



# City of Wildwood Police Department Application for Employment

## Personal Information Release Form

I, \_\_\_\_\_  
a resident of, \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_, do hereby authorize the

Wildwood Police Department, Wildwood, New Jersey, to obtain any information from, schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. The information may include but is not limited to academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records (both Adult and Juvenile)

I, hereby direct you to release such information upon request of the bearer. I understand that the information released is for this department's use only.

I, hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or any attempts to comply, with this authorization.

Sworn and subscribed before me

at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

20 \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public of New Jersey

My commission expires \_\_\_\_\_



# City of Wildwood Police Department Application for Employment

## APPLICANT - READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THIS APPLICATION

**INSTRUCTIONS:** Read through this entire application package prior to completing the required information. ALL QUESTIONS ARE TO BE ANSWERED. DO NOT LEAVE ANY SPACES BLANK. IF A QUESTION DOES NOT APPLY TO YOU, WRITE (DNA) IN THE SPACE PROVIDED FOR THE ANSWER. Applicants that intentionally make a false statements either in the completion of this application or during subsequent interviews, will be summarily rejected and removed from the selection process.

This application must be completed by the applicant. This document was created utilizing "Form Fields". Form fields will facilitate the completion of this application by utilizing your computer. They do not however limit your ability to print the form "in blank" and complete the application with a typewriter or by hand. However if you choose to hand write your application, all answers must be legibly printed in block letters with black ink, with the exception of the signature fields. Should there be insufficient space available for any question, use the provided continuation page. Precede each answer on the continuation page with the corresponding number of the question being answered.

Applicants awarded a position with this Department as a Class II Special Law Enforcement Officer must agree to complete a two year commitment with this department.

### Application Deadlines for Year Applying

- Class II Summer Academy - Deadline December 1st
- Class II Winter Academy - Deadline August 15th
- Class I Academy - Deadline April 1st
- Relief Dispatchers - Accepted Year Round

### Position you wish to apply for:

- Class II Summer Academy
- Class II Winter Academy
- Class I Officer
- Relief Dispatcher

## UPON COMPLETION THIS APPLICATION MUST BE NOTARIZED

PRINT NAME      LAST (Include Maiden Name)      First      Middle

MAILING ADDRESS      Number & Street      City of Town      State      Zip

County      Home Phone #      Cell Phone #

E-Mail Address

IF YOU ARE ATTENDING COLLEGE, PLEASE PROVIDE YOUR COLLEGE MAILING ADDRESS:

COLLEGE ADDRESS      Number & Street      City of Town      State      Zip

**Personal Information:**

1. Name \_\_\_\_\_  
Last First Middle in Full Nickname

2. Home Address \_\_\_\_\_  
Number Street City State Zip

3. Length at current address (Years & Months) \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_

4. Previous Address:  
(If less than three years) \_\_\_\_\_  
Number Street City State Zip

5. Emergency Contact: \_\_\_\_\_  
Full Name Full Address City, State Zip  
Home Telephone Cellular Telephone Relationship

6. Local Address:  
(During Employment) \_\_\_\_\_  
Number Street City State Zip

7. Last available dates for full time duty? \_\_\_\_\_ Are you available for weekends in September?  Yes  No

8. Are you certified as an SLEO  Yes  No If yes, which certification do you hold?  SLEO I  SLEO II

9. Are you a citizen of the United States?  Yes  No \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Age Sex Race  
Social Security Number Marital Status Number of Dependents

10. Drivers License Information: \_\_\_\_\_  
D.L. Number State Expiration Date

**11. Spouse Information:**

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

Full Name (First, Middle, Last and Maiden) Date of Birth (mm/dd/yyyy) Sex Race Social Security Number

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Duration of Friendship: \_\_\_\_\_  
Street Address (city, state, zip) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Duration of Friendship: \_\_\_\_\_  
Street Address (city, state, zip) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Duration of Friendship: \_\_\_\_\_  
Street Address (city, state, zip) \_\_\_\_\_

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**12. Family Information:**

**Father's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Currently Living?** \_\_\_\_\_  
Street Address (city, state, zip) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Currently Living?** \_\_\_\_\_  
Street Address (city, state, zip) \_\_\_\_\_

**Sibling's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Currently Living?** \_\_\_\_\_  
Street Address (city, state, zip) \_\_\_\_\_

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

**Sibling's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Currently Living?** \_\_\_\_\_  
Street Address (city, state, zip) \_\_\_\_\_

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

**Sibling's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Currently Living?** \_\_\_\_\_  
Street Address (city, state, zip) \_\_\_\_\_

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

**Sibling's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Currently Living?** \_\_\_\_\_  
Street Address (city, state, zip) \_\_\_\_\_

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

13. Educational Information:

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

14. Military Experience:

Branch of Service	Date Entered	Date of Discharge	Type of Discharge
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Detail any special training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Work History (Provide at a minimum, the past three years. Attach additional sheets if necessary)

Employer	Dates / Positions	Summary of Duties
Name	Employed From:	
	To:	
Address	Position Held:	
Reason for leaving above job:		
Contact person and phone number:		

