

BOROUGH OF EAST NEWARK
PUBLIC SAFETY
EMPLOYMENT APPLICATION



PERSONAL DATA QUESTIONNAIRE
FOR PUBLIC SAFETY APPLICANTS

Applicant's Name: _____

PERSONAL DATA QUESTIONNAIRE FOR PUBLIC SAFETY APPLICANTS

PRINT ALL INFORMATION – BLACK INK

Name: _____

Address: _____

City, State, Zip: _____

Phone: Home: _____ Cell: _____

Email address: * _____

*Please know that you may be contacted by email with important, information requests and/or schedule appointments, which may have response deadlines. Failure to respond to time sensitive emails will jeopardize your pre-employment process and NJCSC certification status.

Gender: Male _____ Female _____ Date of Birth: _____ Age: _____

Social Security Number: _____

List all birthmarks, scars and/or tattoos: (include size, description & location) _____

Blood type (if known): _____

Rank on Civil Service list (if known): _____ Test Score (if known): _____

ATTACH TWO (2) PASSPORT SIZE PHOTOS HERE



PERSONAL DATA QUESTIONNAIRE FOR ALL PUBLIC SAFETY APPLICANTS

IMPORTANT NOTICE

This application must be printed in black ink only.

The following questions must be answered truthfully and completely. Remember that ANY omission, falsification, misstatement or failure to complete any/all sections of this application may be cause for your rejection as a public safety applicant.

You are reminded that ALL statements will be thoroughly investigated by the Borough of East Newark. This will be an extensive background investigation. Medical and psychological testing along with a urinalysis will also be done on those candidates who have passed the initial phases of applicant screening. However, in compliance with the American Disabilities Act of 1990, applicants will not respond to or include any medical history information in this Personal Data Questionnaire.

A person commits a fourth degree crime (N.J.S.A. 2C:29-3A) if he or she makes a false statement which he or she does not believe to be true, or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable by law.

When answering this questionnaire PRINT all replies in a legible fashion using only a black ball point pen. DO NOT WRITE IN SCRIPT. Be sure that all pages are completely answered, sign all pages that require a signature and initial and date each page. Some pages require your signature to be notarized by a notary public.

Copies of all required documents listed on the back page of this questionnaire must be forwarded by you along with this application. No questionnaire will be accepted without the required documents. The questionnaire must be returned by the required return date as determined by the Borough of East Newark.

Failure to complete the application in its entirety, attach all required documents and/or return the complete application by the required deadline date will result in your name being removed from the list of eligible applicants.

8. Complete the following for anyone who has resided in the same residence as you, currently and within the past five (5) years (include family, friends, roommates etc. except spouses and children).

Name: _____

Relationship: _____ Dates: From/To; _____

Location resided together: _____

Current address: _____

Phone Number: _____

Name: _____

Relationship: _____ Dates: From/To; _____

Location resided together: _____

Current address: _____

Phone Number: _____

Name: _____

Relationship: _____ Dates: From/To; _____

Location resided together: _____

Current address: _____

Phone Number: _____

9. Do you possess a valid New Jersey driver's license? Yes _____ No _____

10. If yes, complete the following:

License # _____ Class: _____

Date Issued: _____ Expiration Date: _____

Address on license: _____

11. Do you currently possess or have you ever possessed a driver's license from any other state or location (include military license)? Yes _____ No _____

12. If yes, complete the following:

License # _____ Class: _____

Date Issued: _____ Expiration Date: _____

Address on license: _____

Reason for having this license: _____

13. Has your NJ driver's license ever been suspended or revoked? Yes___ No___

14. Has your license from another state ever been suspended or revoked? Yes___ No___

15. If yes to #13 or #14, complete the following:

State/Location_____

Date of suspension/revocation:_____

Date of reinstatement:_____

Reasons for suspensions/revocations:

16. Please complete the following for each vehicle you have owned, leased or currently drive on a regular basis during the past three (3) years: Must attach copy of vehicle registration for each vehicle, see last page

| | Veh #1 | Veh #2 | Veh #3 | Veh #4 | Veh #5 |
|------------------|--------|--------|--------|--------|--------|
| Own | | | | | |
| Lease | | | | | |
| Make | | | | | |
| Model | | | | | |
| Year | | | | | |
| State Registered | | | | | |
| License Plate # | | | | | |
| Veh. Serial # | | | | | |
| Insurance Co. | | | | | |
| Ins. Policy # | | | | | |

