

# LAKEWOOD POLICE DEPARTMENT



APPLICATION FOR  
PUBLIC SAFETY TELECOMMUNICATOR & RECORDS CLERK

**APPLICATION: PUBLIC SAFETY TELECOMMUNICATOR & RECORDS CLERK**

**Lakewood Police Department**

**231 3<sup>rd</sup> Street**

**Lakewood, NJ 08701**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have a Facebook account?     Yes    No    What is your screen name? \_\_\_\_\_

Do you have a Twitter account?     Yes    No    What is your screen name? \_\_\_\_\_

Do you belong to any other social networking sites?     Yes    No

Please list them:

\_\_\_\_\_

READ CAREFULLY PRIOR TO FILLING OUT APPLICATION

**INSTRUCTIONS**

Read every question carefully. Answer every question, leave no blank spaces, if a question does not apply to you, use "Not Applicable", or "N/A". A candidate may be rejected who has intentionally made a false statement of a material fact; and/or practiced, or attempted to practice any deception or fraud in this application or any other application, in an attempt to secure eligibility for appointment.

The candidate shall personally prepare this form. All entries, except the signatures, must be hand written in black ink.

If the space provided for answering any question is insufficient, attach a separate sheet of paper and include the question and question number above the answer or continuation.

**Official Use Only --- Do Not Write in this Box**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Receiving Officer: \_\_\_\_\_

Interview: Yes \_\_\_\_\_ No \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Initials: \_\_\_\_\_



# Lakewood Police Department

231 3<sup>rd</sup> Street  
Lakewood, NJ 08701

## AUTHORIZATION RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
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Place of Birth	City	County	State	Country
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This release, when presented by a duly authorized representative of the Lakewood Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Lakewood Police Department; Employment, Educational, Medical, Psychological, Selective Service, Police and Criminal, Motor Vehicle and Driving, Financial and Credit, and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Lakewood Police Department. 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 an investigation, which may provide pertinent data for the Lakewood Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Lakewood Police Department. I understand that all materials pertaining to this background investigation become the property of the Lakewood Police Department, and will not be returned to me.

I agree to identify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:** Signature: \_\_\_\_\_

State of \_\_\_\_\_; Street Address: \_\_\_\_\_

County of \_\_\_\_\_; City, State, Zip Code: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires: \_\_\_\_\_, Signature of Notary: \_\_\_\_\_

Initials: \_\_\_\_\_

## FINGERPRINTING INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Employer and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

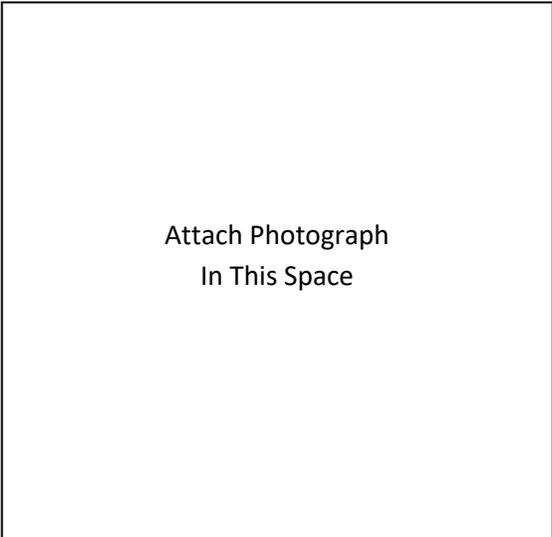
Scars, Marks, Tattoos, Amputations: \_\_\_\_\_

Alias: \_\_\_\_\_

Name and Address of Nearest Relative and Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Initials: \_\_\_\_\_



1. What is your full name? \_\_\_\_\_  
(Last) (First) (Middle)

2. Give any other names you have used or have been known by and attach a statement giving reasons.

A. \_\_\_\_\_ D. \_\_\_\_\_  
B. \_\_\_\_\_ E. \_\_\_\_\_  
C. \_\_\_\_\_ F. \_\_\_\_\_

3. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at time of application: \_\_\_\_

