_\_\_\_

If you did not graduation, explain why: \_\_\_\_\_

## I. Financial

64. List all credit cards and loans (mortgage, home equity, car, educational, personal):

Type Loan/Credit Card	Name of Institution and Complete Address			
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution and Complete Address			
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution and Complete Address			
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution and Complete Address			
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution and Complete Address			
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution and Complete Address			
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution and Complete Address			
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears
Type Loan/Credit Card	Name of Institution and Complete Address			
Account #	Original Amount	Present Balance	Monthly Payments	Amount of Arrears







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## J. General

73. 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: \_\_\_\_\_

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Additional information     Yes     No                                      See continuation page \_\_\_\_\_

74. Have you ever subjected or been alleged to have subjected others to harassment, discrimination or a hostile work environment?

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

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Additional information     Yes     No                                      See continuation page \_\_\_\_\_

75. Have you ever been involved in a personal relationship where you threatened, assaulted or harassed another party or had a domestic violence complaint, temporary restraining order or final restraining order

entered against you?

Yes  No

If yes,

explain: \_\_\_\_\_

Additional information  Yes  No

See continuation page \_\_\_\_\_

76. Have you ever been involved in a personal relationship in which you were threatened, assaulted or harassed or where you sought a domestic violence complaint, temporary restraining order or final restraining order against another person?

Yes  No

If yes,

explain: \_\_\_\_\_

Additional information  Yes  No

See continuation page \_\_\_\_\_

77. Have you ever been charged with, or accused of violating the civil rights of another person?

Yes  No

If yes,

explain: \_\_\_\_\_

Additional information  Yes  No

See continuation page \_\_\_\_\_

78. Have you ever been involved in a civil court action in this state or elsewhere?  Yes  No

If yes, explain:

Date	Action or Proceeding	County	State
As Plaintiff, Defendant, Petitioner, Respondent or Witness		Court Disposition	
Date	Action or Proceeding	County	State
As Plaintiff, Defendant, Petitioner, Respondent or Witness		Court Disposition	
Date	Action or Proceeding	County	State
As Plaintiff, Defendant, Petitioner, Respondent or Witness		Court Disposition	

Additional information  Yes  No

See continuation page \_\_\_\_

79. Have you ever possessed or do you possess any pistol permits, permit to purchase a handgun, firearm permits, firearm ID cards, or firearm dealer licenses, in this or any other state, or area under federal jurisdiction?

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

Firearms ID Card# \_\_\_\_\_ Firearms Dealer License Number \_\_\_\_\_

Issuing Agency \_\_\_\_\_

List all firearms that you possess/own:

Serial #	Make/Importer	Model	Caliber/Gauge	Pistol Permit #

### K. Arrests Summonses, Etc.

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

80. As a juvenile, have you ever had any police contact, been taken into custody, received a summons complaint(s) or been charged with Juvenile Delinquency?  Yes  No If yes, explain:

Date	Age	Violation/Charge	Police Department – Phone No. ( )
Municipality/Township		County State	Court Disposition/Sentence
Date	Age	Violation/Charge	Police Department – Phone No. ( )
Municipality/Township		County State	Court Disposition/Sentence
Date	Age	Violation/Charge	Police Department – Phone No. ( )
Municipality/Township		County State	Court Disposition/Sentence
Date	Age	Violation/Charge	Police Department – Phone No. ( )
Municipality/Township		County State	Court Disposition/Sentence

Additional information  Yes  No

See continuation page \_\_\_\_

81. Have you ever been summoned, subpoenaed, or required to testify before any municipal, county, state, or federal agency or other investigative body for a criminal matter?  Yes  No If yes, explain:





( )

( )

Additional information  Yes  No See continuation page \_\_\_\_\_

90. If you do not own or lease a vehicle, what vehicle do you operate as your primary mode of transportation?

Year Make/Model/Color Lic Plate No./State Insurance Policy No. Owners Name

Additional information  Yes  No See continuation page \_\_\_\_\_

91. Have your driving privileges ever been suspended or revoked in this or any other state or country?

Yes  No If yes, explain:

Additional information  Yes  No See continuation page \_\_\_\_\_

92. Have you ever been arrested for driving while under the influence of alcohol or drugs in this or any other state?

Yes  No If yes, explain:

93. Have you ever possessed a chauffeur or a commercial driver's license?  Yes  No If yes, list:

Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Reason:

Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Reason:

Additional information  Yes  No See continuation page \_\_\_\_\_

94. Have you ever had your auto insurance discontinued for any reason?

Yes  No If yes, explain:



Additional information  Yes  No

See continuation page \_\_\_\_\_

95. Have you ever received a summons for a violation of the Motor Vehicle Laws in this or any other state?  
(Exclude parking violations)

Yes  No If yes, list:

Date	Age at time	Violation	Police Department – Phone No. ( )
Municipality/Township		County State	Court Disposition/Sentence
Date	Age at time	Violation	Police Department – Phone No. ( )
Municipality/Township		County State	Court Disposition/Sentence
Date	Age at time	Violation	Police Department – Phone No. ( )
Municipality/Township		County State	Court Disposition/Sentence
Date	Age at time	Violation	Police Department – Phone No. ( )
Municipality/Township		County State	Court Disposition/Sentence
Date	Age at time	Violation	Police Department – Phone No. ( )
Municipality/Township		County State	Court Disposition/Sentence

Additional information  Yes  No

See continuation page \_\_\_\_\_

96. Have you ever been involved in any motor vehicle accidents as a registered owner or operator?

Yes  No If yes, list:

Date	Municipality/Township	County State
Accident Details		Police Department
Date	Municipality/Township	County State
Accident Details		Police Department
Date	Municipality/Township	County State
Accident Details		Police Department
Date	Municipality/Township	County State
Accident Details		Police Department

Number of accidents: \_\_\_\_\_ (NOTE: Obtain copy of each accident report.)

Additional information  Yes  No

See continuation page \_\_\_\_\_

## M. Other Affiliations

97. Are you now, or have you ever been, a member or an affiliate of any organization, association, movement, or group which you know to advocate the commission of acts of force or violence designed to overthrow the government of the United States or this state?

Yes  No

98. Are you now, or have you ever been, a member of any organization, association, movement, or group which you know to advocate the commission of acts of force or violence designed to deny others their rights under the Constitution of either the United States or the state of New Jersey?

Yes  No

99. If your answer is YES to either of the above questions, please provide an explanation and the name of the organization, association, movement or group:

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Additional information  Yes  No

See continuation page \_\_\_\_\_

## N. Other Information

100. Have you used marijuana or hashish in the past 3 years?

Yes  No

101. Have you ever used marijuana/hashish?

Yes  No

102. Have you used any other illegal drug or drugs other than those prescribed or provided by a physician or purchased over the counter (including the use of anabolic steroids after February 27, 1991)?

Yes  No

103. Have you used any other illegal drug or drugs other than those prescribed or provided by a physician or purchased over the counter (including the use of anabolic steroids after February 27, 1991) within the last 3 years?

Yes  No

104. Have you sold an illegal drug at any time in your life?

Yes  No

105. Have you manufactured an illegal drug at any time in your life?

Yes  No

106. Have you distributed an illegal drug at any time in your life?

Yes  No

107. Have you engaged in the unauthorized usage of any illegal drug or drugs other than those prescribed or provided by a physician or purchased over the counter while employed in a position of public trust?

Yes  No

108. If your answer is YES to any of the above questions, explain:

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Additional information  Yes  No

See continuation page \_\_\_\_\_

109. Have you ever participated in a drug testing program and had a positive test?

Yes  No  If yes, explain:

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Additional information  Yes  No

See continuation page \_\_\_\_\_

110. Are there any matters which may involve a conflict of interest or any problems in connection with your appointment to the position of 911 Communications Officer with Absecon City, which are not fully covered by your answers to this questionnaire? If so, please set forth the pertinent facts below, including an explanation of how you would propose to resolve such conflict of interest or problem (e.g., divesture, resignation, etc.).

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Additional information    \_\_\_ Yes            \_\_\_ No

See continuation page \_\_\_\_\_

111. Is there any event or matter in your past which, if it were public knowledge, might reflect adversely on you or on the Absecon Police Department if you were hired?

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Additional information    \_\_\_ Yes            \_\_\_ No

See continuation page \_\_\_\_\_

112. Why do you want to work as a 911 Communications Officer for the Absecon Police Department?

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113. Do you have any social media accounts, if so please provide user names and service.

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\*\*\*\*Please provide and attach certification copies of:

Emergency Medical Dispatch

Basic 911 Dispatch/ Communications Officer

CPR/AED

# AFFIDAVIT AND CERTIFICATION OF APPLICANT

**I will assist in any way to obtain any and all documents and information requested by the Absecon 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 intentional misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Absecon 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.

**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













# CONTINUATION PAGE

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# **Absecon Police Department**

500 N. Mill Road, Absecon, NJ 08201

609-641-0667, Fax: 609-383-2187



## **OFFICE OF THE CHIEF OF POLICE**

Chief John DeRitis

Bureau

Captain. James Laughlin, Services

## **RELEASE AUTHORIZATION**

### **TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_, am making application for

Print name legibly

employment with the Absecon Police Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, I do hereby authorize a review and full disclosure of all records, including my credit report, Internal Revenue Service records, medical records or any part thereof concerning myself to any duly authorized agent of the Absecon Police Department, whether the said records are public or private and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information; which will be utilized for investigative resource material.

I hereby release you, your organization, and all others from liability or damages that may result from the furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

A photo static copy of this authorization will be considered as effective and valid as the original.

SIGNATURE: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

