



Township of Maplewood

POLICE DEPARTMENT

1618 SPRINGFIELD AVENUE

MAPLEWOOD, NEW JERSEY 07040-2414

TELEPHONE: 973-762-3402

FAX 973-761-7850



Auxiliary Police Officer Application

FULL NAME _____

ADDRESS _____

PHONE # Home/Cell _____ Work _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

S/S # _____ STATE ISSUED _____

WHITE (Non-Hispanic) _____

BLACK (Non-Hispanic) _____

HISPANIC _____

ASIAN AMERICAN _____

AMERICAN INDIAN _____

OTHER (SPECIFY) _____

BLOOD TYPE _____

SEX _____

EYES _____

HEIGHT _____

WEIGHT _____

HAIR _____

_____/_____
Signature of Applicant Date

APPLICATION RECEIVED BY _____/_____/_____
NAME DATE TIME

Rev. 08/18

APPLICATION INSTRUCTIONS

PLEASE READ CAREFULLY PRIOR TO FILLING OUT APPLICATION

These instructions are provided as a guide to assist you in properly completing your Employment Application for Auxiliary Police Officer. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility.

1. Your Application should be PRINTED legibly in INK. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided. Leave no blank spaces.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin. All time periods in your background must be accounted for.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. An accurate/complete form will help expedite process. On the other hand, deliberate omissions or falsifications may result in disqualification. Failure to return this application properly completed, may result in removal of your name from further participation at this time.
6. Where sufficient space to provide a complete answer has not been provided or the question requires additional information to be submitted, utilize the pages at the end of the Personal History Statement for this purpose. If you require more space than is provided in the additional information pages attach plain sheets of paper to the Personal History Statement with that information on them. When using the additional information section remember to indicate to which question your additional information pertains.

By my signature affixed below I attest that I have read all of the above and understand the instructions and warnings.

Signature of Applicant

Date

1. QUALIFICATIONS FOR APPLICATION

- A. He/she shall be a citizen of the United States.
- B. He/she shall possess formal education or training as evidenced by a senior high school graduation certificate or an equivalency certificate.
- C. Posses a valid New Jersey Driver License.

2. QUALIFICATIONS FOR APPOINTMENT

- A. Applicants shall be fingerprinted and photographed.
- B. No person shall be appointed to the Police Auxiliary who has been convicted of any crime as designated by the Criminal Code of New Jersey or any other criminal codes of the United States.
- C. Each applicant shall be at least eighteen (18) years of age at the time of the appointment to the Police Auxiliary as evidenced by a certificate of birth.

3. APPLICATION PROCEDURES

Application forms shall be made available by the Police Department and filled out by each applicant. Those candidates not possessing the necessary qualifications are to be so notified. Those candidates possessing the necessary qualifications will be notified of the place and time of the next phase of the examination.

4. BACKGROUND INVESTIGATION AND INTERVIEW

- A. The Chief of Police shall have the right to appoint officers to conduct a detailed background investigation of any applicants.
- B. The necessary investigation shall include, but not necessarily be limited to, the following:
 - (1) Criminal background
 - (2) Motor vehicle background
 - (3) Character check

- (4) Educational institution checks
 - (5) Employers (past and present)
 - (6) Neighbors, friends and reference checks
 - (7) General background investigation
 - (8) Court and other legal information, including a credit background
 - (11) In-depth personal interview
- C. The investigating team shall furnish a written report to the Chief of Police upon completion.

**CHECKLIST TO BE COMPLETED BY
APPLICANT**

1. Obtain a Police Auxiliary Officer Application package. You must attach a recent photograph of yourself to the application.
2. All Personal History Information must be completed. Answer all questions providing additional information in the space indicated where applicable. If a question does not pertain to you, place "N/A" (not applicable) in the space provided for the answer.

PERSONAL DOCUMENTS REQUIRED

The following documents must be presented as part of the pre-employment process. If you cannot obtain any of the personal documents below you must state in the section provided for additional information what documents you were unable to obtain and the reason(s) why, and also explained upon return of the application. **Failure to submit the necessary documents may result in rejection of your application.** Please place a check mark next to the documents you have presented and N/A for the documents that do not pertain to you.

- _____ Birth Certificate
- _____ New Jersey Driver License and driver license from any other state you may possess
- _____ High School Diploma or GED Certificate
- _____ U. S. Citizenship (Naturalization) papers
- _____ Any training certificates, awards, commendations, etc. you wish to present.

PERSONAL HISTORY INFORMATION

1. What is your full name? _____
Last name First Name Full Middle Name

2. Give any other names you have used or been known by, and attach a statement giving reasons (if none, so state). _____

3. Present Address _____
Number Street/Avenue

City County State Zip Code

Floor # _____ Apartment # _____

Telephone Number _____

4. How long have you resided there? _____ With whom do you reside? _____

5. If you reside with someone other than spouse or parents list:

Name Relationship Telephone Number

6. In Chronological order, list each and every place in which you have lived during the past ten years beginning with your present address.

