NEPTUNE TOWNSHIP
POLICE DEPARTMENT

Application for Employment

Retired Police Officer Employment as a SLEO II in Public Schools

INFORMATION PACKET
FOR EMPLOYMENT

Noble. Trustworthy. Professional. Diverse.

Rev. 8/2016

Name_____ Last 4 Digits of SS#_____

Applicant,

Thank you for your interest in employment with the Neptune Township Police Department. Attached please find a background application for potential employment. Please type or print clearly. The below items are required to complete your background investigation. As you gather the below items, check off the box to the left indicating so. If you are unable to submit the required documentation, please provide an explanation as to why. If the document has been ordered, please indicate so in your explanation providing the date, where it was ordered from, the person you spoke with and phone number. Please check the box to the left of ALL items relative to you. Please produce clear copies of these documents, which will be submitted with your application to the Department of Human Resources.

Background Application Checklist

- ☐ Copy of social security card
- ☐ Copy of driver's license
- ☐ Copy of any other professional license you may have
- ☐ Copy of military discharge (DD214 with reenlistment code)
- ☐ Copy of firearms ID card & any permits to purchase /receipts of purchase & receipts of sale
- ☐ Copy of paperwork associated with any lawsuits you may have been involved in either as a defendant or plaintiff
- ☐ Copy of any civil judgments issued against you
- ☐ Copy of driver's abstract
- ☐ Copy of any reports involving Division of Child Protection and Permanency (formerly DYFS)
- ☐ Copy of information concerning traumatic injuries which may effect job performance
- ☐ Copy of Employment and Educational Resume
- ☐ Copy of High School/College Diploma
- ☐ Copy of Police Academy Certificate

Name_____ Last 4 Digits of SS#_____

Neptune Township Police Department

25 Neptune Boulevard Neptune, NJ 07753

Valid "Class A" PTC Certification having retired within the last 3 years	Yes ☐	No ☐	Retired with full benefits?	Yes ☐	No ☐

Name: _____ Date: _____
Last Name First Name MI

Residing At: _____ Age: _____

Municipality: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Current Occupation: _____

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Name_____ Last 4 Digits of SS#_____

I. Personal Data

1. Last Name	First Name	M.I.	Social Security No.

2. Sex:	Male	Female	Eye color	Hair color	Height	Weight

3. Date of birth:	Month	Day	Year	

4. Marital Status	Single	Married	Separated	Divorced	Widowed	Common Law
	☐	☐	☐	☐	☐	☐

If married, to whom (provide maiden name if applicable):

5. Emergency Contact Information:	Name	Home Phone	Cell Phone

II. Residence Records

6. Do you own your own home? Yes____ No____

III. Family Record

7. List the family members with whom you currently reside:

Name	Address	Relationship	Occupation	DOB

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Name_____ Last 4 Digits of SS#_____

IV. License Record

8. Do you possess a valid New Jersey driver's license? Yes____ No____

a. If yes, complete the following:

Class	DL#	Date Issued	Expiration Date

b. If you have ever been issued a driver's license by a state other than the above, complete the following:

Type	Issuing State	Number	Dated Issued	Date Expires

c. Has any driver's license issued to you ever been suspended or revoked?

Yes____ No____ If yes, please explain:

State	Date	Reason

d. Are there any restrictions on your license? Yes____ No____ If "Yes" list here:

_____

9. List any motor vehicle owned by you:

Make	Model	Year	Owned From To	Plate	State

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Name_____ Last 4 Digits of SS#_____

V. Education Record

10. List the high school you graduated from and all colleges and universtities you attended:

School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes ☐ No. ☐	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes ☐ No. ☐	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes ☐ No. ☐	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes ☐ No. ☐	Highest Grade/Degree Completed	
School Name	Address	City	State	Zip
From: Mo. Yr.	To: Mo. Yr.	Graduated? Yes ☐ No. ☐	Highest Grade/Degree Completed	

Employment Record

11. Has any form of disciplinary action ever been taken against you by any employer?
Yes____ No____ If yes, explain below:

Date	Employer	Reason	Disciplinary Action Taken

a. Have you ever made a claim for workman's compensation benefits for an on-the-job injury or received benefits for a job-related illness or injury; or any injury or condition that caused you to be disabled or unable to perform your job duties or normal activities for a period of seven (7) days or longer? Yes____ No____ If yes, describe below:

_____

_____

_____

_____

b. List below, any and all employment with Police Agencies and all other employment since retiring as a Law Enforement Officer.