17. Have you ever been in any motor vehicle accident as a driver, passenger or pedestrian? Yes___ No___

18. If yes, complete the following for each accident:

A. Date:_____ Location:_____

Reported to Police: Yes___ No___ What department:_____

Traffic Tickets issued to you: (Describe):_____

Did it occur during employment or as a result of employment: Yes___ No___

Civil/Criminal action taken against you: Yes___ No___

Explain: (Do not include any personal medical information: _____

B. Date: _____ Location: _____

Reported to Police: Yes ___ No ___ What department: _____

Traffic Tickets issued to you: (Describe): _____

Did it occur during employment or as a result of employment: Yes ___ No ___

Civil/Criminal action taken against you: Yes ___ No ___

Explain: (Do not include any personal medical information: _____

C. Date: _____ Location: _____

Reported to Police: Yes ___ No ___ What department: _____

Traffic Tickets issued to you: (Describe): _____

Did it occur during employment or as a result of employment: Yes ___ No ___

Civil/Criminal action taken against you: Yes ___ No ___

Explain: (Do not include any personal medical information: _____

D. Date: _____ Location: _____

Reported to Police: Yes ___ No ___ What department: _____

Traffic Tickets issued to you: (Describe): _____

Did it occur during employment or as a result of employment: Yes ___ No ___

Civil/Criminal action taken against you: Yes ___ No ___

Explain: (Do not include any personal medical information: _____

19. Have you ever received any traffic tickets (other than parking tickets) in New Jersey or any other location? Yes ___ No ___

20. If yes, complete the following:

A. Date: _____ Location: _____

Violation: _____ Disposition: _____

- B. # of points assessed: _____ License suspended: Yes____ No____ How long:_____

Date: _____ Location:_____

Violation:_____ Disposition:_____

of points assessed: _____ License suspended: Yes____ No____ How long:_____

C. Date: _____ Location:_____

Violation:_____ Disposition:_____

of points assessed: _____ License suspended: Yes____ No____ How long:_____

D. Date: _____ Location:_____

Violation:_____ Disposition:_____

of points assessed: _____ License suspended: Yes____ No____ How long:_____

E. Date: _____ Location:_____

Violation:_____ Disposition:_____

of points assessed: _____ License suspended: Yes____ No____ How long:_____

21. List total years of schooling completed (include college): _____

22. List all schools attended (starting from elementary school):
Include any technical or career training schools or any apprenticeships.

| School attended | Location | Date From: | Date To: | Course of Study | Graduate | |
|-----------------|----------|------------|----------|-----------------|----------|----|
| | | | | | Yes | No |
| | | | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

23. List all work experience. Beginning with your most recent position, account for all jobs (both full and part time). ALL employment must be listed and all gaps in time must be explained.

Have you ever been employed by the Borough of East Newark: Yes___ No___

Have you ever been employed by the East Newark Board of Education: Yes___ No___

If yes, please make sure to list as an employer.

A. Name of employer: _____

Employer's address: _____

Title/position: _____ Hours per week: _____

Date employed: _____ Salary earned annually: _____

Description of work: _____

Reason for leaving: _____

B. Name of employer: _____

Employer's address: _____

Title/position: _____ Hours per week: _____

Date employed: _____ Salary earned annually: _____

Description of work: _____

Reason for leaving: _____

C. Name of employer: _____

Employer's address: _____

Title/position: _____ Hours per week: _____

Date employed: _____ Salary earned annually: _____

Description of work: _____

Reason for leaving: _____

D. Name of employer: _____

Employer's address: _____

Title/position: _____ Hours per week: _____

Date employed: _____ Salary earned annually: _____

Description of work: _____

Reason for leaving: _____

E. Name of employer: _____

Employer's address: _____

Title/position: _____ Hours per week: _____

Date employed: _____ Salary earned annually: _____

Description of work: _____

Reason for leaving: _____

F. Name of employer: _____

Employer's address: _____

Title/position: _____ Hours per week: _____

Date employed: _____ Salary earned annually: _____

Description of work: _____

Reason for leaving: _____

G. Name of employer: _____

Employer's address: _____

Title/position: _____ Hours per week: _____

Date employed: _____ Salary earned annually: _____

Description of work: _____

Reason for leaving: _____

H. Name of employer: _____

Employer's address: _____

Title/position: _____ Hours per week: _____

Date employed: _____ Salary earned annually: _____

Description of work: _____

Reason for leaving: _____

24. Have you ever been dismissed, terminated or permitted to resign from any job(s) or position(s) listed above for any reason? Yes ___ No ___

