

# SEA ISLE CITY POLICE DEPARTMENT

233 JFK BLVD  
SEA ISLE CITY, NJ  
08243



PHONE :  
609.263.4311  
WEBSITE :  
[WWW.SEAISLECITYNJ.US/  
DEPARTMENTS/  
POLICEDEPARTMENT](http://WWW.SEAISLECITYNJ.US/DEPARTMENTS/POLICEDEPARTMENT)

**ANTHONY GARREFFI JR.**  
*CHIEF OF POLICE*

Dear Applicant,

**STEVEN CONTE**  
*CAPTAIN*

You are required to perform the following:

**JAMES McQUILLEN**  
*LIEUTENANT*

- 1- Review Application Instruction Sheet
- 2- Complete the Application
- 3- Hand out three (3) Reference Request forms

Please read the Applicant Instruction Sheet before you begin. It is important that the instructions are followed thoroughly. Incomplete applications WILL NOT be considered.

Submit the completed application to our department by mail or drop it off in person. Once your completed application is returned to us, it will be reviewed. If your application is satisfactory, you might be contacted to schedule an interview.

If you have any questions, please feel free to contact us at the phone number or E-mail addresses listed. We look forward to meeting with you soon.

Anthony Garreffo Jr.  
Chief of Police

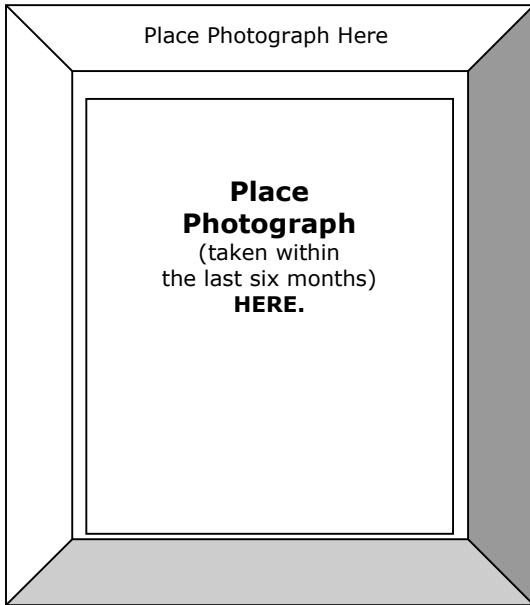
## **APPLICATION INSTRUCTION SHEET**

1. READ the cover letter and determine that your package contains all the necessary forms. REVIEW and become familiar with the package before filling in the information.
2. COMPLETE the top section of the first page of the Applicant Reference Requests, and provide the forms, as well as the addressed envelopes: (Sea Isle City Police Department, 233 JFK Blvd., Sea Isle City, NJ 08243, Attention: Detective Bureau); to the three people you are listing as references on page 11 of the Application. These references must have known you for at least three years and may not be family members. Your background investigation cannot be started without the police department receiving the reference vouchers. *TIP – To speed things up, and as a courtesy to the persons vouching for you, put a stamp on the envelopes before providing them to the references and then follow up with a phone call or visit to encourage prompt responses.*
3. If applicable, ORDER a transcript of your student records from the college or university. They may send these directly to the Police Department, Attention: Recruitment Officer.
4. READ the Warning at the top of the first page of the Application. Fill out each page completely and initial the bottom of every page on the right-hand side as you complete that page.
5. If time permits, MAIL AHEAD the completed Application. If you have any doubt that the Application will reach us in time for your appointment, bring it with you to your scheduled interview. Make a copy of everything you turn in for your records. *Tip – In the case of two applicants having the same qualifications, the first one with a completed background investigation generally gets the position. It may behoove you to mail in your application.*
6. INCLUDE with your Application copies of any certificates and licenses relevant to law enforcement. Also include copies of Driver Licenses, Social Security Card, Birth Certificate and Selective Service Registration card. If you do not have access to a copy machine you may bring the originals with you at the time of your interview so that copies can be made.
7. REVIEW, REVIEW, REVIEW – Make sure you have followed all instructions and have not left anything out. Each year our background investigation reveals details that were not included in the application. Most of the omitted information would not lead to disqualification of the applicant, but remember, thoroughness is a necessary trait of your future profession – Police Officer.

If you have any questions, please feel free to call a member of our recruitment staff at (609) 263-4311. Or you can E-mail us @ [recruitment@sicpd.us](mailto:recruitment@sicpd.us)

# SEA ISLE CITY POLICE DEPARTMENT EMPLOYMENT APPLICATION

**WARNING:** Any misstatement of fact, omissions of attempt to mislead this agency, its investigators or the appointing authority, deliberate or in error, may lead to your disqualification. All information must be filled in, if any requested data does not apply to you, indicate such by entering "N/A". Initial the bottom of every page in the space provided as you complete that page.



