



# Harvey Cedars Police Department

7606 Long Beach Blvd.  
Harvey Cedars, NJ 08008



Robert Burnaford  
Chief of Police

Phone (609) 494-6509  
Fax (609) 494-6153

## Application for Employment

<u>Case #</u>
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Print Name	Last	First	Middle
Mailing Address	Number	City	State Zip
Home Phone	Cell Phone	Social Security Number	
New Jersey Driver's License Number		Date of Birth	
Email Address			

IF CURRENT RESIDENCE IS DIFFERENT FROM ABOVE, COMPLETE THE FOLLOWING:

Residence Location: Number and Street			
City	State	County	Zip

Date of Application Issued: \_\_\_\_\_ Date to be Returned By: \_\_\_\_\_

Date Application Returned: \_\_\_\_\_

Officer who received application: \_\_\_\_\_

Officer's comments: \_\_\_\_\_

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT THIS APPLICATION

**INSTRUCTIONS:**

Read through this entire application prior to completing any questions. **Answer every question and leave no blank spaces. If a question does not apply to you, write DNA in the spaces.** A candidate will be rejected from the selection process who has intentionally made a false statement or practiced or attempted to practice any deception or fraud in this application, in any examination, interview, or in securing eligibility for appointment. The application must be prepared by the applicant, with the exception of Voucher information. Vouchers will complete their own required information and then affix date and signature. All entries, except signatures **must be printed legibly in BLOCK LETTERS with black ink.** If there is insufficient space available for answering any question, **use continuation pages provided,** located at the end of the application booklet. Mark each answer on the continuation pages with the corresponding page number and corresponding number of the question being answered.

**UPON COMPLETION, THIS APPLICATION  
MUST BE NOTARIZED**

**THE BOROUGH OF HARVEY CEDARS IS AN EQUAL OPPORTUNITY  
EMPLOYER**

**NOTICE:**

This is to inform you that this application will remain a permanent part of your file with the Harvey Cedars Police Department. Your failure to neatly and thoroughly complete the required information will be reflected in a negative manner upon your Oral Interview, should you advance to that portion of the process. You will be expected to wear appropriate business attire to each phase of this selection process unless directed to otherwise.

**DOCUMENTS REQUIRED**

**TO BE SUPPLIED WITH APPLICATION**

- Copy of Birth Certificate
- Copy of Naturalization Document (If applicable)
- Copy of Birth Abroad to U.S. Citizenship (If applicable)
- Copy of Adoption papers
- Copy of Social Security Card
- Copy of Selective Service Verification
- Copy of Passport
- Copy of Bankruptcy Papers
- Copy of New Jersey driver's license
- Copy of all vehicle registrations currently owned or operated by you
- Copy of ALL motor vehicle accident reports involved in
- Copy of ALL arrest reports, if arrested in past (including juvenile)
- Copy of marriage certificate (if married)
- Copy of Divorce Decree (if divorced)
- Copy of firearms identification card (if one is possessed)
- Copy of registration for all weapons owned by you
- Copy of relevant certifications you possess
- Copy of High School diploma and transcripts
- Copy of College Diploma *and* transcripts (If applicable)
- Copy of military discharge papers DD214 (if you served in the military)
- Copy of a Current Credit Report

**\*\* Failure to supply any of the above documents will be grounds for dismissing the applicant from the application process. \*\***

1. Have you ever previously taken a written examination for the Harvey Cedars Police Department?

Yes  No

If yes, list dates: \_\_\_\_\_  
Date Date

2. Was a background investigation ever conducted on you by the Harvey Cedars Police Department?

Yes  No

If yes, list dates: \_\_\_\_\_  
Date Date  
  
\_\_\_\_\_  
Date Date

## A. PERSONAL DATA

1. Full Name: \_\_\_\_\_  
Last Name (Include Sr., Jr., Etc.)      First Name      Middle Name
2. List and explain any other name(s) you have used, or have been known by including nicknames:  
\_\_\_\_\_
3. Place of Birth: \_\_\_\_\_  
City      State      County      Zip Code
4. Date of Birth: \_\_\_\_\_ Race (optional): \_\_\_\_\_
5. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State Issued: \_\_\_\_\_