25. If yes, complete the following:

A. Name of employer: _____

Reason (Do not include personal medical information): _____

B. Name of employer: _____

Reason (Do not include personal medical information): _____

C. Name of employer: _____

Reason (Do not include personal medical information): _____

26. Have you ever been a member of any volunteer organization that provides any type of public safety services (i.e. volunteer fire, first aid squad, auxiliary police, etc)? Yes ___ No ___

27. If yes, list organizations:

A. Agency name: _____ Phone: _____

Dates served: _____ Position: _____

B. Agency name: _____ Phone: _____

Dates served: _____ Position: _____

C. Agency name: _____ Phone: _____

Dates served: _____ Position: _____

28. Regarding your principal/primary residence, do you: Own _____ Rent _____ Boarder _____

What is your currently monthly payment: \$ _____

Name of whom this amount is payable to: _____

Address of whom it's payable to: _____

29. List all real estate or property which you own, share or have an interest:

A. Property Address: _____

Property owners (list all) _____

Property used for: personal use _____ rental _____

B. Property Address: _____

Property owners (list all) _____

Property used for: personal use _____ rental _____

30. Are you presently behind on unpaid bills or loans by more than 3 months? Yes _____ No _____

31. If yes, explain: _____

32. Do you have any loans or debts in excess of \$1,000.00 excluding your principal residence?

Yes _____ No _____

33. If yes, list:

A. Creditor Name: _____

Creditor Address: _____

Amount owed: _____ Expiration date: _____

B. Creditor Name: _____

Creditor Address: _____

Amount owed: _____ Expiration date: _____

C. Creditor Name: _____

Creditor Address: _____

Amount owed: _____ Expiration date: _____

D. Creditor Name: _____

Creditor Address: _____

Amount owed: _____ Expiration date: _____

34. Have you ever filed a petition for bankruptcy? Yes _____ No _____

35. If yes, status of bankruptcy: resolved _____ open _____

36. Are you currently under a court order to pay any judgments, child support or alimony?
Yes____ No____
37. If yes, explain (include garnished wages):
- A. Type of Court Order_____
- Total amount owed: \$_____ Monthly payment:\$_____
- Reason for Court Order:_____
- B. Type of Court Order_____
- Total amount owed: \$_____ Monthly payment:\$_____
- Reason for Court Order:_____
- C. Type of Court Order_____
- Total amount owed: \$_____ Monthly payment:\$_____
- Reason for Court Order:_____
38. Are you now or have you ever been a member of the armed forces of the United States, or any other Country? Yes____ No____
39. If yes, complete the following (do not include any personal medical information):
- Date of Service:_____ Branch of Service:_____
- Service ID #:_____ Highest rank attained:_____
- Current/final rank:_____
- Type of discharge: Honorable____ General____ Dishonorable____
- If other than Honorable discharge, please explain:
- _____
- _____
- Reserve status: Active____ Inactive____ Reserve Rank:_____
- If active, indicate present reserve unit:_____
- Reserve unit address:_____
- Reserve unit phone #:_____ Supervisor:_____
- Where you ever charged with a disciplinary offense while in the armed service? Yes____ No____
- Result of disciplinary charge(s):_____
- _____
40. Are you registered with the U.S. Dept. of Defense Selective Service*: Yes____ No____
- Selective Service #:_____