Sex: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_

4. Where were you born? \_\_\_\_\_  
(Hospital) (City) (State)

5. Birth Certificate: \_\_\_\_\_  
(City) (County) (State)

6. Check one of the following:

- Asian
- Black (Non-Hispanic)
- White (Non-Hispanic)
- Hispanic/Latino
- American Indian/Alaskan Native
- Hawaiian Native/Pacific Islander

7. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ State Issued: \_\_\_\_\_

8. Do you wear contact lenses or glasses?  Yes  No

Initials: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**CITIZENSHIP**

9. Are you a native born or naturalized citizen?  Native Born  Naturalized  Other

*If you are of foreign birth or are a naturalized citizen, complete the following. If you are native born, enter N/A for the following questions.*

Country of Birth: \_\_\_\_\_

Port or place of departure to the United States: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

How were you transported to the United States? (Ship, Plane, Train, etc.) \_\_\_\_\_

Name of transport conveyance and/or company you arrived on? \_\_\_\_\_

Port or place of entry into the United State: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are a naturalized citizen, enter the name and address of the person who sponsored you on arrival:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First address after arrival: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you obtain citizenship? (Give Details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petition Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Court: \_\_\_\_\_

State: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Initials: \_\_\_\_\_



## SOCIAL STATUS

15. Are you:     Single         Married         Divorced         Separated         Widow/Widower

16. Give the following information regarding marriage(s)

Number of times married: \_\_\_\_\_

Spouse's Maiden Name	Dates Married	By Whom	Location Married

17. If separated, state reason: \_\_\_\_\_

18. If separated or divorced, list the current address of that person? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. How many times were you legally or voluntarily separated? \_\_\_\_\_

20. If you were ever separated, annulled, or divorced, indicate which below and fill in required information:

Separated     Annulled     Divorced    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    By Whom: \_\_\_\_\_

Where Issued: \_\_\_\_\_

Offending Party Decreed by law: \_\_\_\_\_

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Were you ever the parent of any children (Including deceased)?     Yes         No

Name	D.O.B.	Place of Birth	With whom and where does the child live?

Initials: \_\_\_\_\_


22. Are you now supporting all children born to you including adopted and stepchildren?  Yes  No

If no, give full details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Have you ever been subject to court ordered child support or any other type of child support?  Yes  No

If yes, explain where and when: \_\_\_\_\_  
 \_\_\_\_\_

24. Have you ever been arrested for violating this order, or have any warrants for your arrest been issued?

Yes  No (If yes, explain below)

Name of Charge, Arrest, or Conviction	Date of Arrest	Name & Address of Police Agency & Court	Disposition of Sentence

25. Have you ever been arrested for domestic violence?  Yes  No (If yes, explain below)

Name of Charge, Arrest, or Conviction	Date of Arrest	Name & Address of Police Agency & Court	Disposition of Sentence

26. Have you ever been served with a Domestic Violence Restraining Order?  Yes  No

If yes, list location, dates, and whether or not the order is still in effect:

Location	Date(s)	Is the order still in effect?

What was the final disposition? \_\_\_\_\_  
 \_\_\_\_\_

27. Have you ever been involved as a plaintiff or defendant in a paternity proceeding or any other criminal or civil proceeding?  Yes  No

Initials: \_\_\_\_\_

If yes, give full details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

28. List all past or present girlfriends or boyfriends:

Name	Address	Date of Birth	Occupation	Phone

29-A. Give the name of your father, mother (maiden name), guardian, sisters, brothers, and spouse (if deceased, so indicate)

Relation	Name	Address	Phone

29-B. Family Information Continued: Complete the following information about the above listed individuals:

Name	Date of Birth	Place of Birth

29-C. Family Information Continued: Complete the following information about the above listed individuals:

Name	Occupation	Employer Name and Address	Work Phone

Initials: \_\_\_\_\_


30. Give four references (not relatives, former employers, or school teachers) that are responsible adults or reputable standing in their communities, such as householders, property owners, business or professional men and women, who have known you well during the past FIVE (5) years, excluding officers working for the Lakewood Police Department.