From: Mo. Yr.	To: PRESENT	☐ Full Time ☐ Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From: Mo. Yr.	To: Mo. Yr.	☐ Full Time ☐ Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From: Mo. Yr.	To: Mo. Yr.	☐ Full Time ☐ Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From: Mo. Yr.	To: Mo. Yr.	☐ Full Time ☐ Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From: Mo. Yr.	To: Mo. Yr.	☐ Full Time ☐ Part Time	Name of Supervisor:

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Name_____ Last 4 Digits of SS#_____

Continued Employment Entries

Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From: Mo. Yr.	To: Mo. Yr.	☐ Full Time ☐ Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.

12. If you are presently unemployed, state the reason:

_____

_____

_____

13. Are you now, or have you ever been a special or auxiliary police officer? Yes____ No____
If "YES", give date of service, jurisdiction or location of service and name of supervisor and/or coordinator:

_____

14. Are you now, or have you ever been a volunteer firefighter or EMT? Yes____ No____
If "YES", give dates of service, location of service and name of supervisor: _____

_____

15. Have you ever been barred or disqualified from employment by any local, state or federal agency? Yes____ No____ If "YES", explain:

_____

_____

_____

16. Have you ever applied for, claimed, received or are you now receiving any benefits under any law concerning unemployment, social security, veteran's administration, public assistance, welfare or other social services assistance? Yes____ No____
If "YES", give details:

_____

_____

_____

VII. Arrest, Summons & Conviction Record

17. Have you ever been arrested? Yes____ No____

18. List ALL (non-motor vehicle) incidents in which you were cited, arrested, summonsed, accused, charged or convicted of a crime (felony or misdemeanor), disorderly persons offense, or petty disorderly persons offense, whether in this state or elsewhere. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed or referred to pre-trial diversion or pardon and any matters that are still pending.

If you have never been arrested, summonsed or convicted, enter NONE.

Date	Location	Original Charge	Final Charge	Disposition

If you were arrested in any of the above, please explain the specifics of what occurred below.

_____

_____

_____

_____

19. List all firearms you possess; include copies of all receipts for purchase and sales receipts of firearms as well as required purchase permits issued to you:

Make	Model	Serial #	Caliber	Authorizing Agency

20. List all firearm identification cards issued to you. If you have applied for any firearm permit (target/hunting/carry) list the date, state and municipal jurisdiction where you applied. State whether your application was approved or denied by the issuing authority.

Date	State	Municipal Jurisdiction	Approved or Denied

VIII. Military Service Records

21. List any military service performed either on active duty, reserve or National Guard status:

From	To	Active or Reserve	Branch of Service	Rank	MOS	Type of Discharge

22. List all disciplinary actions taken against you during your military service by court martial or under Article 15, Uniform Code of Military Justice:

Date	Charge Against You (Specific)	Type of Action	Disposition of Charge

23. Have you ever filed for bankruptcy: Yes____ No____

Where	What Court	Chapter	Disposition	Case #

XI. Drug Use

Answer either "Yes" or "No" after each question below. An answer of "Yes" to any question will require an explanation including, but not limited to dates of use, frequency of use, etc. during the interview process. You are reminded of your obligation to answer all questions in a complete, accurate and truthful manner. Your failure to do so may be just cause for you to be removed from further consideration.