## B. CITIZENSHIP

1. Are you a native born or naturalized citizen?  Native Born  Naturalized  
Native born citizens may proceed to part C on page 4.
2. If you are of foreign birth, or are a naturalized citizen complete the following:
- A. Country of Birth: \_\_\_\_\_
  - B. Port of departure for the United States: \_\_\_\_\_ Date: \_\_\_\_\_
  - C. How were you transported to the United States? (Ship, Plane, Etc.): \_\_\_\_\_
  - D. Name of transport conveyance and/or company you arrived on. \_\_\_\_\_
  - E. Port or place of entry into the United States \_\_\_\_\_ Date: \_\_\_\_\_
  - F. If a naturalized citizen, the name and address of the person who sponsored you on arrival \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. First address after arrival: \_\_\_\_\_  
\_\_\_\_\_
4. How did you obtain citizenship? \_\_\_\_\_  
\_\_\_\_\_
5. Petition number: \_\_\_\_\_ Date: \_\_\_\_\_ Court: \_\_\_\_\_  
State: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

## C. SOCIAL STATUS

1. Are you:  Single  Married  Separated  Divorced  Widow  Widower

2. Complete the following information on your spouse. If single, list at least one (indicate current or previous individual that you have had a dating relationship with during the past two years.

Name: Last	First	M.I. (Maiden)	Relationship	Date of Birth	Social Security No.		
Full Address: Number and Street				City	State	Zip Code	Home Phone ( )
Occupation:	Name of Business/Employer and Full Address				Work Phone ( )		
Name: Last	First	M.I. (Maiden)	Relationship	Date of Birth	Social Security No.		
Full Address: Number and Street				City	State	Zip Code	Home Phone ( )
Occupation:	Name of Business/Employer and Full Address				Work Phone ( )		

### 3. Marriage(s):

Date:	Where:		
By Whom:		Wife's Full Maiden Name or Husband's Full Name:	
Date:	Where:		
By Whom:		Wife's Full Maiden Name or Husband's Full Name:	

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

5. How many times were you separated? \_\_\_\_\_

6. If separated or divorced, what is the current address and phone number of your spouse or ex-spouse? \_\_\_\_\_

### 7. List every separation or divorce below.

<input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced	Date:	Plaintiff:
Where issued (Court or State)		Defendant:
<input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced	Date:	Plaintiff:
Where issued (Court or State)		Defendant:
<input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced	Date:	Plaintiff:

Where issued (Court or State)	Defendant:
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8. Are you the parent of any children (whether children are living or deceased)?  Yes  No

**9. List below every child born to you:**

Name:	Date of Birth:	Place of Birth:
With whom and where does child reside?		
Name:	Date of Birth:	Place of Birth:
With whom and where does child reside?		

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

11. Have you ever been involved as a plaintiff or defendant in a paternity proceeding?  Yes  No

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

**13. Family information: Father, mother, sisters/brothers, spouse, step-parents, step-brothers/sisters, (include maiden names):**

Name:	Relationship:	Date of Birth:	Social Security No.:
Full Address With Zip Code:			Home Phone: ( )
Occupation:	Name of Business Or Employee:		Work Phone: ( )
Name:	Relationship:	Date of Birth:	Social Security No.:
Full Address With Zip Code:			Home Phone: ( )
Occupation:	Name of Business Or Employee:		Work Phone: ( )
Name:	Relationship:	Date of Birth:	Social Security No.:
Full Address With Zip Code:			Home Phone: ( )
Occupation:	Name of Business Or Employee:		Work Phone: ( )
Name:	Relationship:	Date of Birth:	Social Security No.:
Full Address With Zip Code:			Home Phone: ( )
Occupation:	Name of Business or Employee:		Work Phone: ( )
Name:	Relationship:	Date of Birth:	Social Security No.:
Full Address With Zip Code:			Home Phone: ( )

Occupation:	Name of Business or Employee:	Work Phone: ( )
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**14. List name and agency of any relative currently or formerly employed in law enforcement:**

Full Name:	Relationship:	Home Address:	Home Phone: ( )
Rank/Title	Badge #	Agency Name and Full Address	Work Phone: ( )
Full Name:	Relationship:	Home Address:	Home Phone: ( )
Rank/Title	Badge #	Agency Name and Full Address	Work Phone: ( )

**\*\*\*15. List the names of three friends or associates (not relatives) other than vouchers or employers, past or present. These people will be contacted as references.**

