

# **Clayton Police Department**

125 N. Delsea Drive, Clayton, New Jersey 08312 Telephone (856) 881-2301 Fax (856) 881-5859 Chief Andrew Davis

### **Application for Employment**

Last Name:		
First Name:		
Middle Name:		
Maiden Name (If Applicable):		
Contact Phone#		
Mailing Address:		
City, State, and Zip:		
Date of Birth (MM/DI	D/YYYY):	
Email Address:		
	_	Equal Opportunity Employer***
	For official	use only
Date Application was	received:	
Official Receiving Ap	uli action.	
Overall Physical Fitne		
J		
Are the following attac	_	
Are the following attack	_	Copy of Birth Certificate: YES / NO
Are the following attack Resume: YES / NO Copy of Social Securit	ched:	

#### **INSTRUCTIONS**

Read carefully prior to filling out application.

- 1. Your application for employment should be printed legibly in black ink. Answer all questions to the best of your ability.
- 2. If a question is not applicable to you, enter N/A in the space provided. Leave no blank spaces.
- 3. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification.
- 4. You will be subject to a background check and will be fingerprinted. Please ensure that the "Release Authorization" contained within this application is signed and returned.
- 5. Please submit a photograph of yourself with this application. It is recommended to use a passport (2X2) or wallet size (2.5 X 3.5) photograph.
- 6. Please submit a copy of Current Driver's License, Social Security Card, and Birth Certificate with this application.
- 7. An accurate and complete application will help expedite your background investigation. Deliberate omissions or falsifications may result in disqualification. Failure to return this application properly completed, by the required date in the job posting ad, may result in the removal of your name from further participation at this time.
- 8. It is encouraged but not required to attach a current up-to-date resume when submitting your application.
- 9. When completing application, you may run out of room for certain questions. Please finish answer on a separate piece of paper and attach to application. Please clearly identify which question you are answering. It will not be an acceptable excuse if information is omitted because of a lack of space on the application and you may be disqualified.

#### **Personal Data**

1.	What is your Full Legal Name:		
2.	List any names or aliases that you may have used or been known by in any capacity (Officially or Unofficially). Attach on separate piece of paper if needed.		
3.	Where were you born (City	, State, Country):	
4.	Date of Birth:	5. Current Age:	
6.	Sex:	7. Race:	
8.	Height:	9. Weight:	
9.	Hair:	10. Eyes:	
11	. Social Security Number:_		
12	. Do you have corrected vis	ion yes/no if so explain:	
13	. What is your Current Add	ress:	
14	. How long have you reside	d there:	

		•		ave you lived with John Smith – 23	-
		•			•
	<del></del>				
	-	-		the approximate duse a separate pied	•
<u>Start</u>	<u>En</u>	d		Address	
			Social Sta	atus	
17. Please c			status:		
Single	Marri	ed	Separated	_ Divorced	_ Widow
18. If marri	ed in th	e past,	please indicate i	numbers of times 1	married:
10 Dlease 1	ict all f	ormer a	nd current Spou	se's address, cont	act number, and
dates of mar		office a	na carrent spoa	se s address, com	act number, and
Name	2		Address	Phone	Marriage
·					Dates

information below		n you are legal guardi ace is needed please u	
of paper):  Name	D.O.B.	Natural Child Step-Child Adopted Guardianship	List with whom child resides
22. Are you now opayments? If so expanding the second seco	•	peen in arrears or beh stances:	ind in child suppor

24. Please list 3 References (Friends or Associates):  Name Time Known Address Occupation Phon  1	_			Occupation	
4. Please list 3 References (Friends or Associates):  Name Time Known Address Occupation Phon .					
4. Please list 3 References (Friends or Associates):  Tame Time Known Address Occupation Phone					
Name Time Known Address Occupation Phon					
· <u> </u>			`	,	Phone#
	•				
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23. Please list the requested information of your immediate family (Mother,

ame of School	Address	Dates	G.P.A
			<del> </del>
		· · · · · · · · · · · · · · · · · · ·	
6. Please List your	College Degree(s)	and/or professi	ional license(s)

25. List in chronological order (with dates nearest present day appearing

first) all schools, colleges, or professional training courses you have

27. Other than English list any other languages that you speak or understand and rate yourself on that level of understanding using the following scale, in addition explain how you came to learn the language.				
Expert: You understand and speak language as if you were born or live in hat country of origin.				
Intermediate: You understand and speak language but may need to communicate slowly and in simple and direct terms.				
Novice: You can understand and speak language in only the most elementary of phrases.				
Foreign Language(s) Level of understanding Circumstances				
Military Service				
28. Have you ever served in a military organization: Y/N.				
29. Which Branch of Service:				
30. Highest Rank Held:				
31. Service Serial Number:				
32. What is the type of your discharge(s) or separation(s) (honorable, dishonorable, honorable conditions, medical, etc.) Be exact and give reason(s):				

•	-	nactive member of the s, any foreign government,
YES or NO		
Currently Active YES	or NO	
Branch, Regiment, and	Unit:	
Dates:		
	Employment	
34. List Present Emplo	oyer Information:	
Name of Company	Address	Phone #
Date Hired	Duties	
35. Are you now engagor corporate member?	•	owner, partner, stockholder,
If yes provide details:_		
36. Have you ever bee NO If YES,	en a member of a Labor Un , which Unions?	nion? YES or
		<del> </del>