**Attach letters of recommendation from each of the below to THIS application.**

- A. Complete Name: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_
  
- B. Complete Name: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_
  
- C. Complete Name: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_
  
- D. Complete Name: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

31. List the names of police officers employed within this County with whom you are personally acquainted:

Name	Department	Badge #	Address	Phone #

Initials: \_\_\_\_\_


## EDUCATION

32. List chronologically (earliest dates first) all schools, colleges, and training courses you have attended:

School	Exact Address	Dates From To	# of Years Attended	Type of Degree	Graduated? Yes / No

33. What college degree(s) do you possess?

Type of Degree	School	Date Obtained	Major	G.P.A.	Total Credits

34. Other than English, what language(s) do you speak or understand?

Enter the language, and then in the following four categories enter your proficiency level:

Use either: *Fluent, Good, Poor, or N/A*

Language	Speak	Understand	Read	Write

*(Please note that you will be tested on your secondary language ability before appointment)*

35. List any problems with school (absenteeism, tardiness, poor grades, or other discipline problems – including college)

School	Date(s)	Problems	Explanation

Initials: \_\_\_\_\_

36. List the name and phone number of at least one of your college professors that knew you:

(Name)	(Phone Number)	(College/University)
(Name)	(Phone Number)	(College/University)

## EMPLOYMENT

37. Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe Job Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

39. 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  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

40. List below chronologically, earliest dates first, each and every place you were previously employed since the age of 13. OMIT NONE. Give correct, full addresses. Give dates of idleness between periods of employment in proper sequence. Include all part-time employment.

From Mo./Yr.	To Mo./Yr.	Name, Address and Phone Number of Employer	Position Held	Immediate Supervisor	Reason for Leaving

Initials: \_\_\_\_\_


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

If yes, give an explanation and details of discharge or forced resignation below:

Employer	Address	Date	Supervisor	Reason

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

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

43. Have you ever received unemployment insurance or other federal, state, or local benefits or assistance?

Yes  No Type: \_\_\_\_\_

Local Office: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Give Periods:

From Date	To Date

44. Have you ever received any allowances or benefits to which you were not entitled?  Yes  No

Initials: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

45. Have you ever made application with this or any other law enforcement organization in New Jersey or any other State? (*Law Enforcement Organization in this application means police departments, Sheriff's departments, prosecutor's office, security agencies, corrections, courts, and federal agencies*). If you are not sure if it is applicable, still include the information.  Yes  No

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Present status of application: \_\_\_\_\_

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Present status of application: \_\_\_\_\_

46. Have you ever been rejected by another law enforcement organization for employment in this state or any other state?  Yes  No

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Present status of application: \_\_\_\_\_

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Present status of application: \_\_\_\_\_

47. Were you ever a member of a social, labor, or fraternal organization?  Yes  No

If yes, list below every such organization:

From Mo./Yr.	To Mo./Yr.	Name	Address	Type

Initials: \_\_\_\_\_

**GENERAL**

48. It is imperative that applicants possess good judgment and an even temper necessary to perform the essential job functions listed in the New Jersey Department of Personnel. Questions regarding your psychological background are necessary to determine your ability to perform job related functions.

List below every psychiatrist or psychologist you have ever consulted:

A. \_\_\_\_\_  
 (Name) (Address) (City) (State) (Phone)

\_\_\_\_\_

(Reason for consultation) (Dates)

B. \_\_\_\_\_  
 (Name) (Address) (City) (State) (Phone)

\_\_\_\_\_

(Reason for consultation) (Dates)

49. 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  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

50. Have you ever received psychiatric or psychoanalytic treatment?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

51. Have you ever used any narcotics, such as, but not limited to: marijuana, ecstasy, sleeping pills, barbiturates, cocaine, hashish, PCP, LSD, steroids?  Yes  No

Initials: \_\_\_\_\_

If yes, give extent of use and a specific explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

52. Have you any loan, debt, garnishee, wage assignment, or judgment pending against you?  Yes  No

If yes, explain below:

Type: Loan, Garnishee, Judgment	With Whom Name and Address	Date	Original Amount	Present Amount	Monthly Amount	Amount of Arrear

53. Have you ever received a student loan from a government or private agency?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

54. Have you ever defaulted on any loan?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

55. Are you a co-maker on an outstanding loan?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

56. Were you or your spouse ever summoned or subpoenaed to court in a civil action or proceeding in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction?  Yes  No