From To Complete Address
Mo Yr. Mo. Yr Street Address Town/City State

7. Birth Certificate _____
Number City State County

10. Are you single, married, separated, divorced, widowed or widowed? _____

12. Spouse's Name before married _____

13. List the names of three friends and/or associates

| Name | Telephone Number | | |
|----------------|------------------|-------|----------|
| Street Address | City/Town | State | Zip Code |
| Name | Telephone Number | | |
| Street Address | City/Town | State | Zip Code |
| Name | Telephone Number | | |
| Street Address | City/Town | State | Zip Code |

14. List all persons that presently reside with you:

| Name | Relationship | Age |
|------|--------------|-----|
| | | |
| | | |
| | | |

15. Have you ever been evicted from any place of residence? Yes/No _____
If yes, please provide additional information.

| |
|--|
| |
| |

16. List names of any Police Officers with whom you are socially or personally acquainted.

| Name | Department | Home Phone # |
|------|------------|--------------|
| | | |
| | | |
| | | |
| | | |

EDUCATION

17. List chronologically, earliest dates first, all schools, colleges and training courses you have attended.

| | |
|------------------------------------|---|
| School | Exact Address |
| From _____ To _____ Mt Yr Mt Yr | _____ Day or Evening Last Grade/Term |
| School | Exact Address |
| From _____ To _____ Mt Yr Mt Yr | _____ Day or Evening Last Grade/Term |
| School | Exact Address |
| From _____ To _____ Mt Yr Mt Yr | _____ Day or Evening Last Grade/Term |
| School | Exact Address |
| From _____ To _____ Mt Yr Mt Yr | _____ Day or Evening Last Grade/Term |

18. Majoring in _____ Grade point average (cum) _____
Total credits achieved towards degree _____

19. What college degree(s) or professional license(s) do you possess?

20. Other than English, what language(s) do you:

Speak _____

Understand _____

MILITARY SERVICE

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

22. Have you ever served in a military organization of any Foreign government?: Yes or No _____

If yes, give details _____

23. Branch of Service _____
From: _____ To: _____
Military Specialty _____

24. Rank held _____ Service Serial # _____

25. List all medals and decorations awarded you as a member of the armed forces.

26. What is the type of your discharge or separation (honorable, dishonorable, honorable conditions, medical, etc.)

BE EXACT. REASON: _____

27. 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 the National Guard of any state? Yes or No _____

Active or Inactive _____ Branch _____
Regiment _____ Unit _____
Rank _____ Address _____
From _____ To _____

EMPLOYMENT

28. Present Employer:

| | | |
|--------------|------------------|----------|
| Name/Company | Telephone Number | |
| Address | City/State | Zip Code |
| Date Hired | Duties | |

29. List below chronologically, earliest dated first, last three places of employment.

| From | To | Name/Address | Phone # | Weekly pay | Reason for |
|-------|---------|-----------------------|---------|------------|------------|
| Mo Yr | Mo. Yr. | of Emp./Immed.Superv. | | scale | leaving |

30. Have you ever filed a claim under workman's compensation?

Yes or No _____
If yes, give date of injury _____
Name of Employer at time of injury _____
Name of Insurance Co.covering employer _____
Was claim filed under state or federal compensation laws?
Yes or No _____

31. Have you made application with this agency before or any other police organization?
Yes or No _____

MEDICAL HISTORY

32. List below: (a) family physician; (b) other physician, psychiatrist or psychologist you have consulted.

(a) _____
Name Full Address Phone #

(b) _____
Name Full Address Phone #

Name Full Address Phone #

Name Full Address Phone #

33. Have you ever been examined or treated for a nervous or mental disorder by a private physician or at a clinic, hospital, sanitarium or other institution or while in the military service?

Yes or No _____
If yes give details _____

34. (a) Do you use, or have you used narcotics, marijuana, barbiturates, sleeping pills, etc.? Yes or No _____
If yes give details and amount _____

(b) Do you use, or have you ever used alcoholic beverages?
Yes or No _____
If yes give details and amount _____

FINANCIAL HISTORY

If you answer "YES" to any of the following questions you must provide full details in additional information section.