Name:	Relationship:	Date of Birth:	Social Security No.:
Full Address With Zip Code:			Home Phone: ( )
Occupation:	Name of Business or Employee:		Work Phone: ( )
Name:	Relationship:	Date of Birth:	Social Security No.:
Full Address With Zip Code:			Home Phone: ( )
Occupation:	Name of Business or Employee:		Work Phone: ( )
Name:	Relationship:	Date of Birth:	Social Security No.:
Full Address With Zip Code:			Home Phone: ( )
Occupation:	Name of Business or Employee:		Work Phone: ( )

## D. RESIDENCE

1. Where do you now reside? \_\_\_\_\_  
Number and Street City

\_\_\_\_\_ ( ) \_\_\_\_\_  
State County Zip Code Phone Number

Apartment No. \_\_\_\_\_ Floor No. \_\_\_\_\_

2. If you are the owner of this residence or any other property, list Lot/Block numbers: Lot \_\_\_\_\_ Block \_ \_\_\_\_\_

3. With whom do you reside? \_\_\_\_\_  
Name Relationship

4. If you live with someone other than your spouse, parents or siblings, list complete information below. Include any and all persons with whom you have lived during the past two years.

Full Name (Maiden):		Relationship:		Date of Birth:	Dates of residence:
Occupation:		Employer and Address:			Work Phone No.:
Full Name (Maiden):		Relationship:		Date of Birth:	Dates of residence:
Occupation:		Employer and Address:			Work Phone No.:
Full Name (Maiden):		Relationship:		Date of Birth:	Dates of residence:
Occupation:		Employer and Address:			Work Phone No.:
Full Name (Maiden):		Relationship:		Date of Birth:	Dates of residence:
Occupation:		Employer and Address:			Work Phone No.:
Full Name (Maiden):		Relationship:		Date of Birth:	Dates of residence:
Occupation:		Employer and Address:			Work Phone No.:

5. In chronological order (starting with most recent past residence) state each and every previous residence since high school (include college residence, summer homes, military residence, etc.)

From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.:	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	
From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.:	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	
From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.:	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	
From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.:	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	
From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.:	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	



From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.: ( )	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	
From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.: ( )	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	
From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.: ( )	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	
From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.: ( )	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	
From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.: ( )	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	
From:		To:		Full Address (Apartment #)		Landlord Name:		Landlord Phone No.: ( )	
Mo.	Yr.	Mo.	Yr.	City		State		Zip Code	

6. List all places where you have been registered to vote (If none so state): \_\_\_\_\_

7. Are you bi-lingual?  Yes  No

8. What Language(s), other than English do you speak? \_\_\_\_\_

9. If you speak another language to what degree do you speak and understand it? (Fluent, basic) \_\_\_\_\_

## E. EDUCATION

Upon receipt of this application, Applicant *may* be requested to forward transcripts from all colleges attended to:

Harvey Cedars Police Department  
7606 Long Beach Blvd  
Harvey Cedars, NJ, 08008  
Attn: Chief of Police

1. List (most recent dates first) all colleges/universities attended:

Name of College:	No. of Credits Earned/GPA	From:		To:		Phone No. ( )
		Mo.	Yr.	Mo.	Yr.	
Major/Degree (A.S., B.S, M.S., Phd.)	City/Town of College		State		Zip Code	
Name of College:	No. of Credits Earned/GPA	From:		To:		Phone No. ( )
		Mo.	Yr.	Mo.	Yr.	

Major/Degree (A.S., B.S, M.S., Phd.)	City/Town of College	State	Zip Code
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2. List chronologically (most recent dates first) all schools attended, grades 6 through 12.

School	From: _____ To: _____ Mo./Yr. Mo./Yr.	Phone No. ( )
Address No. & Street	City	State Zip Code
School	From: _____ To: _____ Mo./Yr. Mo./Yr.	Phone No. ( )
Address No. & Street	City	State Zip Code
School	From: _____ To: _____ Mo./Yr. Mo./Yr.	Phone No. ( )
Address No. & Street	City	State Zip Code
School	From: _____ To: _____ Mo./Yr. Mo./Yr.	Phone No. ( )
Address No. & Street	City	State Zip Code

3. List any problems at school, including college (absenteeism, tardiness, failing grades, discipline, suspensions).

School:	Date:	Problem:
School:	Date:	Problem:

4. List other formal schooling or specialized training (i.e. teaching, EMT, trade certification, SCUBA, etc.)

Date Attended	School/Course Name	Location	Certification
Date Attended	School/Course Name	Location	Certification
Date Attended	School/Course Name	Location	Certification