### ***Position Applied For:***

- Police Officer – Full Time
- Summer Officer- **SLEO II**  
    \_\_\_ Winter Police Academy  
    \_\_\_ Summer Police Academy
- Summer Officer-**SLEO I**
- Other: \_\_\_\_\_

## **PERSONAL INFORMATION**

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

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

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

\_\_\_\_\_

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

STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

From: \_\_\_\_\_ / \_\_\_\_\_  
MONTH / YEAR

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

Work Phone: ( ) - School Phone: ( ) -

Date of Birth: / / Age: Gender:

Place of Birth: CITY OR TOWN STATE COUNTRY

Height: Weight: Eye Color: Hair Color:

DL#: State:

SS#: - - State Issued:

Do you wear contact lenses? Glasses ?

Dominant Hand: Left Right Both

Scars & Tattoos:

1. Have you received Hepatitis B inoculations? (If Yes, include a copy of inoculation record indicating so).

2. Are you a native born citizen? Naturalized?

If you are of foreign birth, or are a naturalized citizen, fill in the following:

Country of birth:

Port or place of departure to the United States:

Date of departure:

Point of entry into the United States:

Date of entry:

How were you transported to the United States ? SHIP, PLANE, TRAIN, ETC

Name of transport conveyance and/or company you arrived on:

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

How did you obtain citizenship ? GIVE DETAILS

Petition number: Date:

Court: State:

Certificate number:

## RESIDENCE

3. List in order, beginning with the most recent, all places of residence that you have lived within the last twenty (20) years:

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

With whom did you reside there: \_\_\_\_\_

Dates Resided: From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

With whom did you reside there: \_\_\_\_\_

Dates Resided: From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

With whom did you reside there: \_\_\_\_\_

Dates Resided: From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

With whom did you reside there: \_\_\_\_\_

Dates Resided: From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

With whom did you reside there: \_\_\_\_\_

Dates Resided: From: \_\_\_\_\_ To: \_\_\_\_\_

4. If you reside with, or have resided with, someone other than a spouse or parents, list below providing the required information and indicate at which residence this occurred:

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

Location at which resided: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

STREET ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP CODE

Current Phone #: ( \_\_\_\_\_ ) - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP CODE

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

Location at which resided: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

STREET ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP CODE

Current Phone #: ( \_\_\_\_\_ ) - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP CODE

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

Location at which resided: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

STREET ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP CODE

Current Phone #: ( \_\_\_\_\_ ) - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP CODE

5. Are you registered to vote? \_\_\_\_\_

If yes, list all places where you are registered to vote:

<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>YEAR REGISTERED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have never registered, explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SOCIAL STATUS

## 6. Marital Status

Provide the following information regarding marriage or marriages:

(IF ADDITIONAL SPACE IS NEEDED, ATTACH A PAGE WITH THE APPROPRIATE INFORMATION TO THE END OF APPLICATION )

**Married:** \_\_\_\_\_ Date: \_\_\_\_\_

Where: \_\_\_\_\_  
CITY COUNTY STATE

Current Spouse's Information:

First Name: \_\_\_\_\_ Maiden Name: (if applicable) \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_  
NAME OF BUSINESS

STREET ADDRESS CITY STATE ZIP CODE

Home Address: (if different than applicant) \_\_\_\_\_  
STREET ADDRESS

CITY STATE ZIP CODE

**Divorced:** \_\_\_\_\_ Date: \_\_\_\_\_

Where \_\_\_\_\_  
CITY COUNTY STATE

Presiding Judge: \_\_\_\_\_ Court: \_\_\_\_\_

Initiated by whom ? \_\_\_\_\_ Action awarded: \_\_\_\_\_

**Separated:** \_\_\_\_\_ Date: \_\_\_\_\_

Where \_\_\_\_\_  
CITY COUNTY STATE

Presiding Judge: \_\_\_\_\_ Court: \_\_\_\_\_

Initiated by whom ? \_\_\_\_\_ Action awarded: \_\_\_\_\_



**Widowed or Widower:** \_\_\_\_\_

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

Former Spouse's Information:

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

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

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

Occupation: \_\_\_\_\_ (IF APPLICABLE)

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

STREET ADDRESS

CITY

STATE

ZIP CODE

**Former Spouse's Information:**

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

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

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

Occupation: \_\_\_\_\_ (IF APPLICABLE)

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

STREET ADDRESS

CITY

STATE

ZIP CODE

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

7. Were you ever the parent of a child either natural or by legal adoption ? \_\_\_\_\_

List below every child either born to you or legally adopted (include step-children) :

<b><u>NAME</u></b>	<b><u>SEX</u></b>	<b><u>DATE OF BIRTH</u></b>	<b><u>PLACE OF BIRTH</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Where and with whom does/do, this/these child(ren) reside ?

