

APPLICANT:

Enclosed is your application to the Township of Clinton Police Department. You are to read and follow the directions. Failure to follow each and every direction may result in your application being rejected.

- Print or type all required information (it is suggested that you copy this application and use the copy as a draft prior to submitting the final copy).
- Complete each and every question.
- If anything in this application does not apply, insert N/A.
- Do not leave any questions blank.
- Your photo must have been taken within the past month.
- Your photo must show you in business attire.
- Do not white-out or erase a mistake. Draw a line through it and write next to it.
- It is your responsibility to ask about questions or issues that you do not understand.
- Submit a copy of your detailed resume when returning this application.
- Photocopy your social security card, birth certificate, Any degrees of higher education, and PTC certificate and enclose them with this application.
- If you cannot complete a category of this application, explain why on a separate sheet of paper.
- Full time applicants must be certified by the New Jersey Police Training Commission.

All applications must be returned to police headquarters by Friday, April 3, 2020 by 4:00pm. Return your application between the hours of 8:30am to 4:00pm, Monday through Friday. One of the Police Secretaries will accept your application and return a signed copy acknowledging receipt.

Applicant Signature

Date

Police Secretary's Signature

Date

Acknowledge your application submission to the Township of Clinton Police Department.

**TOWNSHIP OF CLINTON
Hunterdon County**

**DEPARTMENT OF POLICE
Release Authorization**

I, _____, am making application for appointment to the Township of Clinton Police Department. As a result, an investigation is being conducted to determine my eligibility. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is of a public, private, or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and/or other information pertaining to me, to furnish to the said Municipality, County Prosecutor’s Office, and/or the Department of Law and Public Safety and such information, formal or informal, pending or closed, or any other pertinent data, and to permit the said Municipality, County Prosecutor’s Office and/or the Department of Law and Public Safety or their representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate the said Municipality, County Prosecutor’s Office, and the Department of Law and Public Safety, their representatives, and any other person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, or collecting of such documents, records, and any other information or the investigation made by the said Municipality, the County Prosecutor’s Office, and/or the Department of Law and Public Safety.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this authorization and release will be considered in determining my suitability for employment by the Township of Clinton.

I have read and fully understand the contents of this “**Authorization & Release.**”

Subscribed and sworn before me
on this _____ day of _____
_____. Notary Public of New Jersey.
My commission expires _____

Signature—include maiden name

Address: _____

Phone Number: _____

Date of Birth _____

Social Security # _____

Driver’s License # _____

(Print or type name of Notary)
Signature and affix notarial seal.)

INSTRUCTION TO APPLICANT

Answer all questions completely. Type or print clearly. Attach additional sheets where necessary.

1. PERSONAL HISTORY

a) Name in Full. (last, first, middle) _____

b) Are you a resident of New Jersey? Yes ____ No ____

c) Present Address: (use street name) _____

Residing with: _____

Telephone: Home: _____ Business: _____

d) Complete address to which you wish mail sent:

e) Social Security Number: _____

f) Are you physically able to perform the various aspects of the position of police officer?
Yes ____ No ____

g) List all other names you have used, including nicknames. If female, list maiden name. If you have ever worked or were educated under another name, please supply that name as well. If you have ever legally changed your name, give date, place, and court.

h) Driver's License Number _____ State _____

Motor Vehicle Registration Number _____ State _____

Year, Make, and Model of Motor Vehicle _____

i) Place of Birth _____ Date of Birth _____

j) Are you a U.S. citizen? Yes ____ No ____

Naturalized citizen? Yes ____ No ____

If you are a naturalized citizen, give number _____

Place, Date, and Court _____

k) Marital Status: Single ____ Married ____ Date ____ # of Children ____

Widowed ____ Divorced ____ Separated ____

Place of Divorce _____

2. CORPORATION MEMBERSHIP AND BUSINESS INTERESTS

a) List all stockholdings owned valued at more than \$100.

Company	Number of Shares

b) Are all tax payments required to be made by you current? Yes ___ No ___

If "no," please explain: _____

c) List all charge accounts, credit cards or other outstanding debts on which you are required to make payments. Include personal loans.

Company	Address	Amount Owed

d) List outstanding judgments or liens, and provide the date, name of judgment creditor or lien or, amount, docket number or book and page number of record, name of court or place of record.

e) Have you now or have you ever been adjudicated bankrupt? Yes ___ No ___

If "yes," please give date and name and location of court: _____

f) Have you ever been turned down for a loan? Yes ___ No ___

If yes, list agency that refused and reason(s) for refusal: _____

3. MILITARY RECORD

a) Have you ever served on active duty in the Armed Forces of the United States?

