



Riverside Township Police
1 West Scott Street
Riverside, NJ 08075
(856) 461-8820



Application Number _____ Application for Employment _____

Last Name _____ First Name _____ Middle _____

Mailing Address Number _____ Street or RD Number _____ City _____

County _____ State _____ Zip Code _____

READ CAREFULLY PRIOR TO FILLING OUT APPLICATION

INSTRUCTIONS: Read each question carefully, answer each question, and leave no blank spaces. If a question does not apply to you, state that it does not apply. A candidate may be rejected who intentionally makes a false statement of a material fact or practiced, or attempted to practice any deception or fraud in this application, in any examination, or in securing eligibility for appointment. The candidate shall personally prepare this form. All entries, must be PRINTED legibly. Entries must be made in either blue or black ink. If space available for answering question is insufficient, use a separate sheet of paper, attach it to the corresponding page and precede each answer with the corresponding page number and section of the question being answered.

NOTE: Failure to return this Application for Enlistment properly completed within 10 (ten) days may result in removal of your name from further participation at this time.



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Photo of Candidate

Candidate to Provide

Section I. PERSONAL

Full Name: _____
Last Name First Name Middle Name

Give any other names you have used or have been known by (nicknames, maiden name, etc), and explain:

Date of Birth: _____ Age: _____ Sex: _____
Month Day Year

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Current Home Address: _____

Home Phone: _____ Cell: _____ Work: _____ Other: _____

Email Address(es): _____

Place of birth: _____
City State

Birth Certificate: _____
Number City or Town State Country

Social Security Number: _____ Issuing State: _____

Driver's License Number: _____ State: _____ Expiration: _____

Are you a U. S. citizen? _____ You must be a U.S. Citizen. If hired, applicant may be required to submit proof of citizenship.

Do you have any tattoos, body art or body piercings? Yes or No ____ If Yes, list all types:

The Riverside Township Police Department has a policy related to tattoos, body art and body piercings. Applicants considering employment are to be aware that this policy will have a direct impact on eligibility for hiring.

Section II. RESIDENCE

Current residence:

Number Street/ Avenue

City County State Zip Code Telephone Number

Length of time at current location: _____

In chronological order, list each place you have resided since birth. For additional space, type a separate sheet and attach it to this application.

<u>From (Mo/Yr):</u>	Address (Number/Street/Apt/City):	If Renting, Prop Mgr or Owner Name:
<u>To (Mo/Yr):</u>	Reason for Moving:	Owner/Mgr Contact Number:
<u>From (Mo/Yr):</u>	Address (Number/Street/Apt/City):	If Renting, Prop Mgr or Owner Name:
<u>To (Mo/Yr):</u>	Reason for Moving:	Owner/Mgr Contact Number:
<u>From (Mo/Yr):</u>	Address (Number/Street/Apt/City):	If Renting, Prop Mgr or Owner Name:
<u>To (Mo/Yr):</u>	Reason for Moving:	Owner/Mgr Contact Number:
<u>From (Mo/Yr):</u>	Address (Number/Street/Apt/City):	If Renting, Prop Mgr or Owner Name:

<u>To (Mo/Yr):</u>	Reason for Moving:	Owner/Mgr Contact Number:
<u>From (Mo/Yr):</u>	Address (Number/Street/Apt/City):	If Renting, Prop Mgr or Owner Name:
<u>To (Mo/Yr):</u>	Reason for Moving:	Owner/Mgr Contact Number:

List the names of THREE references. These persons CANNOT be the same as those you choose to be Vouchers (on page 15).

Name	Address	Phone Number
DOB	Occupation	Social Security Number
Name	Address	Phone Number
DOB	Occupation	Social Security Number
Name	Address	Phone Number
DOB	Occupation	Social Security Number

List the names of any members of the Riverside Township Police Department which you are socially or personally acquainted with:

Name	Social/ Personal	Years Acquainted

Section III. EDUCATION

List chronologically (starting with most recent) all schools, colleges, training courses you have attended. For additional space, type a separate sheet and attach it to this application.