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

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

\_\_\_\_\_

8. Have you ever been involved as a plaintiff or a defendant in a paternity proceeding ? \_\_\_\_\_

If yes, as a plaintiff \_\_\_\_\_ or a defendant \_\_\_\_\_

State in full detail the date, location, party involved and the outcome of the action.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been involved as a plaintiff or a defendant in a restraining order ? \_\_\_\_\_

If yes, as a plaintiff \_\_\_\_\_ or a defendant \_\_\_\_\_

State in full detail the date, location, party involved and the outcome of the action.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Occupation: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Duration of Friendship: \_\_\_\_\_

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

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Occupation: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Duration of Friendship: \_\_\_\_\_

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

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Occupation: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Duration of Friendship: \_\_\_\_\_

# **FAMILY INFORMATION**

Parent's Name: \_\_\_\_\_ Currently Living ? \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIP CODE

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Currently Living ? \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIP CODE

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Occupation: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Currently Living ? \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIP CODE

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Occupation: \_\_\_\_\_

Married ? \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_  
(IF APPLICABLE)

Sibling's Name: \_\_\_\_\_ Currently Living ? \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIP CODE

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Occupation: \_\_\_\_\_

Married ? \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_  
(IF APPLICABLE)

Sibling's Name: \_\_\_\_\_ Currently Living ? \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIP CODE

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Occupation: \_\_\_\_\_

Married ? \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_  
(IF APPLICABLE)

Sibling's Name: \_\_\_\_\_ Currently Living ? \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIP CODE

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Occupation: \_\_\_\_\_

Married ? \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_

(IF APPLICABLE)

Sibling's Name: \_\_\_\_\_ Currently Living ? \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIP CODE

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Occupation: \_\_\_\_\_

Married ? \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_

(IF APPLICABLE)

**11. List the names of three close friends and/or associates other than references:**

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

STREET ADDRESS

CITY

STATE

ZIP CODE

Occupation: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Duration of Association: \_\_\_\_\_

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

STREET ADDRESS

CITY

STATE

ZIP CODE

Occupation: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Duration of Association: \_\_\_\_\_

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

STREET ADDRESS

CITY

STATE

ZIP CODE

Occupation: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Duration of Association: \_\_\_\_\_

## **REFERENCES**

12. **NOTE:** Enclosed with this application are three reference packages that are to be completed and returned to the Department by the persons listed below. The references must be from reputable citizens who are not related to the applicant in any manner, who have personally known the applicant for more than three years, and who will vouch for the honesty, reputation and ability of the applicant.

**REFERENCES MAY NOT BE MEMBERS OF YOUR FAMILY OR MEMBERS OF THIS DEPARTMENT.**

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

\_\_\_\_\_

<small>STREET ADDRESS</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>
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Occupation: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Duration of Association: \_\_\_\_\_

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

\_\_\_\_\_

<small>STREET ADDRESS</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>
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Occupation: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Duration of Association: \_\_\_\_\_

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

\_\_\_\_\_

<small>STREET ADDRESS</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>
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Occupation: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Duration of Association: \_\_\_\_\_

# **EDUCATION**

13. List chronologically all schools, colleges, and training courses you have attended. Earliest dates first. Begin with kindergarten or first grade. Colleges & Trade Schools will be listed on next page.

Name of School: \_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Grade Levels Attended: \_\_\_\_\_ Graduated ? \_\_\_\_\_

Name of School: \_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Grade Levels Attended: \_\_\_\_\_ Graduated ? \_\_\_\_\_

Name of School: \_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Grade Levels Attended: \_\_\_\_\_ Graduated ? \_\_\_\_\_

Name of School: \_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Grade Levels Attended: \_\_\_\_\_ Graduated ? \_\_\_\_\_

Name of School: \_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Grade Levels Attended: \_\_\_\_\_ Graduated ? \_\_\_\_\_

**COLLEGE, TRADE SCHOOL, LAW ENFORCEMENT TRAINING**

Name of School: \_\_\_\_\_

\_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Grade Levels Attended: \_\_\_\_\_ Graduated ? \_\_\_\_\_

Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Degree/Certification Sought: \_\_\_\_\_

Graduated ? \_\_\_\_\_ If not, why: \_\_\_\_\_

\_\_\_\_\_

Name of School: \_\_\_\_\_

\_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Grade Levels Attended: \_\_\_\_\_ Graduated ? \_\_\_\_\_

Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Degree/Certification Sought: \_\_\_\_\_

Graduated ? \_\_\_\_\_ If not, why: \_\_\_\_\_

\_\_\_\_\_

Name of School: \_\_\_\_\_

\_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Grade Levels Attended: \_\_\_\_\_ Graduated ? \_\_\_\_\_

Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Degree/Certification Sought: \_\_\_\_\_

Graduated ? \_\_\_\_\_ If not, why: \_\_\_\_\_

\_\_\_\_\_

14. If a degree was not received, how many credits have you completed? \_\_\_\_\_

**TRANSCRIPTS OF STUDENT RECORDS (OR PROOF OF REQUEST) MUST BE PROVIDED WHEN SUBMITTING THIS APPLICATION.**

15. What professional license (s) do you possess ?

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16. Other than English, what language (s) do you speak ?