## F. MILITARY SERVICE

1. Selective Service Number: \_\_\_\_\_

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

3. Have you ever served in a military organization of any foreign government?  Yes  No

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

4. Give branch of service: \_\_\_\_\_

5. Military Specialty: \_\_\_\_\_

6. How many periods of active military service have you had (drafts, enlistments or recalls to service)?  
\_\_\_\_\_

7. Give period or periods of active service:

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

8. List all medals and decorations awarded to you as a member of the armed forces: \_\_\_\_\_  
\_\_\_\_\_

9. How many discharges or separations from service were given to you? \_\_\_\_\_

10. What type of discharge(s) or separation(s) (honorable, dishonorable, Honorable conditions). **Be exact:**

11. Has your discharge or separation notice ever been corrected or changed?  Yes  No

12. What was the nature of the change? Changed from \_\_\_\_\_ to \_\_\_\_\_

13. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?  Yes  No Number of times: \_\_\_\_\_

If yes, give complete details of charges and dispositions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government or the National Guard of any state?

Yes  No

If yes, state which – active or inactive: \_\_\_\_\_

Branch: \_\_\_\_\_ Regiment: \_\_\_\_\_ Unit: \_\_\_\_\_ Rank: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_

## G. EMPLOYMENT

1. Present Employer:

Name/Company:			
No. & Street:	City/Town:	State/Zip:	Phone No.: ( )

Date Hired:	Supervisor:
Duties:	

2. Employment: Starting with most recent past employment, chronologically list every place where you were previously employed. **Omit None.** Give complete addresses and correct phone numbers with extensions. Include part-time employment and summer employment since age 18. Use the continuation page if necessary.

From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor:		Phone No. ( )	Reason for Leaving:
Duties and Hours worked per week:			
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address	Occupation:
Immediate Supervisor:		Phone No. ( )	Reason for Leaving:
Duties and Hours worked per week:			
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address	Occupation:
Immediate Supervisor:		Phone No. ( )	Reason for Leaving:
Duties and Hours worked per week:			
From: Mo. Yr.	To: Mo. Yr.	Employer Name and Complete Address	Occupation:
Immediate Supervisor:		Phone No. ( )	Reason for Leaving:
Duties and Hours worked per week:			

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

Yes  No

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

4. Were you ever subjected to disciplinary action in connection with any employment?  Yes  No If yes, give complete details:

\_\_\_\_\_

\_\_\_\_\_

5. Were you ever discharged, fired or asked to resign from employment?  Yes  No How many times? \_\_\_\_\_

6. Were you ever suspended or given a written reprimand by an employer?  Yes  No

Date:	Employer name and Address:	
Immediate Supervisor:	Phone No. ( )	Reason for discharge or reprimand:
Date:	Employer name and Address:	
Immediate Supervisor:	Phone No. ( )	Reason for discharge or reprimand:

7. Whether or not employed in a specified area, have you ever been professionally licensed or certified (i.e. law, real estate, nursing)?  Yes  No If yes, list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Has any such license or permit listed above ever been revoked, cancelled or suspended?  Yes  No If yes, give complete details: \_\_\_\_\_

\_\_\_\_\_

9. Has your name ever been submitted or used as a trustee, officer, or in any capacity for any labor or trade union, organization or affiliate?  Yes  No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

10. Were you ever a member of a social, labor or fraternal organization?  Yes  No If yes, list every such organization (include college fraternities).

From: Mo. Yr.	To: Mo. Yr.	Organization:	Type of Organization:
Organization Address and Phone No.			( )
From: Mo. Yr.	To: Mo. Yr.	Organization:	Type of Organization:
Organization Address and Phone No.			( )

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

Yes  No Benefits Assistance Given: \_\_\_\_\_ Local Office: \_\_\_\_\_

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

Give Periods:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason: \_\_\_\_\_

12. Have you ever taken a written test for any other police organization in New Jersey or any other state?

Yes  No If yes, List:

\_\_\_\_\_  
(Date) (Organization) (Score/Rank) (Date) (Organization) (Score/Rank)

\_\_\_\_\_  
(Date) (Organization) (Score/Rank) (Date) (Organization) (Score/Rank)

13. Have you ever made application with any police organization?  Yes  No If yes, List:

\_\_\_\_\_  
(Date) (Organization) (State) (Present Status) (Date) (Organization) (State) (Present Status)