School: _____ from _____ to _____
Month Year Month Year
Concentration/Major: _____ GPA: _____ Rank: _____
Address or website: _____

School: _____ from _____ to _____
Month Year Month Year
Concentration/Major: _____ GPA: _____ Rank: _____
Address or website: _____

School: _____ from _____ to _____
Month Year Month Year
Concentration/Major: _____ GPA: _____ Rank: _____
Address or website: _____

School: _____ from _____ to _____
Month Year Month Year
Concentration/Major: _____ GPA: _____ Rank: _____
Address or website: _____

School: _____ from _____ to _____
Month Year Month Year
Concentration/Major: _____ GPA: _____ Rank: _____
Address or website: _____

What college degree(s) or professional License(s) or certification(s) do you possess?

Other than English, what language(s) do you have fluency? _____
Other than English, what language(s) are you able to read and/or understand (indicate for each)?

Have you ever had any instances of absenteeism, tardiness, poor grades, suspension, expulsion, or any type of discipline problem while attending any middle/high school, college/university, business or trade school?
Yes or No _____ If yes, provide the following:

Date	School	Problem	Explanation (Brief)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is understood that I will IMMEDIATELY have forwarded transcripts from all colleges attending/attended to the Chief of Police, Riverside Township Police Department, PO Box 188, Riverside, NJ 08075

PROPER FEE MUST BE FORWARDED TO THE COLLEGE BY THE APPLICANT

Section IV. MILITARY SERVICE

Have you ever served in an active military organization of the United States? Yes or No _____

Have you ever served in a military organization of any foreign government? Yes or No _____

If yes, give details:

Branch of service: _____ Rank held: _____ Service serial number: _____

How many periods of active military service have you had (enlistments or recalls)

Give periods or period of active service:

From _____ to _____ from _____ to _____

From _____ to _____ from _____ to _____

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

Were you ever court martialled, tried on charges, or were you the subject of a summary court, deck court, captain's mast, executive officer inquiry, company punishment or any other disciplinary action?

Yes or No _____ Number of times _____

If yes, provide details or charges and dispositions:

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 National Guard of any state? Yes or No _____

If yes, state which-active or inactive _____ Branch _____ Regiment _____

Unit _____ Rank _____ Address _____

From _____ To _____

Section V. EMPLOYMENT

Present Employer

Company Name _____ Address _____ City/State/Zip _____ Phone Number _____

Supervisor(s): _____ Contact #: _____

Date hired: _____ Job Title: _____

Duties: _____

Previous Employment

List each and every place you were previously employed for the last 10 years. Starting with the most recent, provide complete information on employment history in the proper sequence. Include all part-time employment and periods of unemployment.

<u>From (Mo/Yr):</u>	Company Name/ Address:	Job Title/Duties:
<u>To (Mo/Yr):</u>	Immediate Supervisor/Contact Number:	Reason for Leaving:
<u>From (Mo/Yr):</u>	Company Name/ Address:	Job Title/Duties:
<u>To (Mo/Yr):</u>	Immediate Supervisor/Contact Number:	Reason for Leaving:
<u>From (Mo/Yr):</u>	Company Name/ Address:	Job Title/Duties:
<u>To (Mo/Yr):</u>	Immediate Supervisor/Contact Number:	Reason for Leaving:
<u>From (Mo/Yr):</u>	Company Name/ Address:	Job Title/Duties:
<u>To (Mo/Yr):</u>	Immediate Supervisor/Contact Number:	Reason for Leaving:
<u>From (Mo/Yr):</u>	Company Name/ Address:	Job Title/Duties:
<u>To (Mo/Yr):</u>	Immediate Supervisor/Contact Number:	Reason for Leaving:
<u>From (Mo/Yr):</u>	Company Name/ Address:	Job Title/Duties:
<u>To (Mo/Yr):</u>	Immediate Supervisor/Contact Number:	Reason for Leaving:
<u>From (Mo/Yr):</u>	Company Name/ Address:	Job Title/Duties:
<u>To (Mo/Yr):</u>	Immediate Supervisor/Contact Number:	Reason for Leaving:

Were you ever discharged or asked to resign from employment? Yes or No _____

Give details of discharge or forced resignations: _____

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

Yes or No _____ If yes, give details:

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

Yes or No _____

If yes provide details: _____

Has your name ever been submitted or used as a trustee, officer, or in any capacity, of any labor or trade union organization or affiliate? Yes or No _____

If yes, give details _____

Has any license or permit (excluding driver's license or learner's permit) issued by any city, state or federal agency ever been denied to you, or to any corporation or partnership of which you were officer, director or partner? Has any such license or permit ever been revoked, cancelled or suspended?

Yes or no _____ If yes, give details: _____

Have you ever sponsored or vouched for, served as a character witness, or made any recommendations for or concerning any person or premises to any municipal, state or federal agency in connection with the issuance, revocation or suspension of any license or permit or for any other reason? Yes or No _____

If yes, give details _____

Prior to this application, have you EVER put forth an application for employment with the Riverside Township Police Dept? Yes or No _____ If Yes, provide dates and details: _____

Have you EVER put forth an application with ANY other police organization (Municipal, State, Federal, etc)?

Yes or No _____ Provide details:

Agency Name: _____ Date: _____ Present Status: _____ Background Officer Name: _____

Have you ever been rejected by another police department for employment? Yes or No _____

If YES, provide the following:

Agency Name: _____ Date: _____ Reason: _____

Initial this page to indicate that you have provided complete and accurate information _____

Have you ever been a member of a social, labor, or fraternal organization? Yes or No _____

If yes, list below every such organization:

From:	To:	Name of organization	Address	Type

Section VI. MEDICAL HISTORY

Do you have any physical, mental or sensory handicaps which might affect work performance or which should be considered in job placement?

An offer of employment will be conditional upon successful completion of a medical examination and a psychological evaluation. A medical examination will be given during which the ability to perform the essential functions of the position will be evaluated by a Physician. Each potential applicant may be required to authorize access to all health records. The applicant will also be required to provide urine samples for drug testing analysis. If a Physician should determine that an applicant is unable to perform the essential functions of the position, the offer of employment may be withdrawn. A psychological evaluation is also conducted. Do you understand? Yes or No _____

Section VII. ILLEGAL USE OF DRUGS

For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over the counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high". Your responses should include – but not be limited to – your use of any of substances listed below.

This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers must include, but not be limited to, your use of any of the following drugs:

Amphetamines/methamphetamine (Uppers, Speed, etc)	Barbiturates (Downers)
Bath Salts	Cocaine/Crack Cocaine
Designer Drugs (Ecstasy, "Molly", Synthetic Heroin, etc)	GHB (Date Rape Drug)
Glue	Hallucinogens (Peyote, LSD, Mushrooms)
Hashish/Hashish Oil	Heroin/Opium
Ketamine	LSD
Marijuana (without a prescription)	Mescaline
PCP/Angel Dust	Quaaludes
Steroids/HGH	Synthetic Marijuana (i.e., K2 or Spice)
Tetrahydrocannabinol (THC)	Unprescribed Prescription Drugs

Within the past six months, have you used any drug(s) as indicated above? Yes or No _____

If yes, give details, including drugs used, number of times, over what time periods and circumstances.

Prior to the past six months (check all that apply):

___ I have never used any drug recreationally.

___ I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances:

Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including unprescribed prescription drugs/pills? Yes or No ___ (check all that apply)

___ Sold ___ Purchased ___ Cultivated ___ Gave to another
___ Manufactured ___ Furnished ___ Carried or held for another ___ Traded w/ another

If you checked any items above, give details including drug(s) involved, over what time period(s) and circumstances.