24. Do you now or have you ever used any un-prescribed marijuana, cannabis or cannabis based products? Yes____ No____

25. Do you now or have you ever used crack and/or cocaine? Yes____ No____

26. Do you now or have you ever used any un-prescribed opiate (heroin, morphine, opium, etc.)? Yes____ No____

27. Do you now or have you ever used any hallucinogenic drug (LSD, PCP, etc.)? Yes____ No____

28. Do you now or have you ever used any un-prescribed amphetamines, barbiturates or other tranquilizers? Yes____ No____

29 Do you now or have you ever used any un-prescribed controlled substances? Yes____ No____

30 Have you ever received medical or other type of treatment including counseling or therapy for any alcohol or substance abuse related matter, illness, condition or problem? Yes____ No____

If "YES" provide the details in the detail section.

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XII. Alcohol Use

31. How would you describe your alcohol use?

Abstinence Yes____ No____

Moderate use (2-3 times per week) Yes____ No____

Social drinker (holidays or social outings) Yes____ No____

Regular consumption (more than 3 times per week) Yes____ No____

Heavy Consumption (everyday) Yes____ No____

32. Do you suffer from or are afflicted by any condition, that would preclude or in any other way affect your performance of duties as a law enforcement official? Yes____ No____

If "YES", provide the details below:

_____

_____

_____

_____

_____

_____

_____

33. Is there anything else we should know or you would like to comment on concerning your eligibility for appointment to the position of SLEO II?

Yes____ No____

If you answered "YES" to the above question explain below:_____

_____

_____

Name_____ Last 4 Digits of SS#_____

REFERENCES

Give three references (not relatives, former employers, former employees or school teachers) who are responsible, reputable adults in their communities, who have **KNOWN YOU WELL DURING THE PAST FIVE YEARS:**

1. Name_____

   Address_____

   Telephone #_____

   Number of years acquainted_____

   Type of business or relationship_____

2. Name_____

   Address_____

   Telephone #_____

   Number of years acquainted_____

   Type of business or relationship_____

3. Name_____

   Address_____

   Telephone #_____

   Number of years acquainted_____

   Type of business or relationship_____

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Name_____ Last 4 Digits of SS#_____

Township of Neptune
Police Department
25 Neptune Blvd.
Neptune, NJ 07753
Phone: 732-988-8000, x 460
Fax: 732-988-8442

APPPLICANT INFORMATION RELEASE FORM

To all Courts, Probation Departments, Selective Service Boards, physicians, hospitals, employers, educational and other institutions and agencies without exception:

I, _____, am making an application for employment to the Neptune Township Police Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Neptune Township Police Department and its representatives any and all information, documentary or otherwise, including medical information, pertaining to me that they may request.

I hereby release, discharge and exonerate the Neptune Township Police Department, its agents and any representatives and any persons furnishing information from any and all liability of every nature and kind arising out of furnishing, inspection or collection of such documents, records and other information or the investigation made by the Neptune Township Police Department.

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

Signed:_____ Date:_____

Witness:_____ Date:_____

Notary:_____ Date:_____

My commission expires:_____

NOTARY

NEPTUNE TOWNSHIP POLICE DEPARTMENT
OFFICER'S APPLICATION

I, _____SSN#_____ being duly sworn, do hereby depose and say that I am the above named person and that I have completed the foregoing questionnaire and that I understand the contents. I further state that the answers contained therein are complete and correct in every respect. I also understand that any material misrepresentation of fact may be cause for rejection before appointment or disqualification and prosecution after appointment.

X_____

Signature of Applicant

Name_____ Last 4 Digits of SS#_____

NEPTUNE TOWNSHIP POLICE DEPARTMENT

INQUIRY REGARDING CONVICTIONS FOR MISDEMEANOR CRIMES OF DOMESTIC VIOLENCE

PURSUANT TO TITLE 18U.S.C. Section 922 (g) (9)

The purpose of this form is to obtain information that will assist the Neptune Township Police Department in determining whether any of its applicants have been adversely affected by federal law, title 18 U.S.C. Section 922 (g) (9). You are directed to complete this form and return it, within ten (10) working days of your receipt of the form, to your Applicant Investigation Unit Investigator. Failure to complete this form truthfully and within ten (10) days of receipt may result in your not being hired.