\_\_\_\_\_  
(Date) (Organization) (State) (Present Status) (Date) (Organization) (State) (Present Status)

14. Have you ever withdrawn from the selection process of any police organization?  Yes  No If yes, list:

\_\_\_\_\_  
(Date) (Organization) (State) (Reason) (Date) (Organization) (State) (Reason)

\_\_\_\_\_  
(Date) (Organization) (State) (Reason) (Date) (Organization) (State) (Reason)

15. Were you ever rejected from the selection process of any police organization?  Yes  No If yes, List:

\_\_\_\_\_  
(Date) (Organization) (State) (Reason) (Date) (Organization) (State) (Reason)

16. Have you ever possessed any pistol permits, firearm permits, firearm ID cards, or firearms dealer licenses in this or any other state, or area under federal jurisdiction?  Yes  No If yes, give details:

Permit Number: \_\_\_\_\_ Firearm Dealer License Number: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ State: \_\_\_\_\_

17. List all firearms that you possess/own:

Serial #	Make/Importer	Model	Caliber/Gauge	Registered
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## H. FINANCIAL

1. List all credit cards and loans (mortgage, home equity, car, educational, personal):

Type Loan/Credit Card:	Name of Institution/Company:	Phone No.:		
		( )		
Address of Institution/Company:				
When Incurred:	Original Amount:	Current Balance:	Monthly Payments:	Amount Arrears:

Type Loan/Credit Card:	Name of Institution/Company:			Phone No.:
( )				
Address of Institution/Company:				
When Incurred:	Original Amount:	Current Balance:	Monthly Payments:	Amount Arrears:
Type Loan/Credit Card:	Name of Institution/Company:			Phone No.:
( )				
Address of Institution/Company:				
When Incurred:	Original Amount:	Current Balance:	Monthly Payments:	Amount Arrears:
Type Loan/Credit Card:	Name of Institution/Company:			Phone No.:
( )				
Address of Institution/Company:				
When Incurred:	Original Amount:	Current Balance:	Monthly Payments:	Amount Arrears:
Type Loan/Credit Card:	Name of Institution/Company:			Phone No.:
( )				
Address of Institution/Company:				
When Incurred:	Original Amount:	Current Balance:	Monthly Payments:	Amount Arrears:
Type Loan/Credit Card:	Name of Institution/Company:			Phone No.:
( )				
Address of Institution/Company:				
When Incurred:	Original Amount:	Current Balance:	Monthly Payments:	Amount Arrears:

2. Do you have any debt not listed above? (Include personal and family loans).  Yes  No If yes, give detail:

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3. Other than standard withholding deductions, has any part of your wages ever been withheld or garnished to be paid to another party to satisfy a debt, obligation or for any other purposes?  Yes  No  
If yes, give details:

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4. Do you have any current lien or judgment against you?  Yes  No  
If yes, give details:

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5. Have you ever had a judgment or lien against you?  Yes  No  
 If yes, give details:

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6. Are you a co-signer on any outstanding loan? (Including mortgage or car loans):  Yes  No  
 If yes, give details:

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7. Have you ever been bonded?  Yes  No                      Refused a bond?  Yes  No

With respect to each time bonded or refused, give details below:

Bonded:	Refused:	By Whom:	Full Address:	Phone No.: ( )
Reason bonded/Refused:				Date:
Bonded:	Refused:	By Whom:	Full Address:	Phone No.: ( )
Reason bonded/Refused:				Date:

8. Have you ever petitioned for bankruptcy?  Yes  No If yes, provide date, reason, and current status:

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## I. GENERAL

1. Have you ever had problems or been accused to have problems dealing with persons of another race, ethnic origin, religious group, gender or sexual orientation?  Yes  No If yes, explain: \_\_\_\_\_

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2. Have you ever been involved in a civil court action or lawsuit in this state or elsewhere?  Yes  No If yes, explain:

Date:	Action or Proceeding:	County:	State:
Indicate, Plaintiff, Defendant, Petitioner, Respondent, Witness:		Court Disposition:	
Date:	Action or Proceeding:	County:	State:
Indicate, Plaintiff, Defendant, Petitioner, Respondent, Witness:		Court Disposition:	



Date:	Action or Proceeding:	County:	State:
Indicate, Plaintiff, Defendant, Petitioner, Respondent, Witness:		Court Disposition:	