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17. List any problems you had while attending school (absenteeism, tardiness, poor grades, discipline problems, etc) --- include college:

**SCHOOL**

**DATE OR YEAR**

**PROBLEM(S)**

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## **MILITARY SERVICE**

18. Have you ever served on active duty in any military organization of the United States? \_\_\_\_\_

If yes, what organization ? \_\_\_\_\_

Dates Served: From: \_\_\_\_\_ To: \_\_\_\_\_

Highest rank held: \_\_\_\_\_

Type of discharge received: \_\_\_\_\_

What was your military specialty: \_\_\_\_\_

19. Have you ever served in a Reserve military organization or a National Guard Unit? \_\_\_\_\_

If yes, what organization ? \_\_\_\_\_

Dates Served: From: \_\_\_\_\_ To: \_\_\_\_\_

Currently Active Reserve? \_\_\_\_\_

Drill dates scheduled for the summer: \_\_\_\_\_

Highest rank held: \_\_\_\_\_

Type of discharge received: \_\_\_\_\_

What was your military specialty: \_\_\_\_\_

20. Did you receive any medals or decorations as a member of the military service? \_\_\_\_\_

If yes, which: \_\_\_\_\_  
\_\_\_\_\_

21. Were you ever subject to a court martial inquiry, tried on charges, or the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action ?

\_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Give details of charges, name of agency concerned, dates and dispositions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **EMPLOYMENT HISTORY**

22. Present Employer: \_\_\_\_\_

\_\_\_\_\_

STREET ADDRESS    CITY    STATE    ZIP CODE

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_                          Date Hired: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

24. Has your name ever been submitted or used as a trustee, officer, or in any capacity, or any labor trade union, organization or affiliate? \_\_\_\_\_

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

\_\_\_\_\_

25. Have you or your spouse (or any corporation or partnership of which you or he/she was an officer, director, or partner) ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency? \_\_\_\_\_

If yes, give details below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26. Have you or your spouse ever possessed a professional or occupational permit or certification?

If yes, give details below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. List chronologically, with the earliest dates first, each and every place you were previously employed since the age of sixteen (16). **OMIT NONE.** Include part-time employment. Give correct, complete addresses. Give the dates of idleness between periods of employment in the proper sequence.

Name of Employer: \_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Date Hired: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Date Hired: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Date Hired: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

Phone Number: ( ) - Date Hired: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

Phone Number: ( ) - Date Hired: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

Phone Number: ( ) - Date Hired: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

28. Were you ever discharged or asked to resign from employment? \_\_\_\_\_

If yes, how many times? \_\_\_\_\_  
Give details below:

**EMPLOYER**

**DATE**

**SUPERVISOR'S REASON**

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29. Were you ever subjected to disciplinary action in connection with any employment ? \_\_\_\_\_

If yes, how many times ? \_\_\_\_\_ Give details below:

**EMPLOYER**

**DATE**

**SUPERVISOR'S REASON**

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# FINANCIAL HISTORY

30. Have you ever filed for bankruptcy, had a debt garnishment or wage assignment or judgment held against you or currently pending against you ? \_\_\_\_\_

If yes, give details below:

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31. Have you ever defaulted on a loan or had property of any kind repossessed ? \_\_\_\_\_

If yes, give details below:

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32. Current outstanding debt:

<u>Type Of Debt</u> <small>LOAN, CREDIT CARD, ETCC</small>	<u>With Whom</u> <small>NAME &amp; ACCOUNT #</small>	<u>Date Debt Incurred</u>	<u>Original Amount</u>	<u>Present Amount</u>	<u>Monthly Payment</u>	<u>Amount Past Due</u> <small>IF ANY</small>
		/ /	\$	\$	\$	\$
		/ /	\$	\$	\$	\$
		/ /	\$	\$	\$	\$
		/ /	\$	\$	\$	\$
		/ /	\$	\$	\$	\$
		/ /	\$	\$	\$	\$
		/ /	\$	\$	\$	\$

33. Have you ever received a student loan from a governmental or private agency? \_\_\_\_\_

If yes, give details below:

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34. Did you ever default on such a loan, are you now or in the past, in arrears more than three months on the scheduled repayments? \_\_\_\_\_

If yes, give details below:

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35. Are you a co-signer on an outstanding loan? \_\_\_\_\_

If yes, give details below:

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36. Have you ever been bonded? \_\_\_\_\_

If yes, give complete details with respect to each bond as to reason it was required, by whom it was required, from whom it was obtained and the amount and date it was obtained:

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37. Have you ever been refused a bond? \_\_\_\_\_

If yes, by whom and reason:

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38. 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? \_\_\_\_\_

If yes, indicate below every civil action or proceeding in which you or your spouse was a party thereto. Give dates, type of action or proceeding, whether you were the plaintiff, defendant, petitioner or witness, in which court and the disposition of the case:

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# INCOME HISTORY

39. What is your present salary or wage ? Per hour \_\_\_\_\_ Per week \_\_\_\_\_

40. What is your spouse's present salary or wage ? Per hour \_\_\_\_\_ Per week \_\_\_\_\_

41. What was your average yearly income over the past three years ? \_\_\_\_\_

42. Do you have income from any source other than your present occupation ? \_\_\_\_\_

If yes, how much, from where, and how often:

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43. Do you own any real estate ? \_\_\_\_\_

If yes, location and value:

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44. Do you own any bonds, governmental or other ? \_\_\_\_\_

If yes, list name and their current value:

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45. Do you own any corporate stock ? \_\_\_\_\_

If yes, list name and their current value:

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46. Do you have any bank or retirement accounts? \_\_\_\_\_

<b><u>Bank Name</u></b>	<b><u>Type of Account</u></b> <small>SAVINGS, CHECKING, MONEY MARKET, NOW ACCOUNT, ETC</small>	<b><u>Account #</u></b>	<b><u>Average Balance</u></b>
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$

**ARRESTS, SUMMONS, ETC.**

47. Have you ever been arrested for or charged with Juvenile Delinquency ? \_\_\_\_\_

If yes, complete the following:

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Court Disposition: \_\_\_\_\_

Sentence: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Court Disposition: \_\_\_\_\_

Sentence: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Court Disposition: \_\_\_\_\_

Sentence: \_\_\_\_\_

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

If yes, give complete details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

49. Have you ever received a summons for any violation of the Fish and Game Laws ? \_\_\_\_\_

If yes, complete the following:

Date: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Court Disposition: \_\_\_\_\_ Penalty: \_\_\_\_\_

50. Have you ever been arrested for, or charged with, a violation of a Disorderly Persons Act or City ordinance violation? \_\_\_\_\_

If yes, complete the following:

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_  
Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Court Disposition: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_  
Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Court Disposition: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_  
Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Court Disposition: \_\_\_\_\_ Penalty: \_\_\_\_\_

51. Have you ever been charged, arrested, indicted, or convicted for any violation of a criminal law? \_\_\_\_\_

If yes, complete the following:

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_  
Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Court Disposition: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_  
Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Court Disposition: \_\_\_\_\_ Penalty: \_\_\_\_\_

52. Have you ever had a criminal or arrest record expunged? \_\_\_\_\_

If yes, give complete details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

53. Have you ever been held as a material witness ? \_\_\_\_\_

If yes, complete the following:

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Court Disposition: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Court Disposition: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Court Disposition: \_\_\_\_\_ Penalty: \_\_\_\_\_

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

If yes, give complete details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

55. Have you ever been fingerprinted for any reason prior to submitting your application for employment with this agency? \_\_\_\_\_

If yes, complete the following:

**WHERE**

**WHEN**

**PURPOSE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SUBVERSIVE AFFILIATIONS**

56. Are you now, or have you ever been, a member of any 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 or who's purpose and intent is to unlawfully deny or circumvent the civil rights of any person in the United States or this State? \_\_\_\_\_

57. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in the question above? \_\_\_\_\_

58. 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 the first question above? \_\_\_\_\_

59. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in the first question above, or any petition which has as it's purpose the aiding of any person, cause, or program connected in any way with organizations or groups described in the first question above? \_\_\_\_\_

60. 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 the first question above? \_\_\_\_\_
- b. Payment or collection of any money, dues, contributions or donations to any organization or group described in the first question above? \_\_\_\_\_
- c. Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in the first question above or any of it's agents? \_\_\_\_\_
- d. Purchased or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in the first question above or any of it's agents? \_\_\_\_\_

If you answered yes to ANY of the above questions, explain:

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## **MOTOR VEHICLE HISTORY**

61. Do you currently, or have you ever, possessed any of the following licenses? \_\_\_\_\_

If yes, provide the following:

### **Motor Vehicle License**

State: \_\_\_\_\_ License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_ Motorcycle Endorsement ? \_\_\_\_\_

Any conditions placed upon license: \_\_\_\_\_

Name issued to if different from applicant's current name: \_\_\_\_\_

### **Commercial Vehicle Operator's License**

State: \_\_\_\_\_ License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_ Type: \_\_\_\_\_

Any conditions placed upon license: \_\_\_\_\_

Name issued to if different from applicant's current name: \_\_\_\_\_

### **Motor Boat Operator's License**

State: \_\_\_\_\_ License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Any conditions placed upon license: \_\_\_\_\_