If no, explain: _____

*To confirm your selective service registration and status, go to www.sss.gov

41. Current marital status: Single ___ Married ___ Divorced ___ Separated ___ Widowed ___
42. Complete the following information about your present, separated or former spouse:

| | Present Spouse | Separated Spouse |
|--------------------|----------------|------------------|
| Name | | |
| Maiden Name | | |
| Date of birth | | |
| Place of birth | | |
| Address | | |
| Phone Number | | |
| Employer's Name | | |
| Employer's Address | | |
| Occupation | | |
| Date of Marriage | | |
| Place of Marriage | | |
| Date of Separation | - | |

| | Divorced Spouse | Deceased Spouse |
|-----------------------|-----------------|-----------------|
| Name | | |
| Maiden Name | | |
| Date of birth | | |
| Place of birth | | |
| Address | | - |
| Phone Number | | - |
| Employer's Name | | - |
| Employer's Address | | - |
| Occupation | | - |
| Date of Marriage | | |
| Place of Marriage | | |
| Date of Divorce/Death | | |

43. Complete the following information about all your children including natural, adopted, foster and step children:

| Name | Birth Date | Address |
|------|------------|---------|
| | | |

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

44. Complete the following information about all your brother/s and/or sister/s including natural adopted, foster and step siblings:

| Name | Birth Date | Address |
|------|------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

The following questions must be answered truthfully and completely.
Any omission, falsification or misstatement may be reason for your rejection.
 You are reminded that **ALL** statements will be thoroughly investigated.
 The questions apply to **ALL** juvenile and adult, criminal, military and traffic offenses (other than parking offenses unless there are unpaid fines).
 All verdicts and dispositions must be listed regardless of any expungements**, pardons, withdrawal of prosecution or pre-trial diversionary programs.

****Expungements are to be revealed by Police Officer candidates only.**

45. Are you now:

- A. Currently charged with any crime? Yes____ No____
- B. Currently on probation/parole or in a Pre-trial diversionary program? Yes____ No____
- C. Presently free on bail, on your own Recognizance (ROR) or other conditional release? Yes____ No____
- D. Wanted on any outstanding warrant(s), including traffic warrants? Yes____ No____
- E. The subject of a protection from abuse complaint? Yes____ No____
- F. Currently under a domestic violence temporary or permanent Restraining Order? Yes____ No____
- G. Currently under indictment or an accusation? Yes____ No____

46. If yes to any part of question #47, complete the following:

| Charge | Court Date & Location | Bail Amount | Judge | Probation/Parole/ Diversion Prog. | |
|--------|-----------------------|-------------|-------|-----------------------------------|------------|
| | | | | Officer | Expiration |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

47. As an adult or juvenile have you ever: Yes No

| | Yes | No |
|--|-----|----|
| a. Been interviewed or questioned by any law enforcement agency? | | |
| b. Been placed under arrest for any reason? | | |
| c. Been convicted of any crime? | | |
| d. Been placed on probation or parole of any kind? | | |
| e. Been admitted to any pre-trial intervention program? | | |
| f. Been admitted to a conditional discharge program? | | |
| g. Had to pay a fine in a criminal matter? | | |
| h. Had to pay any restitutions? | | |
| i. Had to pay any court costs? | | |

| | | | |
|----|---|--|--|
| j. | Had to post any bail? | | |
| k. | Lost or forfeited any posted bail? | | |
| l. | Been a defendant in any criminal case? | | |
| m. | Been questioned or interrogated about a crime or criminal incident? | | |
| n. | Received a subpoena to appear in any criminal or civil case? | | |
| o. | Plead "Nolo Contendere" (no consent) to any criminal charge? | | |
| p. | Had the police come to your residence to investigate any crime? | | |
| q. | Been the subject of a domestic violence restraining order? | | |
| r. | Been the subject of a private criminal complaint | | |
| s. | Been a character witness in any criminal proceeding? | | |
| t. | Been the subject of an investigation by a social service or government agency for child abuse or neglect? | | |
| u. | Been the subject of an investigation by a social service or government agency for spousal abuse? | | |

48. If you answered yes to any part of question #47, explain. Remember to give only truthful answers and do not omit or mistake anything.