## J. ARRESTS, SUMMONSES, ETC.

**NOTICE: Expungements and conditional discharges must be disclosed on this application. Such disclosure is for law enforcement purposes. Include any juvenile expungements.**

1. Have you ever been involved with an harassment, discrimination, or an hostile work environment situation or investigation?  Yes  No If yes, Explain: \_\_\_\_\_

2. Have you ever been involved in a personal relationship where you threatened, assaulted or harassed another party?  Yes  No If yes, explain: \_\_\_\_\_

3. Have you ever been involved in a personal relationship in which you were threatened, assaulted or harassed by another?  Yes  No If yes, explain: \_\_\_\_\_

4. Have you ever been charged with, or accused of violating the Civil Rights of another person?  Yes  No If yes, explain: \_\_\_\_\_

5. Have you ever had any police contact, been taken into custody, or charged with Juvenile Delinquency?  Yes  No If yes, explain:

Date:	Age:	Violation/Charge:	Court Disposition/Sentence:
Police Department/Municipality:		County:	State:
			Police Agency Phone No.: ( )
Date:	Age:	Violation/Charge:	Court Disposition/Sentence:
Police Department/Municipality:		County:	State:
			Police Agency Phone No.: ( )
Date:	Age:	Violation/Charge:	Court Disposition/Sentence:
Police Department/Municipality:		County:	State:
			Police Agency Phone No.: ( )

6. Have you ever been summoned, subpoenaed, or required to testify before any municipal, state, or federal agency or other investigative body for a criminal matter?  Yes  No If yes, give details: \_\_\_\_\_

7. Have you ever received a summons for any violation of the fish and game laws in this or any other state?  
 Yes  No If yes, explain:

Date:	Violation:	Municipality:	County:	State:
Disposition:		Your Age at Time:	Police Agency	Phone No.: ( )
Date:	Violation:	Municipality:	County:	State:
Disposition:		Your Age at Time:	Police Agency	Phone No.: ( )

8. Have you ever been arrested for, or charged with, a violation of the disorderly persons act, city or local ordinance?  Yes  No If yes, explain:

Date:	Violation:	Municipality:	County:	State:
Disposition:		Your Age at Time:	Police Agency	Phone No.: ( )
Date:	Violation:	Municipality:	County:	State:
Disposition:		Your Age at Time:	Police Agency	Phone No.: ( )

9. Have you ever been a plaintiff /defendant or involved in any act of domestic violence in this or any other state?

Yes  No If yes, explain: \_\_\_\_\_

10. Have you ever been arrested, indicted, or convicted for any violation of the law? (Exclude motor vehicle violations).  Yes  No If yes, explain:

Date:	Violation:	Municipality:	County:	State:
Disposition:		Your Age at Time:	Police Agency	Phone No.: ( )
Date:	Violation:	Municipality:	County:	State:

Disposition:	Your Age at Time:	Police Agency	Phone No.: ( )
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11. Have you ever had a criminal record expunged, or been accepted into a pre-trial intervention program?

Yes  No If yes, Explain:

Date:	Violation:	Municipality:	County:	State:
Disposition:	Your Age at Time:	Police Agency	Phone No.: ( )	
Date:	Violation:	Municipality:	County:	State:
Disposition:	Your Age at Time:	Police Agency	Phone No.: ( )	

12. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason other than employment for a police department?  Yes  No If yes, explain:

Date:	Incident or Reason:	Municipality:	County:	State:
Disposition:	Your Age at Time:	Police Agency	Phone No.: ( )	
Date:	Incident or Reason:	Municipality:	County:	State:
Disposition:	Your Age at Time:	Police Agency	Phone No.: ( )	

13. Have you ever been fingerprinted? (Exclude this application and applications with other police departments).

Yes  No If yes, explain:

Date:	Violation or Reason:	Municipality:	County:	State:
Your Age at Time:	Police Agency	Address:	Phone No.: ( )	
Date:	Violation or Reason:	Municipality:	County:	State:
Your Age at Time:	Police Agency	Address:	Phone No.: ( )	
Date:	Violation or Reason:	Municipality:	County:	State:
Your Age at Time:	Police Agency	Address:	Phone No.: ( )	

# K. MOTOR VEHICLE

## 1. Driver's License(s)

Current: \_\_\_\_\_  
Number State Expiration Date

Other States:

\_\_\_\_\_  
Number State Expiration Date

\_\_\_\_\_  
Number State Expiration Date

## 2. Vehicle Registration(s): List all vehicles presently owned/leased:

License Plate No.	State	Year	Make/Model/Color
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 3. Vehicle Insurance Company (for all above listed vehicles):

\_\_\_\_\_  
Insurance Company Full Address ( ) Phone No.

