



WILDWOOD CREST POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

PRINT NAME Last (Include Maiden Name) First Middle

MAILING ADDRESS Number & Street City or Town State Zip Code

County Home Phone # Cell Phone #

Email Address

IF CURRENT RESIDENCE IS DIFFERENT FROM ABOVE, COMPLETE THE FOLLOWING

City State County Home Phone #

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT APPLICATION

INSTRUCTIONS: Read through this entire application before completing the required information. 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. Initial and date each page upon completion. 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 filling out this application or subsequent interview. The application must be prepared by the applicant, with the exception of Voucher Information. Vouchers will complete their own required information and then date and sign the voucher form. All entries except signatures **must be printed legibly in BLOCK LETTERS** with black ink. If there is insufficient space available for answering any question, **use the continuation page provided.** Precede each answer on continuation page with the corresponding number of the question being answered.

UPON COMPLETION, THIS APPLICATION MUST BE NOTARIZED

NOTICE:

This is to inform you that this application will remain a permanent part of your file with the Wildwood Crest Police Department. Your failure to **neatly and thoroughly** complete the required information will negatively reflect upon you in the selection process.

Also, you will be expected to wear appropriate business attire to each phase of this selection process, unless directed to do otherwise.

All questions related to the completion of the application or the application process should be directed to Detective Sergeant Jon Weigand at 609-729-8055.

Initial and Date



Wildwood Crest Police Department

Application for Employment

(Type or Print using Black Ink)

Class II:	<input type="checkbox"/>
Class I:	<input type="checkbox"/>

Date: _____

1. Name _____
Last First Middle in Full Nickname

2. Home Address _____
Number Street City State Zip

3. Length at Current Address (Years & Months) _____ Home Phone _____
Cell Phone _____

4. Previous Address: (If less than 3 Years) _____
Number Street City State Zip

5. Emergency Contact: _____
Full Name Address Phone Cellular

6. Local Address (During Employment) _____
Number Street City State Zip

7. Email Address: _____

8. Last available dates for full time duty _____ Available weekends after this? Yes No

9. Are you certified as an SLEO? Yes No If yes, SLEO I or SLEO II (circle one) and date completed _____

10. Personal Information:

Are you a citizen of the United States? Yes No _____
Date of Birth (mm/dd/yyyy) Age Sex Race

_____ Social Security Number Marital Status Number of Dependents

11. Drivers License Information: _____
DL Number State Expiration Date

12. Spouse Information:

Is your spouse a citizen of the United States? Yes No

_____ Name Date of Birth (mm/dd/yyyy) Sex Race Social Security Number

FOR DEPARTMENT USE ONLY:
DATE RECEIVED: _____
RECEIVED BY: _____
INTERVIEW: _____
STATUS: _____
APPLICANT ADVISED: _____

SLEO Applicants, check your availability for academy for:
 Summer Academy only
 Winter Academy only
 Both

Initial and Date

(cont. Spouse Information)

If never married, list one or more persons with whom you frequently socialized during the last three years.

Name: _____ **Phone # :** _____

Occupation: _____ **Duration of Friendship:** _____

Street Address (city, state, zip): _____

Name: _____ **Phone # :** _____

Occupation: _____ **Duration of Friendship:** _____

Street Address (city, state, zip): _____

Name: _____ **Phone # :** _____

Occupation: _____ **Duration of Friendship:** _____

Street Address (city, state, zip): _____

FAMILY INFORMATION:

Father's Name: _____ **Currently Living? :** _____

Phone # : _____ **Occupation:** _____

Street Address (city, state, zip): _____

Mother's Name: _____ **Currently Living? :** _____

Phone # : _____ **Occupation:** _____

Street Address (city, state, zip): _____

Sibling's Name: _____ **Currently Living? :** _____

Phone # : _____ **Occupation:** _____

Street Address (city, state, zip): _____

Married? _____ **Spouse's Maiden Name:** _____

Sibling's Name: _____ **Currently Living? :** _____

Phone # : _____ **Occupation:** _____

Street Address (city, state, zip): _____

Married? _____ **Spouse's Maiden Name:** _____

Sibling's Name: _____ **Currently Living? :** _____

Phone # : _____ **Occupation:** _____

Street Address (city, state, zip): _____

Married? _____ **Spouse's Maiden Name:** _____

Initial and Date

13. Educational Data:

Type of School	Name of School and Location	Dates of Attendance	Graduate		Special Subjects and Degrees
Grade			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other School			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

14. Military Service and Experience:

Branch of Service	Date Entered	Date of Discharge	Type of Discharge
Detail any Special Training: _____			

15. Work History (Provide at minimum, the past (5) years, attach additional sheets if necessary)

Employer	Dates / Positions	Summary of Duties
Name	Employed From:	
	To:	
Address	Position Held:	
Reason for leaving above job		
Contact Person and Phone Number		
Employer	Dates / Positions	Summary of Duties
Name	Employed From:	
	To:	
Address	Position Held:	
Reason for leaving above job		
Contact Person and Phone Number		

Initial and Date

16. **Previous Law Enforcement Experience or Training:**

17. **Violation/Criminal History:**

Has your Drivers License ever been suspended in this state or any other state? If YES, please explain: Yes No

Have you ever been taken into custody or arrested, as an Adult or Juvenile anywhere in this State or elsewhere (including all expunged matters or been charged with any Criminal Offense, Disorderly Persons Offense or City Ordinance Violation?) Yes No

Date	Violation / Incident	Location	Disposition	Police Agency Concerned	Your Age at Time

Have you ever been issued a motor vehicle summons in this State or elsewhere (including all moving and non-moving violations?)