During the past five years, have you associated with friends, acquaintances, housemates or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes or No ___

If yes, explain: _____

Section VIII. LEGAL

As an applicant for the position of Police Officer, you are required to disclose any of the following that applies to you, even if the records were sealed, expunged, dismissed or pardoned:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

As an ADULT, have you EVER been convicted of a LOCAL ORDINANCE, DISORDERLY PERSONS (misdemeanor) OR INDICTABLE (felony) offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes or No _____

If yes, complete the following:

<u>Date</u>	<u>Age</u>	<u>Violation(s)/Charge(s)</u>	<u>City/State</u>	<u>Police Agency</u>	<u>Court Disposition</u>

Explain any entries in more detail here:

AFFILIATIONS

1. Are you now or have you ever been a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes or No _____
2. Do you have, or have you ever had body markings signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes or No _____
3. Are you now associating with, or have you ever 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 questions 1-2? Yes or No _____

If your answer is 'YES' to any of the above questions, 1-3, explain here:

Section IX. MOTOR VEHICLE HISTORY

List EVERY State or Country in which you have held a valid auto driver's license :

List ALL Drivers' License Information:

State/Country: _____ DL Type: _____ DL Number: _____

Issued Date: _____ Exp. Date: _____ Address Listed on DL: _____

Circle all that apply and provide any details below: Commercial/Motorcycle/Boating/Other: _____

Details: _____

Has this license, or any condition of this license, ever suspended or revoked? Y or N _____ Restored? _____

If Yes, provide dates/details: _____

State/Country: _____ DL Type: _____ DL Number: _____

Issued Date: _____ Exp. Date: _____ Address Listed on DL: _____

Circle all that apply and provide any details below: Commercial/Motorcycle/Boating/Other: _____

Details: _____

Has this license, or any condition of this license, ever suspended or revoked? Y or N _____ Restored? _____

If Yes, provide dates/details: _____

State/Country: _____ DL Type: _____ DL Number: _____

Issued Date: _____ Exp. Date: _____ Address Listed on DL: _____

Circle all that apply and provide any details below: Commercial/Motorcycle/Boating/Other: _____

Details: _____

Has this license, or any condition of this license, ever suspended or revoked? Y or N _____ Restored? _____

If Yes, provide dates/details: _____

Motor vehicle registration (List Vehicle registration owner, address, vehicle make, model, exp date):

List all non-commercial vehicles you have ever owned or operated as your "primary" vehicle in the last 10 years:

1. _____
2. _____
3. _____
4. _____
5. _____

Has your Motor Vehicle Registration Certificate ever been suspended or revoked? Yes or No _____

Restored? Yes or No _____

If Yes, provide dates and details: _____

Have you EVER received a summons for a violation of the Motor Vehicle Laws in this or any other state (including moving, non-moving, parking and pedestrian violations)?

If Yes, insert information below:

<u>Date</u>	<u>Age</u>	<u>Violation/Charge</u>	<u>Location</u>	<u>Police Agency</u>	<u>Court Disposition</u>

Has a Motor Vehicle summons ever resulted in a warrant for your arrest due to the following? Check all that apply.

Failure to Pay the Required Fine Failure to Appear in Court Failure to Complete Traffic School

If checked, explain:

Have you ever been involved in a motor vehicle accident either as a registered owner, operator, passenger or pedestrian? Yes or No _____ If yes, provide the following:

<u>Date</u>	<u>Age</u>	<u>If charged, list violation(s):</u>	<u>Location</u>	<u>Police Agency</u>	<u>Court Disposition</u>

Use this space for additional information you would like to include regarding your driving record:

Section X. OTHER TOPICS

Have you ever possessed any pistol, firearm permit, firearms ID card or dealer's license in this or any other state? Yes or No _____ If Yes, provide the following:

Permit number _____ Dealers License Number _____

Issuing agency _____

Has that permit or ID card ever been seized by law enforcement? Yes or No _____

If Yes, provide details:

Have you ever been refused/denied for an application to acquire a Firearms ID card? Yes or No _____

If Yes, list the agency that denied you and explain: _____

Did you appeal the denial? Explain: _____

Do you have any knowledge of information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for the position of Police Officer in the Riverside Township Police Department, including, but not limited to, knowledge of information concerning your character, physical or mental condition, temperance, habits, employment, education, family association, criminal record, traffic violations, residence or otherwise? Yes or No _____

If yes, give details: _____

VOUCHERS

(NOT TO BE SWORN MEMBERS OF THE RIVERSIDE TOWNSHIP POLICE DEPARTMENT)

Upon completion of this form, the applicant must obtain three reputable citizens who will vouch for the honesty, reputation, and the ability of the applicant

The voucher should read carefully all statements made by the applicant BEFORE SIGNING. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

I, the undersigned, declare that I am over eighteen years of age that I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements therein to be true.