35. Have you ever had your wages attached or garnished?
_____ Yes _____ No

36. Have you ever been a party to a small claims court action?
 _____ Yes _____ No
37. Do you have any immediate civil action pending against you?
 _____ Yes _____ No
38. Have you ever had a civil judgement rendered against you?
 _____ Yes _____ NO
39. Have you ever filed or declared bankruptcy?
 _____ Yes _____ No
40. Have you ever been refused credit?
 _____ Yes _____ No
41. (A) Regarding your place of residence: do you ___own or ___rent?
 (B) If renting: Landlord's Name _____
 Address _____
 Phone# _____

ARRESTS, SUMMONSES, ETC

42. Have you ever been arrested for or charged with Juvenile Delinquency?

Yes _____ No _____ If yes, insert information below:

| Date | Violation | Court Disposition or Sentence | Police Agency Concerned |
|------|-----------|----------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |

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

Yes or No _____ If yes, give details _____

44. Have you ever been arrested for, or charged with, a violation of the disorderly persons act or city ordinance? Yes or No _____
If Yes, insert information below.

| Date | Violation | Court Disposition or Sentence | Police Agency Concerned |
|------|-----------|----------------------------------|----------------------------|
|------|-----------|----------------------------------|----------------------------|

45. Have you ever been arrested, indicted, or convicted for any violation of the criminal law? Yes or No _____ If yes, insert the information below.

| Date | Violation | Court Disposition or Sentence | Police Agency Concerned |
|------|-----------|----------------------------------|----------------------------|
|------|-----------|----------------------------------|----------------------------|

46. Have you ever had a criminal or arrest record expunged?

Yes or No _____ If yes, give details _____

47. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason? Yes or No _____ If yes, insert the information below.

| Date | Violation | Disposition or Sentence | Police Agency Concerned |
|------|-----------|----------------------------|----------------------------|
|------|-----------|----------------------------|----------------------------|

SUBVERSIVE AFFILIATIONS

48. Are you now, or have you ever been, a member of any communist, Communist-front, or other subversive organization, association, movement, or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means?

Yes or No _____

49. Have you ever participated in any of the following activities?

a. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum or project sponsored or organized by any organization or group described in question 97? Yes or No _____

b. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 97? Yes or No _____

c. Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in question 97 or by any of its agents? Yes or No _____

d. Purchased or subscribed to any publication or periodical prepared, reproduced, published by any group or organization described in question 97 or by any of its agents? Yes or No _____

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

MOTOR VEHICLE HISTORY

51. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (exclude parking violations) Yes or No _____ If yes, insert the information below.

| Date | Offense | Location | Police Agency Concerned |
|------|---------|----------|----------------------------|
|------|---------|----------|----------------------------|

52. Has your Motor Vehicle Registration Certificate, Driver or other vehicle operator's license ever been suspended or revoked?

Yes or No _____

Suspended? Yes or No _____ If yes, which license? _____

When? _____ Where? _____

Why? _____

53. If answer to previous question is "YES", was such Registration Certificate or Driver License ever restored? Yes or No _____

When? _____ Where? _____

54. If you possess any of the following, complete the information below.

| Item | Number | State | Expires |
|----------------------------|--------|-------|---------|
| Motor Vehicle Registration | | | |
| Driver License | | | |

55. Are you licensed to drive any vehicle other than a passenger car? Yes or No _____ If yes, explain

56. Did you ever possess chauffeur's or operator's license issued by any state other than New Jersey? Yes or No _____ If yes, give city and state

OTHER INFORMATION

57. Have you ever possessed any pistol, firearms ID card or dealer's license in this or an other state? Yes or No _____

Permit # _____ Dealer's License# _____

Issuing agency

58. Has an agency ever refused you such a permit or license?

Yes or No _____ If yes, give details

59. Do you have any knowledge or 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 our eligibility and fitness or this position, including but not limited to, knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, associations, criminal records, traffic violations, residence or otherwise.

Yes or No _____

If yes, give details

STATE OF NEW JERSEY.....

ss.

COUNTY OF.....

I, _____ 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.

Applicant sign here

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MAPLEWOOD, NEW JERSEY 07040-2414

TELEPHONE: 973-762-3402

FAX 973-761-7850

AUTHORIZATION FOR RELEASE OF RECORDS



Applicant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Applicant Signature: _____

Date: ____/____/____

TO WHOM IT MAY CONCERN:

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

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

I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Maplewood Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Maplewood Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal or confidential information, as it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had in an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed. I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

I hereby release you, as the custodian of such records of the organization including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Maplewood Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. For and in consideration of the Maplewood Police Department's acceptance and processing of my application for employment, I agree to hold the Maplewood Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Maplewood Police Department.

I understand if such information of a serious criminal nature may surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Maplewood Police Department in conjunction with the employment process.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of 180 days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of complying with this request.

STATE OF NEW JERSEY

COUNTY

OF _____

I _____ being duly sworn depose and say I am the above named person.

Applicants Signature: _____

Date: _____

Sworn before me this _____ day of _____ 20____

Notary Signature