\_\_\_\_\_  
Insurance Company Full Address ( ) Phone No.

## 4. If you do not own or lease a vehicle, what vehicle do you operate as your primary mode of transportation?

License Plate No.	State	Year	Make/Model/Color
_____	_____	_____	_____

## 5. Vehicle Insurance Company (for all above listed vehicles):

\_\_\_\_\_  
Insurance Company Full Address ( ) Phone No.

## 6. Have your driving privileges ever been suspended or revoked in this or any other state or country?

Yes  No If yes, explain (include date(s) of restoration): \_\_\_\_\_

7. Did you ever possess a chauffeur's or commercial driver's license?  Yes  No If yes, list: \_\_\_\_\_

8. Have you ever had your auto insurance discontinued for any reason?  Yes  No If yes, explain: \_\_\_\_\_

9. Have you ever been involved any motor vehicle accidents as a registered owner or operator?  Yes  No If yes, state date(s), location(s), circumstances: Number of accidents: \_\_\_\_\_ **(Note: OBTAIN A COPY OF EACH ACCIDENT REPORT)**

Date	Location	Circumstances
Circumstances continued		

Date	Location	Circumstances
Circumstances continued		

Date	Location	Circumstances
Circumstances continued		

Date	Location	Circumstances
Circumstances continued		

9. Have you ever received a summons for a violation of the Motor Vehicle Laws in this or any otherstate? (Exclude parking violations).  Yes  No If yes, list:

Date:	Original Violation:	Municipality:	County :	State:
Disposition, Fine Paid (Include any downgrade):		Age at Time:	Police Agency:	Phone No.: ( )
Date:	Original Violation:	Municipality:	County :	State:
Disposition, Fine Paid (Include any downgrade):		Age at Time:	Police Agency:	Phone No.: ( )

10. Have you ever had a failure to appear or a warrant issued for failure to appear or pay fines? (Including parking violations).  Yes  No If yes, explain:

Date:	Warrant #:	Court Issuing Warrant/FTA: Phone No.: ( )	Amount of Warrant:
Disposition of Warrant/FTA:		Police Agency:	Phone No.: ( )
Date:	Warrant #:	Court Issuing Warrant/FTA: Phone No.: ( )	Amount of Warrant:
Disposition of Warrant/FTA:		Police Agency:	Phone No.: ( )

## L. SUBVERSIVE AFFILIATIONS

1. 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 government of the United States by unconstitutional or unlawful means?  Yes  No

2. Are you now, or have you ever been affiliated with any of the organizations or groups described in question L1 above?  Yes  No

3. Are you now associated with, or have you ever associated with, any individual, including relatives, who you know or have reason to believe are, or have been, members of any organization or groups described in question L1?  Yes  No

4. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question L1, 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 L1?  Yes  No

5. Have you ever participated in any of the following activities:

a. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, project, organized or sponsored by any organization or group described in question L1? Yes  No

b. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question L1? Yes  No

c. Sale or distribution of any written or printed matter prepared, reproduced, or published by any group or organization or subscribed to any publication or periodical prepared, reproduced or published by any group or organization described in question L1 or any of its agents? Yes  No

If your answer is **YES** to any of the above questions, explain: \_\_\_\_\_

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

## M. OTHER INFORMATION

1. Explain your personal consumption of alcoholic beverages:  Non-drinker  Social Occasions  Moderate

Other, Explain: \_\_\_\_\_

Type Consumed: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often: \_\_\_\_\_

2. Explain your personal involvement with gambling:  Non-gambler  Occasional Gambler  Lottery

Office Pools  Occasional Casino Trip \$ \_\_\_\_\_ (Amount Used)  Other, explain: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever used any illegal drugs or drugs other than those prescribed or provided by a physician?