I will, upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

VOUCHER ONE

Name _____ Business Address _____
Address _____ Social Security # _____
City, State _____ how long have you personally known applicant? _____
Telephone Number _____
Date of Birth _____ Signature _____
Current Date _____

VOUCHER TWO

Name _____ Business Address _____
Address _____ Social Security # _____
City, State _____ how long have you personally known applicant? _____
Telephone Number _____
Date of Birth _____ Signature _____
Current Date _____

VOUCHER THREE

Name _____ Business Address _____
Address _____ Social Security # _____
City, State _____ how long have you personally known applicant? _____
Telephone Number _____
Date of Birth _____ Signature _____
Current Date _____

STATE OF NEW JERSEY
COUNTY OF BURLINGTON
TOWNSHIP OF RIVERSIDE

I, _____ Being duly sworn, depose and
(CANDIDATE)

say I am the above person. I signed the foregoing statement. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Applicant sign here

Sworn before me this _____
Day of _____ 20 _____

Notary Public or Commissioner of Deeds

Application mailed or delivered on _____

DO NOT WRITE BELOW THIS LINE

DATE _____

Signature of Investigation Officer

AUTHORIZATION FOR RELEASE OF INFORMATION

To any Doctor, Hospital, Medical Association, US Armed Forces, Maritime Service, Veterans Administration, or, any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at school (college, business, trade or high school) or any past or present employer, credit bureau or retail merchants association, bank, financial institution or any other credit extending agency, or the US Selective Service System.

I _____ reside at _____

And have applied for employment with the riverside Township Police Department. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the riverside Township Police Department or its agent upon presentation of this release or copy thereof.

Selective Service Number if applicable: _____

Armed Forces Service or Serial Number: _____

Veterans Administration Claim Number: _____

Given under my hand this _____ Day of _____ 20_____

Signature of Applicant

State of New Jersey, County of _____ City or Township of _____

This day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission Expires on the _____ day of _____ 20_____

Notary Public

APPLICANT'S STATEMENT

I understand that all appointments are probationary for a period of one year from the date of hire during which time I must demonstrate my ability to perform the duties of Police Officer to the satisfaction of the Chief of Police.

I authorize the complete investigation of all statements made by me contained within this application as well as any statements made by me in any other setting. I also authorize any accompanying background investigation necessary such as a criminal history search, motor vehicle history search, etc. I also authorize the findings of these reports to be released to the New Jersey Department of Personnel according to N.J.A.C. 13:59-1.2(b).

In the event of employment I understand that false or misleading information given on my application or given in my interview may result in discharge from employment.

Furthermore, I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer in writing.

I thereby certify that all information given herein is true, factual, and complete to the best of my knowledge.