Yes ___ No ___ Highest rank obtained: _____

Date commissioned: (if applicable) _____

b) Branch of Military Service _____

Dates of active duty: (month, day, year) _____

Type of discharge: _____ Service Number _____

c) Are you a member of the Reserve or National Guard? Yes ___ No ___

Active ___ Inactive ___ Service Branch _____

d) Have you ever been classified 1-Y (registrant qualified for military service only in time of war or national emergency) or 4-F (registrant not qualified for any military service)? If "yes," furnish reasons. Yes ____ No ____

e) Have you ever been court marshaled? Yes ____ No ____

If "yes," please give unit, charges, and disposition _____

4. EDUCATION

a) Did you graduate from High School? Yes ____ No ____

Month/Year _____ Highest grade completed _____

Name and address of last high school attended _____

b) In chronological order, starting with the most recent institution attended, list the name(s), address(es), degree(s), major(s), number of credits attained, **EXACT** Grade Point Average, and date(s) attended of all colleges and universities you have ever attended, taken courses at, etc.

c) Other schools or training (for example: trade, vocational, armed forces, or business). Give names and locations (city, state, and zip code) of the schools attended, subjects studied, number of class hours of instruction, certificates, and any other pertinent data.

d) Languages other than English: List Language and indicate your knowledge:

Language Reading Speaking Writing Understanding

Knowledge. Indicate (good, fair, or poor)

e) Police Training Certificate: Yes ____ No ____

Month / Year _____ / _____ Certification Number _____ Academy _____

5. COURT RECORDS

a) Have you **EVER** been arrested or charged with **ANY** crime, juvenile offense, disorderly persons offense, misdemeanor, ordinance violation, or **ANY** type of criminal or quasi-criminal violation?

Yes ___ No ___ If "yes," please state:

Date	Place and Department	Charge	Final Disposition	Details

b) Have you **EVER** been charged with **ANY** traffic offense (excluding parking tickets)?

Yes ___ No ___ If "yes," please state:

Date	Place and Department	Charge	Final Disposition	Details

c) Has your driver's license or driving privileges **EVER** been Suspended or Revoked?

Yes ___ No ___ If "yes," please state reason(s) and time period of suspension:

d) Have you **EVER** been a plaintiff or defendant in a court action, **EVER** been under investigation by **ANY** agency, or subpoenaed by **ANY** grand jury or investigative body?

Yes ___ No ___

If "yes," please give the date, place, court, names of parties involved, nature of action and final disposition.

e) Pursuant to the provisions of N.J.S.A. 2C:52-27c, have you **EVER** filed a petition for the purpose of expunging or sealing court records? Yes ___ No ___ If "yes," please state contents of expunged or sealed records: _____

f) Are you now or have you **EVER** received treatment or counseling for the use of alcohol or narcotics? Yes ___ No ___ If "yes, please explain:

g) Have you **EVER** been disciplined by **ANY** employer, military establishment, or educational institution for improper conduct? Yes ___ No ___ If "yes," please explain:

6. RESIDENCES

a) List in chronological order **ALL** of your residences in the past 10 years (include addresses while attending school if away from home, and all military addresses on or off base), including present residence.

From	To	Address	Own or Rent

7. EMPLOYMENT EXPERIENCE

List below, chronologically, earliest dates first, **EACH AND EVERY** place in which you were employed. Omit none. Give correct full address. Give the dates of idleness between each period of employment, in proper sequence. Include all part-time employment.

From	To	Name, Address & Phone # of Employer	Position	Reason Left

8. POLICE APPLICATIONS

List **each and every** law enforcement agency/police department to which you have **ever** submitted an application, including, but not limited to, all federal, state, county, and municipal applications

Agency	Date Submitted	Address	Agency Phone Number

9. REFERENCES

List five people, who are not related to you, who have definite knowledge of your character and fitness for the position for which you are applying.

Full Name	Address	Occupation	Tele#	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. SOCIAL MEDIA

List any and all social media accounts (profile names) that are currently active or inactive by the applicant i.e. Facebook, SnapChat, Instagram, Twitter, YouTube, LinkedIn, and TicTok,

11. CERTIFICATION

I have completed this application and questionnaire to the best of my knowledge and certify to the Township of Clinton that all information placed thereon is correct. I understand and agree that in the event an offer of employment is made, such offer is contingent upon the securing of additional personal, medical, criminal, and financial information. I am also aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I also recognize that any intentional false statements or omissions will be grounds for automatic dismissal.

Date

Applicant signature in ink

THIS AND THE FOLLOWING PAGE IS FOR ANY ADDITIONAL INFORMATION

ATTACH PHOTO (FRONT VIEW)