Name issued to if different from applicant's current name: \_\_\_\_\_

### **FAA Pilot's License**

Type: \_\_\_\_\_ License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Current? \_\_\_\_\_ Bi-Annual due: \_\_\_\_\_

Any conditions placed upon license: \_\_\_\_\_

Name issued to if different from applicant's current name: \_\_\_\_\_

62. Do you currently, or have you within the past five (5) years, owned a motor vehicle, power boat, or aircraft of any kind? \_\_\_\_\_ If yes, provide the following information:

<u>VEHICLE TYPE</u>	<u>LICENSE PLATE NUMBER</u>	<u>STATE</u>	<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>CURRENTLY OWN ?</u>
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63. List the name and address of company(ies) which carries your auto or other type craft insurance:

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64. Has your auto or other type craft insurance ever been revoked or refused? \_\_\_\_\_

If yes, give details:

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65. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (you may exclude parking violations): \_\_\_\_\_ If yes, complete the following:

<u>DATE</u>	<u>OFFENSE</u>	<u>LOCATION</u>	<u>COURT DISPOSITION</u>	<u>POLICE AGENCY</u>
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66. Was your Motor Vehicle Registration Certificate, Driver's or any other Vehicle Operator's License ever revoked or suspended ? \_\_\_\_\_ If yes, complete the following:

<u>WHEN</u>	<u>WHERE</u>	<u>WHY</u>	<u>SUSPENDED OR REVOKED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

67. Was your Registration Certificate or Driver's License ever restored ? If yes, complete the following:

<u>WHICH LICENSE</u>	<u>WHEN</u>	<u>WHERE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

68. Have you ever been involved in a motor vehicle accident either as a registered owner, operator, passenger or pedestrian, which resulted in property damage or personal injury to yourself or someone else? \_\_\_\_\_

If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **GENERAL**

69. Has any license or permit, including driver's license or learner's permit, issued by any city, state, or federal agency ever been denied to you, your spouse, or to any corporation or partnership of which you or your spouse was an officer, director, or partner? \_\_\_\_\_

70. Has any such license or permit ever been revoked, canceled or suspended? \_\_\_\_\_

If yes, give details below:

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71. Have you ever sponsored, vouched for, served as a character witness for or made any recommendations for or concerning any person or premises to any municipal, state, or federal agencies in connection with the issuance, revocation, or suspension of any license or permit or for any other reason? \_\_\_\_\_

If yes, give details below:

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72. Have you ever received unemployment insurance, or any other federal, state or local benefits or assistance? \_\_\_\_\_

If yes, give details below:

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73. Have you ever received any public assistance to which you were not entitled? \_\_\_\_\_

If yes, give details below:

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75. Have you previously made an application for employment with this or any other law enforcement agency? \_\_\_\_\_

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

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76. Have you ever been rejected by another police department for employment? \_\_\_\_\_

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

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77. Are you currently on an employment list or have you taken any tests for potential employment with any other law enforcement agency? \_\_\_\_\_

If yes, give details as to dates and agencies:

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78. Are you now, or were you ever, a member of a labor or fraternal organization? \_\_\_\_\_

If yes, list below every such organization:

Name of Organization: \_\_\_\_\_

\_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

MONTH/YEAR

MONTH /YEAR

Type of Organization: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH /YEAR

Type of Organization: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH /YEAR

Type of Organization: \_\_\_\_\_

79. Do you smoke cigarettes, cigars, or a pipe? \_\_\_\_\_

If yes, how frequently? \_\_\_\_\_

80. Do you consume any alcoholic beverage? \_\_\_\_\_

If yes, how frequently? \_\_\_\_\_

Quantity: \_\_\_\_\_

81. How would you describe your use of alcoholic beverages?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

82. List below all professional, civic, and social organizations of which you have been a member within the last five years. (Other than labor or fraternal)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

83. What volunteer or community activities have you engaged in within the last five years? Provide the name and address of the sponsoring organization or group and a description of the activities performed.

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84. Do you possess expertise or competence in a particular trade, skill or technology? \_\_\_\_\_

If yes, briefly describe your level of experience and competence.

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85. What hobbies and sports do you engage in?