Yes No

Date	Offense	Location	Disposition	Police Agency Concerned	Your Age at Time

Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason?

Yes No If yes, explain in detail: _____

18. **Civil Actions:**

Have you ever been named as a party in any type of Civil Action? (If yes, describe when and where below) Yes No

<hr/> Initial and Date

Have you ever been served or been named in a domestic violence restraining order in this State or elsewhere?

(If yes, describe when and where below) Yes No

19. Have you ever been denied a firearms identification card or permit to purchase a firearm in this State or elsewhere?

(If yes, describe when and where below) Yes No

Date	Location	Reason for Denial	Police Agency Concerned

20. Do you currently, or have you within the past five (5) years, owned or leased a motor vehicle, power boat, or aircraft of any kind?

Yes No If yes, provide the following the information:

Vehicle Type	License Plate #	State	Year	Make	Model	Currently Own?

List the name and address of company(ies) which carries your auto or other type craft insurance:

Has your auto or other type craft insurance ever been revoked or refused? Yes No

If yes, give complete details: _____

MISCELLANEOUS:

21. Have you previously made an application for employment with this or any other law enforcement agency? Yes No

If yes, give full details as to the agency or agencies, dates, and status of that application below:

22. Have you ever been rejected by another police department for employment? Yes No

If yes, give full details as to when, where, and why: _____

23. Are you currently on an employment list or have you taken any tests for potential employment with any other law enforcement agency? Yes No If yes, give details as to dates and agencies: _____

24. Were you ever discharged or asked to resign from employment? Yes No If yes, how many times? _____

Give details below:

Date	Employer	Supervisor's Reason

Initial and Date

25. Were you ever subjected to disciplinary action in connection with any employment? Yes No

If yes, how many times? _____ Give details below:

Date	Employer	Supervisor's Reason

26. Are you now, or were you ever, a member of a labor or fraternal organization? Yes No If yes, list below:

Name of Organization: _____ Type of Organization: _____

Dates Attended From and To (include Month & Year: _____

Street Address (city, state, zip): _____

Name of Organization: _____ Type of Organization: _____

Dates Attended From and To (include Month & Year: _____

Street Address (city, state, zip): _____

27. Do you smoke cigarettes, cigars, or a pipe? Yes No If yes, how frequently? _____

28. Do you consume any alcoholic beverage? Yes No If yes, how frequently? _____ Quantity? _____

29. How would you describe your use of alcoholic beverages? _____

30. Do you read, write and / or speak the English language fluently? Yes No

31. Do you read, write and / or speak any other language than English fluently? (If yes, list below) Yes No

32. References (Do not list relatives or others previously noted in application.)

Name: _____ Phone #: _____

Occupation: _____ Cell Phone #: _____

Street Address (city, state, zip): _____

Name: _____ Phone #: _____

Occupation: _____ Cell Phone #: _____

Street Address (city, state, zip): _____

Name: _____ Phone #: _____

Occupation: _____ Cell Phone #: _____

Street Address (city, state, zip): _____

Social Media Profiles (Include usernames) _____

Initial and Date

DRUG SCREENING THROUGH URINALYSIS
APPLICANT NOTICE AND ACKNOWLEDGMENT

I, _____, understand that as part of the pre-employment process, the Borough of Wildwood Crest 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 certain medical and physical examinations, which will include drug screening through urinalysis.

I understand that a negative result on the drug screening is a condition of employment.

I understand that I can refuse to undergo this testing. If I refuse, I understand that I will be rejected for employment.

I understand that if I produce a positive 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 a central registry maintained by the Division of State Police. Information from that registry will be made available by court order or as part of a confidential investigation relating to law enforcement employment.

I understand that if I produce a positive test result for illegal drug use and I 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. After this two year period, the positive test result may be considered in evaluating my fitness for future law enforcement 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 accordance with the Attorney General's guidelines and I will be dismissed from my position and I will be permanently barred from law enforcement employment.

I further understand that I will undergo unannounced drug screening by urinalysis during my attendance at academy training.

I acknowledge receipt of a copy of the methods and procedures for drug screening applicants for sworn law enforcement positions.