Signature of Applicant

Date

PRE-EMPLOYMENT APPLICANT DRUG TESTING POLICY

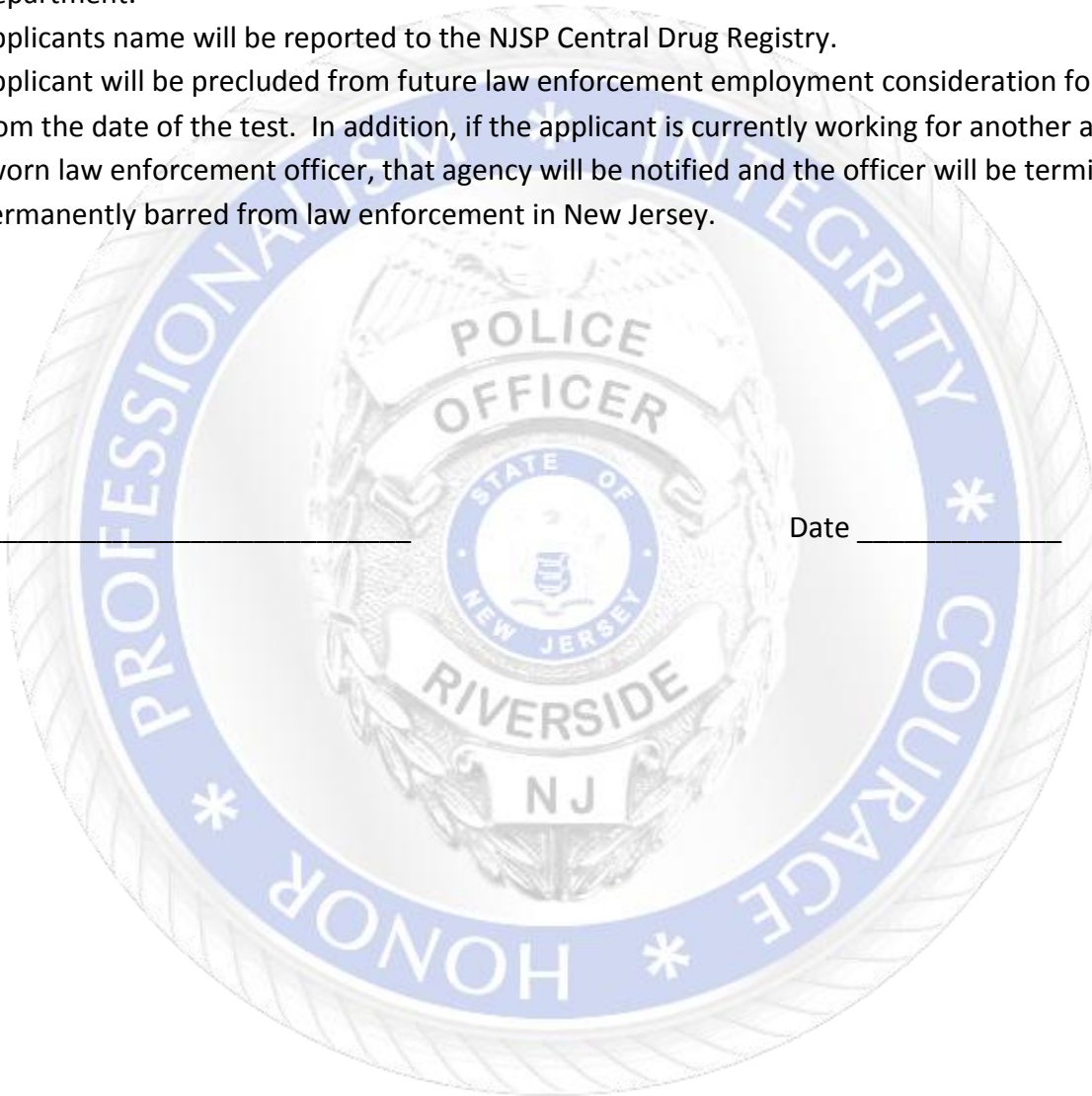
As part of the application process, applicants are required to submit to a drug test. A negative result on the drug test is a condition of employment with the Riverside Township Police Department.

All positive results on the drug test will result in the following actions:

1. Applicant will be dropped from consideration of employment with the Riverside Township Police Department.
2. Applicants name will be reported to the NJSP Central Drug Registry.
3. Applicant will be precluded from future law enforcement employment consideration for two years from the date of the test. In addition, if the applicant is currently working for another agency as a sworn law enforcement officer, that agency will be notified and the officer will be terminated and permanently barred from law enforcement in New Jersey.

Signature _____

Date _____



In 150 words or more (handwritten – Do Not Type), explain:

Why are you pursuing a career in law enforcement? Specifically, why are you pursuing a career with the Riverside Township Police Department and what attributes do you have that will benefit the Department and the Township of Riverside?