Work History Continued

Employer		Dates / Positions	Summary of Duties
Name	Employed From:		
Address	To:		
	Position Held:		
Reason for leaving above job:			
Contact person and phone number:			

Employer		Dates / Positions	Summary of Duties
Name	Employed From:		
Address	To:		
	Position Held:		
Reason for leaving above job:			
Contact person and phone number:			

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16. Previous Law Enforcement Experience or Training:

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\_\_\_\_\_

\_\_\_\_\_

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18. Violations /Criminal History:

Has your drivers license ever been suspended in this state or any other state? If yes, please explain:     Yes     No

\_\_\_\_\_

\_\_\_\_\_

**Violations /Criminal History Cont'd**

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

Date	Violation / Incident	Location	Disposition	Police Agency Involved	Your Age At Time

Have you ever been issued a motor vehicle summons in this State or elsewhere, (including all moving and non-moving violations)  Yes  No

Date	Offense	Location	Disposition	Police Agency Involved	Your Age At Time

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

Yes  No If yes, explain in detail:

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**19. Civil Actions:**

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

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Have you ever been served or been named in a domestic violence restraining order in this State or elsewhere? (If yes, describe when and where below)  Yes  No

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Have you ever been denied a firearms identification card or permit to purchase a firearm in this State or elsewhere? (If yes, describe when and where below)  Yes  No

Date	Location	Reason for Denial	Police Agency Involved

Miscellaneous:

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

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

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21. Have you ever been rejected by another law enforcement agency for employment?  Yes  No

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

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22. 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 full details as to dates and agencies:)  Yes  No

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

Give details below:

Date	Employer	Supervisor's Reason

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

If yes, how many times?

Give details below:

Date	Employer	Supervisor's Reason

25. Do you smoke cigarettes, cigars, or a pipe?  Yes  No If yes, how frequently \_\_\_\_\_

26. Do you chew tobacco products?  Yes  No If yes, how frequently \_\_\_\_\_

27. Do you consume any alcoholic beverages?  Yes  No If yes, how frequently \_\_\_\_\_ Quantity? \_\_\_\_\_

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

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29. Have you ever used or possessed marijuana or hashish?  Yes  No If yes, give details below:

30. Have you used any other illegal drug or drugs other than those prescribed or provided by a physician to you or purchased over the counter, (including the use of anabolic steroids) in your life?  Yes  No If yes, give details below:

31. Have you ever sold an illegal drug at any time in your life?  Yes  No If yes, give details below:

32. Have you ever manufactured or distributed an illegal drug at any time in your life?  Yes  No If yes, give details below:

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

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

35. Do you have a Facebook account?  Yes  No (If yes, what is your screen name?) \_\_\_\_\_

36. Do you have a Twitter account?  Yes  No (If yes, what is your screen name?) \_\_\_\_\_

37. Do you participate in any other social media sites? (i.e. LinkedIn, Google+, tumblr., Foresquare, Pintrest, etc...)  Yes  No  
(If yes, state all sites that apply with applicable screen names?) \_\_\_\_\_

38. References (Do not list relatives or other persons previously noted in this application)

Name	Home Phone #:
Occupation:	Cell Phone #:
Street Address (city, state zip):	

Name	Home Phone #:
Occupation:	Cell Phone #:
Street Address (city, state zip):	

Name	Home Phone #:
Occupation:	Cell Phone #:
Street Address (city, state zip):	



## Certification

I, \_\_\_\_\_, certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I am aware that if any of the foregoing statements made by me are willingly false, I am subject to punishment. I also recognize that any intentionally false statement or omissions will be automatic grounds for dismissal. Further I authorize the City of Wildwood Police Department to verify any and all information contained herein, and to review my criminal history, military and disciplinary records from any source.

I understand and agree to the conditions imposed thereby.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (sign in ink)

STATE OF NEW JERSEY \_\_\_\_\_ )

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COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, depose and say that I am the above named person. I signed the forgoing statement. I personally read, and completed the answers to each and every question therein, and I do solemnly swear that each and every answer if full, true and correct in every respect.

\_\_\_\_\_  
Applicant Signature:

Sworn and subscribed before me

at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

20 \_\_\_\_\_

Notary Public of New Jersey

My commission expires \_\_\_\_\_

## Application Checklist

Copies of the following documents **MUST** accompany this application.  
**DO NOT SEND ORIGINAL DOCUMENTS**

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate   | <input type="checkbox"/> Social Security Card                |
| <input type="checkbox"/> High School Diploma or<br>GED Certificate   | <input type="checkbox"/> Drivers License<br>(Front and Back) |
| <input type="checkbox"/> College Diploma (If Graduated)<br><input type="checkbox"/> College Transcripts (If currently attending) | <input type="checkbox"/> DD-214 (If applicable)              |
| <input type="checkbox"/> Any Letters of Recommendation   | <input type="checkbox"/> Certificates of Training            |

This checklist is provided for your assistance, and is not required to be submitted with your application.

### Please Note:

Should you fail to complete the application in it's entirety,  
or  
fail to include the documents above applicable to you,  
or  
fail to have your application notarized,  
or  
your application is not neat and legible,

**YOUR APPLICATION WILL BE REJECTED!**