Applicants may seek the advice of counsel prior to responding to the questions contained in this form. However, the form must be completed and notarized and submitted to your investigator with ten (10) days of receipt. The Neptune Township Police Department will notify the licensing agency and/or appropriate authorities when information of an applicant who reports the possession of firearms or ammunition in violation of this law.

1. Have you ever been convicted of a misdemeanor crime of domestic violence in any court, anywhere including a military tribunal? Indicate: Yes_____ No_____

   A misdemeanor crime of domestic violence is defined by 18 U.S.C. 921 (a) (33) (A) as follows: An offense that is a misdemeanor under federal or state law and has as an element the use or attempted use of physical force or the threatened use of a deadly weapon, committed by:

   a. A current or former spouse, parent or guardian of the victim.
   b. A person with whom the victim shares a child in common.
   c. A person who is cohabiting with or has cohabited with the victim as a spouse, parent or guardian.
   d. A person similarly situated to a spouse, parent or guardian of the victim.

2. If you answered "yes" to question #1, provide the following information with respect to the conviction:

   Court/Jurisdiction_____

   Docket/Case#_____

   Statute/Charge_____

   If you answered "yes" to question #1:
   a. Were you pardoned? Indicate: Yes_____ No_____
   b. Was your conviction expunged? Yes_____ No_____
   c. If any of your civil rights were removed as a result of your conviction, have all of your rights been restored? N/A_____ Yes_____ No_____

   If you answered "yes" to question 2a, b or c attach copies of documents verifying your response.
   I hereby attest all of the statements herein are true under the penalty of perjury and its related offenses pursuant to N.J.S.A. 2C:28-4.

   Name:_____Date:_____

   Signature:_____

   Notary Signature:_____Date:_____

   My commission expires:_____

NOTARY

Name_____ Last 4 Digits of SS#_____

NEPTUNE TOWNSHIP POLICE DEPARTMENT
MEDICAL CERTIFICATION FORM

Candidate's Name_____

Social Security No._____

Name of Course: Pre Employment Physical Assessment Course Dates:_____

Physician's Name:_____

Physician's Address:_____

Based upon the medical examination and review of the Health History Statement, the above named individual is determined to be: (Check one)

_____ Medically fit to participate in Physical Conditioning Training Program without limitation to include: 1 ½ Mile Run, Sit Ups, Pushups, 50 yard Dash, Shuttle Run and Pull-ups

Date individual will be cleared to fully participate in training program:_____

_____ Not medically fit to participate in Physical Conditioning Training Program

_____ _____

Physician's Signature & License No. Date

NEPTUNE TOWNSHIP POLICE DEPARTMENT

ATTACHMENT A

DRUG TESTING
APPLICANT NOTICE AND ACKNOWLEDGMENT

I,_____, understand that as part of the pre-employment process, the Neptune Township Police Department will conduct a comprehensive background investigation to determine my suitability for the position for which I have applied.

I understand that as part of this process, I will undergo drug testing through urinalysis.

I understand that a negative drug test result is a condition of employment.

I understand that if I refuse to undergo the testing, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use, that information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to employment with a criminal justice agency.

I understand that if I produce a positive test result for illegal drug use and am not currently employed as a sworn law enforcement officer, I will be barred from future law enforcement employment in New Jersey for two years from the date of the test. After this two year period, the positive test result may be considered in evaluating my fitness for future criminal justice employment.

I understand that if I am currently employed as a sworn law enforcement officer and I produce a positive test result for illegal drug use, my current law enforcement employer will be notified of the positive test result. In addition, I will be dismissed from my law enforcement position and I will be permanently barred from law enforcement employment.

I have read and understand the information contained on this "Applicant Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as part of the pre-employment process.

_____ _____

Signature of Applicant Date Signature of Witness Date

Name_____ Last 4 Digits of SS#_____

Details

The following space is provided for detailed answers to the proceeding questions. Indicate the question number to which the answers apply.

Question Number	Explanation

Noble. Trustworthy. Professional. Diverse.

Name_____ Last 4 Digits of SS#_____

Details

The following space is provided for detailed answers to the proceeding questions. Indicate the question number to which the answers apply.

Question Number	Explanation

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