YES or NO	-			
If Yes, please exp	plain position an	d duties:		
38. Please list in employment info	rmation for the l	last 10 years (Use	_	
paper if additiona	al space is neede	d):		
Dates of Employment	Name of Employer	Address	Contact Phone#	Reason for leaving

37. Have you ever held an Executive Position in a Labor Union?

_	e applications with the YES or NO	nis or any other police organizations
If yes, please list w	hich agency / organiz	zation and current status:
Where	When	Status
	Medical 1	<u>History</u>
•		l illness, disability, or health rom police employment?
YES or NO		
•	uld possibly hinder o	l illness, disability, or health or impede you from safely carrying
YES or NO	_	
If yes, please expla	in:	
42. Are you currer	tly prescribed medic	ation? YES or NO:
*Medical Examina before offer of emp		nedical questions may be asked

#### General

43. Have you any Loan, debt, garnish pending against you? YES or NO		ts or judgments
44. Have you ever been involved in a or a defendant? YES or NO?	ny kind of Civil Lav	vsuit as a plaintiff
45. Do you have any debt in excess \$ which would include but not limited to Loan, Personal Loan, Credit Card Deb	o a Vehicle Loan, M	lortgage, Student
If Yes, please list the following;		
<b>Entity Owed</b>	Dollar amount owed	Date of Debt incurred
46. Have you ever declared bankrupto YES or NO  If yes, explain:	cy or defaulted on a	ny debt?
11 yes, explain.		
47. Do you have any outstanding debt	due to gambling?	YES or NO
If yes, explain:		

TC 1	1' 4 41 - C 11		1 * *1 4
If yes, pl	ease list the follow	ving information fo	or each incident:
Date	Location	Offense	Disposition
required	to testify before an		aed, requested, or otherwise , or federal agency, committee
If yes, ex	plain:		
	e you ever receive ws? YES or NO		ny violation of the Fish and
	ease list the follow	ving information fo	or each incident:
If yes, pl			<b>5.</b>
If yes, pl  Date	Location	Offense	Disposition
	Location	Offense	Disposition

not limited	•	witter, Instagram,	ial media accounts (such as but TikTok, etc.): <b>User Name</b>
	•	-	
If yes, pro	vide details:		
52. Have	you ever had a c	riminal arrest reco	rd expunged? YES or NO
Date	Location	Offense	Disposition
		ving information fo	
YES or NO	O C		

# **Subversive Affiliations**

54. Are you now, or have you ever been, a member of a subversive organization, association, movement, or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means? YES or NO
55. Are you a member or affiliate of any group which is categorized as a terrorist organization by the United States Government? YES or NO
56. Are you a member or affiliate of any group which may categorized as a hate group or an extremist organization by the United States Government? YES or NO
57. 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 organizations or groups described in question #54 through #56? YES or NO
58. Have you ever participated in any of the following activities;
- Attendance or participation in any parade, picket line, delegation demonstration, affair, forum, or project sponsored or organized by any organization or group described in questions #54 - #56? YES or NO
- Sale or distribution of any written or printed material prepared, reproduced, or published by a group or organization described in questions #54 - #56? YES or NO
- Payment or collection of any money dues, contributions or donations to any organization or group described in questions #54 - #56? YES or NO
- Purchased or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in questions #54 - #56. YES or NO
If Yes, Please Explain:

## **Motor Vehicle History**

59. Have you ever received a summons for violations of the Motor Vehicle

Laws in thi	s or any oth	er state? Exclude overti	me parking violations.
Date	Offense	Court Disposition	Police Agency
-	our Driver's YES or No	_	istration ever been revoked or
If Yes, prov	vide details:		

61. Have you ever been involved in a motor vehicle crash either as a registered owner, operator, passenger, or pedestrian, which resulted in any personal injury or property damage to you or anyone else? YES or NO				
If Yes, please provide details				
62. Has your auto insurance ever been revoked or refused? YES or NO				
If Yes, provide details:				
<b>Other Information</b>				
63. Have you ever possessed any Firearms ID Card, Permit to Purchase a Pistol, Permit to Carry Firearm, in this state or any other? YES or NO				
If Yes, please provide details and if available ID Number and issuing police agency:				

64. Please list any other information which you believe may be relevant to your employment with the Clayton Police Department, including but not limited to: knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, associations, criminal records, traffic violations, residence awards, or honors.				

# Notarized Signature Page (State of New Jersey)

	(State of New 3)	orsey)
County Of	) SS )	
I signed the fore and printed by h question therein	egoing statement nand, answers to n. I do solemnly s	being duly above named person. The personally read each and every swear that each and rrect in every respect
	Ā	Applicant's Signature

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_\_, 20\_\_\_\_\_

Notary Public

#### Borough of Clayton Police Department 125 North Delsea Drive Clayton, NJ 08312

#### **Record Release Authorization**

Borough of Clay	, am applying ton Police Department.  ng conducted to determine i	g for employment with the As a result, a background my eligibility.
(or its representation pertaining to me to	ve) any and all information that the Borough of Clayt	of Clayton Police Department n (documentary or otherwise) on Police Department (or its s background investigation.
A photostatic or el effective and valid		orization will be considered as
Printed Name:		-
Signature:		-
Date:		-