A. Question #48 - Letter _____

Date: _____ Where: _____

Charges: _____

Plea/Verdict: _____ Sentence: _____

Describe: _____

B. Question #48 - Letter _____

Date: _____ Where: _____

Charges: _____

Plea/Verdict: _____ Sentence: _____

Describe: _____

C. Question #48 - Letter _____

Date: _____ Where: _____

Charges: _____

Plea/Verdict: _____ Sentence: _____

Describe: _____

D. Question #48 - Letter _____
 Date: _____ Where: _____
 Charges: _____
 Plea/Verdict: _____ Sentence: _____
 Describe: _____

49. Prior to this application have you ever applied for a job as a Police Officer or Firefighter with any other municipality or any public safety agency? Yes _____ No _____

50. If yes, complete the following

| Date: | Municipality or Public Safety Agency: | Hired | | Reason for not being hired: (Do not include medical information) |
|-------|---------------------------------------|-------|----|---|
| | | Yes | No | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

51. Have you ever delivered (sold or given), used, or possessed any illegal drugs, narcotics, marijuana, solvents, inhalants or any other illegal substance used to get high? Yes _____ No _____

52. If yes, complete the following:

A. Name of substance _____ Number of times: _____
 Date started: _____ Date stopped: _____
 Check one: sold _____ given _____ used _____ possessed _____
 Estimate the amount: _____ Reason: _____

B. Name of substance _____ Number of times: _____

Date started: _____ Date stopped: _____

Check one: sold _____ given _____ used _____ possessed _____

Estimate the amount: _____ Reason: _____

C. Name of substance _____ Number of times: _____

Date started: _____ Date stopped: _____

Check one: sold _____ given _____ used _____ possessed _____

Estimate the amount: _____ Reason: _____

D. Name of substance _____ Number of times: _____

Date started: _____ Date stopped: _____

Check one: sold _____ given _____ used _____ possessed _____

Estimate the amount: _____ Reason: _____

53. Have you ever been present when someone else used any narcotic or illegal drug including marijuana?

Yes _____ No _____

54. If you answered "yes" to question #53, complete the following:

A. Name of narcotic/illegal drug: _____

Number of times present: _____ when/approx. dates: _____

Reason present: _____

B. Name of narcotic/illegal drug: _____

Number of times present: _____ when/approx. dates: _____

Reason present: _____

C. Name of narcotic/illegal drug: _____

Number of times present: _____ when/approx. dates: _____

Reason present: _____

55. Do you now or have you ever owned, purchased or possessed any firearms or weapons (exclude government

Owned firearms/weapons used during military service)? Yes _____ No _____

56. If you answered "yes" to question #55, complete the following:

#1 Type of weapon: _____ Caliber of weapon: _____

Dates possessed: _____ Manufacturer: _____

Purchased from: _____

Address: _____

Date purchased: _____ Reason for ownership: _____

D. Letter _____ Explanation: _____

**BOROUGH OF EAST NEWARK
APPLICATION CERTIFICATION**

- (1) I fully recognize that any commitment from the Borough of East Newark to my appointment as a public safety employee is subject to a review of a background investigation including, but not limited to, a character investigation, employment investigation, medical evaluation, urinalysis tests and a psychological examination. I also recognize that I must be within reach on the current eligibility list.
- (2) The Borough of East Newark may, following a review and audit of the mentioned investigations and examinations, refuse, rescind or cancel my appointment to the position of public safety for the Borough of East Newark.
- (3) I understand that I may appeal any such decision in writing to the New Jersey Department of Personnel.
- (4) I verify that the statements of facts made by me in the personal data questionnaire are true and correct and that they are made subject to the penalties of N.J.S.A. 2C:28-3a Un-sworn Falsifications to Authorities. I further verify that I have not omitted any facts or matters pertinent to this questionnaire.

Applicant's Signature

Date

State of _____

County of _____

Signature of Notary _____

State of _____

County of _____

Sworn and subscribed before me on this _____ day of _____.

My commission expires _____.

Authorization and Release

I, _____, born at _____

(Name)

(City & State)

on _____, having filed an application for employment with the

(Date)

Borough of East Newark, New Jersey, consent to have an investigation made as to my moral character, professional reputation and fitness for the position of public safety officer and such information as may be received reported to the Borough of East Newark. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and I am not entitled to a copy of the investigation or to know its contents. I understand that the contents of the investigation are privileged.

I also authorize any request ever person, firm, company, corporation, government agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish the Borough of East Newark any such information including documents, records, complaints filed against me by they either formal or informal, pending or closed, or any other pertinent data. I do permit the Borough of East Newark or any of its agents or representatives to inspect and make copies of such documents, records and any other information.

I hereby request and authorize the following Department of Defense Military Branch

(Enter the proper branch – Army, Navy, Air Force, Marines, Coast Guard)

to furnish the Borough of East Newark the record of each period of my service therein, and to furnish the character of service rendered for each period.