If yes, indicate below every civil action or proceeding in which you or your spouse was a part and also the contingent possibilities as described above:

Initials: \_\_\_\_\_

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, Respondent, or Witness	Court Disposition

**FINANCIAL HISTORY**

57. What is your present salary or wage? \_\_\_\_\_ per \_\_\_\_\_

What is your spouse’s current salary or wage? \_\_\_\_\_ per \_\_\_\_\_

58. Do you have income from any other source other than your principal occupation?  Yes  No

If yes, how much? \_\_\_\_\_ how often? \_\_\_\_\_

From what source? \_\_\_\_\_

59. Do you own any real estate?  Yes  No Value: \_\_\_\_\_

Location: \_\_\_\_\_

60. Do you own any bonds, government or other?  Yes  No Value: \_\_\_\_\_

61. Do you own any corporate stock?  Yes  No Value: \_\_\_\_\_

62. Provide the following information on your bank accounts:

	Current Balance	Name of Bank	Address of Bank	Account Number
Savings Account 1				
Savings Account 2				
Checking Account 1				
Checking Account 2				
Other Account				

63. Financial Obligations: Give the names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any debts and payments. Include account numbers where applicable.

Initials: \_\_\_\_\_

Type	Name and Address	Reason for Debt or Item Purchased	Account Number	Total Balance	Monthly Payment
Totals					

**ARRESTS, SUMMONSES, ETC.**

64. Have you ever been arrested for or charged with Juvenile Delinquency in this state or any other state?

Yes  No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

65. 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  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

66. Have you ever been arrested for anything in this state or any other state?  Yes  No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

Initials: \_\_\_\_\_

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67. Have you ever been arrested for or charged with a violation of the disorderly persons act or any city ordinance in this state or any other state?     Yes     No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

68. Have you ever been arrested, indicted, or convicted for any violation of the criminal law in this state or any other state?     Yes     No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

69. Have you ever had a criminal or arrest record expunged?     Yes     No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

70. Have you ever been held as a material witness?     Yes     No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

71. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason in this state or any other state?     Yes     No

If yes, complete the following:

Initials: \_\_\_\_\_

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence

72. Have you ever been fingerprinted? (Exclude only present application with this department)  Yes  No  
 If yes, complete the following:

Location	Date	Purpose

**SUBVERSIVE AFFILIATIONS**

73. 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  No

74. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in question #104?  Yes  No

75. 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 organization or groups described in question #73?  Yes  No

76. Have you ever signed or solicited others to sign any petition, sponsored or issued, by any organization or group, described in question #104, or any petition which has as its purpose the aiding of any person, cause, or program connected in any way with organizations or groups described in question #104?  Yes  No

77. 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 #104?  
 Yes  No

B. Payment or collection of any money, dues, contributions or donations to any organization or group described in question #104?  
 Yes  No

Initials: \_\_\_\_\_

C. Sale or distribution of any written or printed matter prepared, reproduced, or published, by any group or organization described in question #104?

Yes  No

78. If you answered YES to any of the above questions, explain below:

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**MOTOR VEHICLE HISTORY**

79. Have you ever received a summons or a violation of the Motor Vehicle Laws in this state or any other state? (Exclude overtime parking violations)  Yes  No

If yes, complete the following?

Date	Offense	Location	Court Disposition	Your age (at time)	Police Agency

80. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever revoked in this state or any other state?  Yes  No

If yes, which license? \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_ Reason: \_\_\_\_\_

81. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever suspended in this state or any other state?  Yes  No

If yes, which license? \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_ Reason: \_\_\_\_\_

Initials: \_\_\_\_\_

82. If the answer to either of the two above questions was YES – was such Registration Certificate or Driver’s License ever restored?  Yes  No

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

83. Have you ever been involved in a motor vehicle accident whether as a registered owner, operator, passenger, or pedestrian, which resulted in any personal injury or property damage to you or anyone else?

Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Motor Vehicle Registration**

Plate #	State	Year	Make	Model	VIN #	Expiration

**Passenger Vehicle Driver’s License (New Jersey and all other states)**

Driver’s License Number	State	Expiration Date

**Operator’s License for any other vehicle**

Type of Vehicle	Driver’s License #	Expiration Date

Initials: \_\_\_\_\_

85. Did you ever possess a chauffeur's or operator's license issued by any state other than New Jersey?

Yes  No

If yes, give city and state: \_\_\_\_\_

86. List the name and address of the company that carries your auto insurance:

Company	Address	Phone Number	Policy Number	Expiration

87. Has your auto insurance ever been revoked or refused?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

“Under Penalty of Law”, a person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a statement previously made, when he does not believe the statement to be true, is guilty of a crime of the fourth degree in violation of 2C:28-2.

\_\_\_\_\_  
(Applicant sign here)

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_ Year of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public or Commissioner of Deeds)

Initials: \_\_\_\_\_



**SPECIAL NOTE:** Should you be arrested and have charges pending or receive a criminal summons for any reason other than appearing as a witness or a traffic summons, you must report that arrest to Detective Lieutenant Allaire immediately. Your application will be in an inactive status until your case is heard. All charges must be dismissed in order for you to be considered for employment as at the Lakewood Police Department. Failure to follow this procedure will result in an immediate dismissal from employment for falsifying your records.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Witness                      Date

## LAKEWOOD POLICE DEPARTMENT AFFIDAVIT OF UNDERSTANDING

\_\_\_\_\_  
Print Last Name, First Name

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security Number

Have you ever been arrested, indicted, charged with or convicted for any violation of the criminal laws in this State or in any other State?                       Yes     No

Since you are applying for a law enforcement position, you must list all arrests, convictions and expunctions, even if you have been advised by your attorney, a judge or a prosecutor, etc., that there is no record. Juvenile and expunged records are sealed, and most employers will not have access to these records. Law enforcement agencies, such as the Lakewood Police Department, have access to these records. All juvenile arrests, convictions and expunctions will surface during the background investigation.

**Note:** Failure to disclose the required information may result in your name being removed from the eligible hiring list for falsifying your application or may cause serious delay in the successful completion of pre-employment processing.

Also, if you were arrested and found “not guilty”, your arrest will always appear on your record. **Remember**, the question on the application states that you **list all arrests**. Arrests are different from convictions. Words such as “conviction, not guilty or dismissal” are the result of the arrest and should be listed in the column labeled: “Disposition.” You must list the original, chargeable offense for which you were arrested. **For example:**

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition of Sentence
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Initials: \_\_\_\_\_

Arrested for Aggravated Assault	7/30/2014	Lakewood Police 231 3 <sup>rd</sup> Street, Lakewood NJ	Convicted of Assault
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In this example, the original arrest was aggravated assault. You must list “aggravated assault” not “assault” in the charge column. The conviction for assault is the result of the downgraded charge and should be listed in the “Disposition” column. Dates and names of the arresting authority must be accurate. Do not abbreviate. If you are not sure of any of the charge dates, arrest, etc., mark “Not Sure” on your application. The correct information can be submitted within five working days.

I have read the above and I acknowledge that all the information has been explained to me by a Department member. I fully understand the information that is required of me and that failure to supply all the correct information will be considered willful falsification, which is adequate cause for removal from the Lakewood Police Department eligible hiring list.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**PHOTOCOPIES REQUIRED**

1. Copy of New Jersey Driver’s License(s)
2. Copy of Motor Vehicle Registration(s)
3. Copy of Vehicle Insurance Card(s)
4. Copy of Social Security Card(s)
5. Copy of Birth Certificate
6. Copy of Naturalization Papers (if applicable)
7. Copy of Voter Registration Card(s)
8. Copy of High School Diploma or GED
9. Copy of College Courses and Diploma(s)
10. Copy of Marriage Certificate and/or Divorce Records
11. Copy of Military Records, Discharge Papers (DD214) (if applicable)
12. Copy of any Municipal, County, or State Court Disorderly Persons of Criminal Charges where the applicant was a Defendant
13. Copy of Federal and State Income Tax Returns for the previous two years

“Under Penalty of Law”, A person commits a crime of the fourth degree if he/she makes a written false statement which he/she does not believe to be true, on or pursuant from bearing notice, authorized by law, to the effect that statements made therein are punishable in violation of NJS 2C:28-3.

Initials: \_\_\_\_\_