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86. In the last five years, have you had any social networking, instant messaging, or other internet-based profiles? Regardless of if the account has been deleted or no longer in use. If yes, provide the screen names and service providers for each:

87. You have been provided with this application a list of the **essential functions** for the position of Police Officer in this City. You are to read those, and should you have any questions ~~there~~ you should contact the Recruitment Sergeant. Having read those essential functions, ~~having~~ had the opportunity to have all of your questions answered, do you believe that you ~~satisfactorily~~ perform all of those functions once you've received basic training at a Police ~~Training~~ Commission approved police academy? \_\_\_\_\_

**NOTE:** If there is other information which may be directly or indirectly relevant that this agency should have knowledge of in order to conduct a thorough background investigation of you as a candidate for employment in this agency, or if insufficient space was provided above for complete answers, you are required to add this additional information on a separate sheet(s) as necessary. Indicate the question number the added information applies to. Attach any additional pages at the back of this application and indicate on that question number that the answer is on, or continued on, a separate attached sheet. Indicate below the total number of additional pages attached. **You are reminded that any false or deliberate misstatement of facts can result in your disqualification for employment by this agency.**

Number of Additional Pages Attached: \_\_\_\_\_

Add-on Page #	In Reference to Question on Which Page	Which Question

**STATE OF :** \_\_\_\_\_

**COUNTY OF:** \_\_\_\_\_

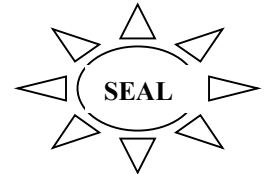
I, \_\_\_\_\_ being duly sworn, depose and say I  
APPLICANT'S FULL NAME

am the above named person. I have personally read and entered answers to each and every question therein and I do solemnly swear that each every answer is full, true, complete, and correct in every respect.

**Applicant's Signature:** \_\_\_\_\_  
APPLICANT - SIGN IN FRONT OF NOTARY DATE

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY'S SIGNATURE



**DO NOT WRITE BELOW THIS LINE**

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**NOTE:** Enclosed with this application are three reference packages that are to be completed and returned to the Department by the persons listed on page 11 of this application. The references must be from reputable citizens who are not related to the applicant in any manner, who have personally known the applicant for more than three years, and who will vouch for the honesty, reputation and ability of the applicant. **REFERENCES MAY NOT BE MEMBERS OF THIS DEPARTMENT.**

**Completed references are to mailed, by the reference person, directly to this agency:**

**Sea Isle City Police Department  
Attn: Detective Bureau  
233 JFK Blvd  
Sea Isle City, NJ 08243**

Should you have any questions in reference to this application or the hiring process, please feel free to call (609) 263-4311 or e-mail us at recruitment@sicpd.us.

# **SEA ISLE CITY POLICE DEPARTMENT**

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you and then sign and date in ink.

I hereby authorize any Police Officer, Detective, or other duly accredited representative of the SEA ISLE CITY POLICE DEPARTMENT to obtain any personal and job related information involving any activities from schools, residential management agents, employers, former employers, stated references, criminal justice agencies, division of motor vehicles, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history information.

I further authorize the SEA ISLE CITY POLICE DEPARTMENT to request criminal record information from criminal justice agencies for the purpose of determining my eligibility for employment.

I authorize the custodians of records and sources of information to release such information at the request of a Police Officer, Detective, or other duly accredited representative of the SEA ISLE CITY POLICE DEPARTMENT regardless of any previous agreement to the contrary, and I further release such agents from any liability or claim whatsoever for releasing such information.

I understand that information released by records custodians and sources of information is for official use of the SEA ISLE CITY POLICE DEPARTMENT for the purposes provided in this form and may be disclosed only as authorized by law.

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 (PRINT FULL NAME) (OTHER NAMES / ALIASES) (DATE OF BIRTH)

\_\_\_\_\_ (STREET ADDRESS) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP)

(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_- (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_- \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
 (HOME PHONE #) (CELL PHONE #) (SOCIAL SECURITY #)

This release, when presented by a Police Officer, Detective, or other duly authorized representative of the SEA ISLE CITY POLICE DEPARTMENT, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statement and information regarding my background.

X \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 APPLICANT SIGNATURE DATE

-----  
**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_

**SWORN AND SUBSCRIBED BEFORE ME THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **20**\_\_

\_\_\_\_\_  
 Note: All Applications must be notarized to be eligible for consideration.



# APPLICANT REFERENCE REQUEST

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REFERENCE FOR: \_\_\_\_\_ who is seeking employment

APPLICANT NAME

with the Sea Isle City Police Department as a \_\_\_\_\_ .

POSITION APPLIED FOR

I, the above named applicant, request that \_\_\_\_\_

REFERENCE'S NAME

serve as a personal reference for me and provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing the following form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if that information might unfavorably impact upon my application with the above named law enforcement agency.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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## TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other information you provide regarding the above applicant who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person, declare that I am over eighteen (18) years of age. That I have personally known the applicant for at least three (3) years. That I am not related in any way to the applicant. That I have read the foregoing, and that the statements and information provided herein by me are true to the best of my knowledge. I will, upon request, give further facts concerning the applicant, as I may possess. I understand that my response will be considered to be confidential and not provided to the applicant.