Yes  No

4. Have you ever used over the counter medication(s) for use for other than their described use?  Yes  No

5. Have you ever possessed or "held" any illegal drugs or drugs other than those prescribed or provided by a physician, for yourself or another person?  Yes  No

If your answer to any of questions M3 through M5 is **YES**, explain: \_\_\_\_\_

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6. Do you have any knowledge or information in addition to that specifically called for in the proceeding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility for employment with the Harvey Cedars Police Department, including but not limited to knowledge or information concerning your, character, temperance, habits, employment, education, subversive activities, family, associations, criminal records, traffic violations, residence or other wise? (Circle One) Yes No If yes, explain:

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## N. SOCIAL MEDIA

1. List all Social Media accounts that you possess:

Platform	Username	Active
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

# O. VOUCHERS

***(NOT TO BE SWORN MEMBERS OF THE HARVEY CEDARS POLICE DEPARTMENT  
OR ANY OTHER PERSON LISTED IN THIS APPLICATION)***

Upon completion of this application, the applicant must obtain three (3) reputable citizens (no relatives) who will vouch for the honesty, reputation and ability of the applicant.

**Before signing**, the voucher must read carefully all statements made by the applicant. Then, the voucher portion of the application shall be completed by the voucher and signature affixed.

\* \* \* \* \*

***I, the undersigned, declare that I am over eighteen (18) years of age that I have known the applicant for at least three (3) years, that I have read the application and believe all statements therein to be true. I am not related in any way to the applicant.***

***I will, upon request, give further facts concerning the applicant that I may possess.***

**ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL**

**\*\*Social Security Numbers are Optional\*\***

## VOUCHER ONE

(Please Print)

Name \_\_\_\_\_ Occupation: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Phone

Address \_\_\_\_\_ Business \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Comments: \_\_\_\_\_

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

## VOUCHER TWO

(Please Print)

Name \_\_\_\_\_ Occupation: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Phone

Address \_\_\_\_\_ Business \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Comments: \_\_\_\_\_

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



**VOUCHER THREE**

(Please Print)

Name \_\_\_\_\_ Occupation: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Phone

Address \_\_\_\_\_ Business \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Comments: \_\_\_\_\_

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

# AFFIDAVIT AND CERTIFICATION OF APPLICANT

**I will assist in any way that I am able to obtain any and all documents and information requested by the Harvey Cedars Police Department.**

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 any misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Harvey Cedars Police Department to verify any and all information contained herein and to review my employment, education, financial, and criminal history, military, disciplinary and other records and information from any source as noted in the duly executed Authorization and Release Form.

**I have read this certification and understand and agree to the conditions imposed therein.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Sign in Ink)

\_\_\_\_\_  
(Print Name)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
Signature (Sign in Ink)

Notary Public, my Commission Expires: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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\_\_\_\_\_  
Signature of applicant made in the presence of investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigating Officer





# Harvey Cedars Police Department

7606 Long Beach Blvd.  
Harvey Cedars, NJ 08008  
(609) 494-3036 ~ Fax (609) 494-6153  
police@harveycedars.org



**Robert Burnaford**  
Chief of Police

## RELEASE OF INFORMATION AGREEMENT

**NAME:** \_\_\_\_\_  
(PRINT)

**CURRENT ADDRESS:** \_\_\_\_\_  
STREET/ NUMBER (APT-FLOOR)

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

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SS NUMBER:** \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

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

I hereby authorize any representative of the Harvey Cedars Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Harvey Cedars Police Department whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Harvey Cedars Police department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however, personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records. Any information contained in investigator files, efficiency ratings complaints or grievances filed by or against me. The records or recollections of attorneys at law or other counsel whether representing me or another person in any case, either criminal or civil in which I presently have or have had an interest. Attendance records, Polygraph examinations, and any internal affairs investigators and discipline including any files, which are deemed to be confidential and/ or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of

\_\_\_\_\_ (organization), including its officers, employees or related personnel both individually and collectively from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

I direct you to release such information upon request of the duly accredited representative of the Harvey Cedars Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Harvey Cedars Police Department's acceptance and processing of my application for employment, I agree to hold the Harvey Cedars Police Department its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Harvey Cedars Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to proper authorities. I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy or Fax copy of this release form will be valid, as an original thereof, although the said photocopy or Fax copy does not contain an original writing of my signature. This waiver is valid for a period of **1 year** from the date of my signature. Should there be any questions as to the validity of this release you may contact me at the address listed above on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses including reasonable attorney's fees arising out of or by any reason of complying with this request.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
INITIALS

\_\_\_\_\_  
APPLICANT NAME (PRINTED)

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DATE