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

Signature of Applicant

Date

Signature of Witness

Date

Release Authorization

To all courts, probation departments, Selective Service Boards, physicians, employers, educational and other institutions and agencies without exception.

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

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

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

Date _____.

Being duly sworn, depose and say I am the above named 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.

Candidate's Signature

Sworn to before me this _____ day of _____

Notary Public or Commissioner of Deeds

Witness for release: _____ Date: _____

Signature of requesting officer: _____

Division or title of officer: _____

_____ Initial and Date

Voucher One

Applicant's Name: _____

(Print in ink)

NOT TO BE SWORN MEMBERS OF THE W.C.P.D. OR ANY OTHER PERSON LISTED IN THIS APPLICATION.

Instructions to the applicant:

You must obtain three (3) reputable citizens (no relatives or persons listed in this application) who will vouch for your honesty, reputation, and ability.

Personal Reference Voucher

I, the undersigned, declare that I am over eighteen years of age, and that I have personally know the applicant for at least one year. I am not related in any way to the applicant. I will upon request give further facts concerning the applicant.

Note to Voucher- You may seal this statement in an envelope prior to returning it to the applicant.

All information will be treated as confidential

Name: _____ Occupation: _____

Address: _____ Business (Name): _____

City, State, Zip: _____ Address: _____

Phone #: (____) _____ City, State, Zip: _____

Date of Birth: _____ Business Phone #: (____) _____

Social Security #: _____ - _____ - _____ How long have you personally known applicant? _____

Date: _____ Is the applicant of good character & reputation? _____

Signature: _____ & Date: _____

Comments:

Voucher Two

Applicant's Name: _____

(Print in ink)

NOT TO BE SWORN MEMBERS OF THE W.C.P.D. OR ANY OTHER PERSON LISTED IN THIS APPLICATION.

Instructions to the applicant:

You must obtain three (3) reputable citizens (no relatives or persons listed in this application) who will vouch for your honesty, reputation, and ability.

Personal Reference Voucher

I, the undersigned, declare that I am over eighteen years of age, and that I have personally know the applicant for at least one year. I am not related in any way to the applicant. I will upon request give further facts concerning the applicant.

Note to Voucher- You may seal this statement in an envelope prior to returning it to the applicant.

All information will be treated as confidential

Name: _____ Occupation: _____

Address: _____ Business (Name): _____

City, State, Zip: _____ Address: _____

Phone #: (____) _____ City, State, Zip: _____

Date of Birth: _____ Business Phone #: (____) _____

Social Security #: _____-_____-_____ How long have you personally known applicant? _____

Date: _____ Is the applicant of good character & reputation? _____

Signature: _____ & Date: _____

Comments:

Voucher Three

Applicant's Name: _____

(Print in ink)

NOT TO BE SWORN MEMBERS OF THE W.C.P.D. OR ANY OTHER PERSON LISTED IN THIS APPLICATION.

Instructions to the applicant:

You must obtain three (3) reputable citizens (no relatives or persons listed in this application) who will vouch for your honesty, reputation, and ability.

Personal Reference Voucher

I, the undersigned, declare that I am over eighteen years of age, and that I have personally know the applicant for at least one year. I am not related in any way to the applicant. I will upon request give further facts concerning the applicant.

Note to Voucher- You may seal this statement in an envelope prior to returning it to the applicant.

All information will be treated as confidential

Name: _____ Occupation: _____

Address: _____ Business (Name): _____

City, State, Zip: _____ Address: _____

Phone #: (____) _____ City, State, Zip: _____

Date of Birth: _____ Business Phone #: (____) _____

Social Security #: _____ - _____ - _____ How long have you personally known applicant? _____

Date: _____ Is the applicant of good character & reputation? _____

Signature: _____ & Date: _____

Comments:

CERTIFICATION

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 if any of the foregoing statements made by me are willingly false, I am subject to punishment. I also recognize that any intentionally false statement or omissions will be automatic grounds for dismissal. Further, I authorized the Wildwood Crest Police Department to verify any and all information contained herein, and to review my criminal history, military and disciplinary records from any source.

I understand and agree to the conditions imposed thereby.

Date: _____ Signature _____ (sign in ink)

STATE OF NEW JERSEY _____)

ss

COUNTY OF _____)

I, _____, being duly sworn, depose and say I am the above named person. I signed the forgoing 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's Signature

Sworn to before me this _____
day of _____ 20 _____

Notary Public of Commissioner of Deeds

Application mailed or delivered on _____

Initial and Date

Notice to Applicant

Copies of the following documents **MUST** accompany this application.

1. Social Security Card
2. Birth Certificate (Legal Name Change, if Applicable)
3. Driver's License
4. High School Diploma
G.E.D. Certification
College Diploma (If Graduated)
5. Military Service Records and D-214 (If in Military)

Note: Do not send originals of the documents listed above.

6. Recent Photograph
Do not forget to include a recent photograph of yourself as required by the application. Failure to do so will have a detrimental effect on the processing of your application.