**(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)**

### VOUCHER:

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Initials \_\_\_\_\_



How long have you personally known the applicant? \_\_\_\_\_

In your opinion, would the applicant make a good law enforcement officer? \_\_\_\_\_

If you were in danger would you want the applicant to be the officer to assist you? \_\_\_\_\_

Why? \_\_\_\_\_

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In your opinion, would most persons who know the applicant as well as you agree with your assessment of the applicant? \_\_\_\_\_ Why? \_\_\_\_\_

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What do you believe the applicant's most significant attributes are? \_\_\_\_\_

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Initials \_\_\_\_\_

In your opinion, what deficiencies should the applicant work to improve upon and how would that improvement help the applicant to be a successful law enforcement officer?

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Do you personally know of any reason why the applicant should not be hired as a law enforcement officer? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

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On a scale from one to ten, with ten being the highest, where would you place the applicant as an individual, who possesses all of the character, personality, temperament, and mental ability necessary to be a good and successful law enforcement officer? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE MAIL THIS FORM DIRECTLY TO :**

Sea Isle City Police Department  
Attn: Detective Bureau  
233 JFK Blvd,  
Sea Isle City, NJ 08243

Initials \_\_\_\_\_

# APPLICANT REFERENCE REQUEST

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REFERENCE FOR: \_\_\_\_\_ who is seeking employment

APPLICANT NAME

with the Sea Isle City Police Department as a \_\_\_\_\_ .

POSITION APPLIED FOR

I, the above named applicant, request that \_\_\_\_\_

REFERENCE'S NAME

serve as a personal reference for me and provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing the following form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if that information might unfavorably impact upon my application with the above named law enforcement agency.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

---

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## TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other information you provide regarding the above applicant who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person, declare that I am over eighteen (18) years of age. That I have personally known the applicant for at least three (3) years. That I am not related in any way to the applicant. That I have read the foregoing, and that the statements and information provided herein by me are true to the best of my knowledge. I will, upon request, give further facts concerning the applicant, as I may possess. I understand that my response will be considered to be confidential and not provided to the applicant.

**(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)**

### VOUCHER:

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Initials \_\_\_\_\_

How long have you personally known the applicant? \_\_\_\_\_

In your opinion, would the applicant make a good law enforcement officer? \_\_\_\_\_

If you were in danger would you want the applicant to be the officer to assist you? \_\_\_\_\_

Why? \_\_\_\_\_

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In your opinion, would most persons who know the applicant as well as you agree with your assessment of the applicant? \_\_\_\_\_ Why? \_\_\_\_\_

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What do you believe the applicant's most significant attributes are? \_\_\_\_\_

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Initials \_\_\_\_\_

In your opinion, what deficiencies should the applicant work to improve upon and how would that improvement help the applicant to be a successful law enforcement officer?

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Do you personally know of any reason why the applicant should not be hired as a law enforcement officer? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

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On a scale from one to ten, with ten being the highest, where would you place the applicant as an individual, who possesses all of the character, personality, temperament, and mental ability necessary to be a good and successful law enforcement officer? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE MAIL THIS FORM DIRECTLY TO :**

Sea Isle City Police Department  
Attn: Detective Bureau  
233 JFK Blvd,  
Sea Isle City, NJ 08243

Initials \_\_\_\_\_

# APPLICANT REFERENCE REQUEST

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REFERENCE FOR: \_\_\_\_\_ who is seeking employment

APPLICANT NAME

with the Sea Isle City Police Department as a \_\_\_\_\_ .

POSITION APPLIED FOR

I, the above named applicant, request that \_\_\_\_\_

REFERENCE'S NAME

serve as a personal reference for me and provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing the following form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if that information might unfavorably impact upon my application with the above named law enforcement agency.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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## TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other information you provide regarding the above applicant who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person, declare that I am over eighteen (18) years of age. That I have personally known the applicant for at least three (3) years. That I am not related in any way to the applicant. That I have read the foregoing, and that the statements and information provided herein by me are true to the best of my knowledge. I will, upon request, give further facts concerning the applicant, as I may possess. I understand that my response will be considered to be confidential and not provided to the applicant.

**(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)**

### VOUCHER:

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Initials \_\_\_\_\_

How long have you personally known the applicant? \_\_\_\_\_

In your opinion, would the applicant make a good law enforcement officer? \_\_\_\_\_

If you were in danger would you want the applicant to be the officer to assist you? \_\_\_\_\_

Why? \_\_\_\_\_

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In your opinion, would most persons who know the applicant as well as you agree with your assessment of the applicant? \_\_\_\_\_ Why? \_\_\_\_\_

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What do you believe the applicant's most significant attributes are? \_\_\_\_\_

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Initials \_\_\_\_\_

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Do you personally know of any reason why the applicant should not be hired as a law enforcement officer? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

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On a scale from one to ten, with ten being the highest, where would you place the applicant as an individual, who possesses all of the character, personality, temperament, and mental ability necessary to be a good and successful law enforcement officer? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE MAIL THIS FORM DIRECTLY TO :**

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Initials \_\_\_\_\_