My serial number is the following _____

I hereby release, discharge, exonerate any departments within Borough of East Newark, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of said documents, records, and other information or the investigation made by or on behalf of the Borough of East Newark.

I have read the foregoing document and have answered all questions fully. The answers are true and complete to the best of my knowledge.

Date Signature

Signature of Notary _____

State of _____ County of _____

Sworn and subscribed before me on this _____ day of _____.

My commission expires _____.

**BOROUGH OF EAST NEWARK
AUTHORIZATION FOR RELEASE OF RECORDS**

I, _____, having filed an application with the Borough of East Newark, New Jersey, understand that if my name is placed on the list of candidates eligible for the position I seek, the Borough may subsequently remove my name from said list for reasons which include, but are not limited to, the existence of a criminal record which adversely relates to the employment I seek.

I authorize the State Bureau of Investigations (SBI) to produce all documents, records and other information pertaining to me, over which it has control, to the Borough of East Newark. I do permit the Borough of East Newark or any of its agents or representatives to inspect and copy such documents, records or information.

I also authorize the Borough of East Newark or any of its agents or representatives to release any criminal history documents, records or information obtained from the SBI and the Department of Personnel for such purpose.

I hereby release, discharge, and exonerate the Borough of East Newark, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of said documents, records and other information.

I have read the foregoing document and agree with the contents thereof.

Date of Birth _____

Social Security Number _____

Drivers License Number _____

Date

Signature

Signature of Notary _____

State of _____

County of _____

Sworn and subscribed before me on this _____ day of _____.

My commission expires _____.

VOUCHER OF CHARACTER REFERENCE FOR A PUBLIC SAFETY APPLICANT

I, the undersigned declare that I am eighteen years of age or older and that I have personally known
_____ for at least one (1) year.

I believe the applicant is of good character and reputation. I know of nothing, which may disqualify the applicant from the public safety service. I am not related to the applicant in any way.

Applicant: _____
Last name First Name Middle Name

CHARACTER REFERENCE INFORMAITON

Name: _____
Last name First Name Middle Name

Date of Birth: _____ Place _____

Home Address: _____

Business Address: _____

Telephone: Home: _____ Cell: _____

Relationship: _____ How long have you known the applicant? _____

Remarks/Comments _____

Signature of character reference Date

VOUCHER OF CHARACTER REFERENCE FOR A PUBLIC SAFETY APPLICANT

I, the undersigned declare that I am eighteen years of age or older and that I have personally known
_____ for at least one (1) year.

I believe the applicant is of good character and reputation. I know of nothing, which may disqualify the applicant from the public safety service. I am not related to the applicant in any way.

Applicant: _____
Last name First Name Middle Name

CHARACTER REFERENCE INFORMATION

Name: _____
Last name First Name Middle Name

Date of Birth: _____ Place _____

Home Address: _____

Business Address: _____

Telephone: Home: _____ Cell: _____

Relationship: _____ How long have you known the applicant? _____

Remarks/Comments _____

Signature of character reference Date

VOUCHER OF CHARACTER REFERENCE FOR A PUBLIC SAFETY APPLICANT

I, the undersigned declare that I am eighteen years of age or older and that I have personally known
_____ for at least one (1) year.

I believe the applicant is of good character and reputation. I know of nothing, which may disqualify the applicant from the public safety service. I am not related to the applicant in any way.

Applicant: _____
Last name First Name Middle Name

CHARACTER REFERENCE INFORMATION

Name: _____
Last name First Name Middle Name

Date of Birth: _____ Place _____

Home Address: _____

Business Address: _____

Telephone: Home: _____ Cell: _____

Relationship: _____ How long have you known the applicant? _____

Remarks/Comments _____

Signature of character reference

Date

FEDERAL FIREARMS QUALIFICATION INQUIRY

Only applicants for the position of Police Officer are to carefully read and complete page 35.

After reading the following pages, you are to complete the federal firearms qualification inquiry form. When completing part III of the form under the request for title all applicants are to indicate "applicant" in that space. The agency department will be the Borough of East Newark Police Department.

This form must be completed by all even if not presently employed as a law enforcement officer. Failure to complete the entire form may be grounds for rejecting the applicant from further consideration for employment.

FEDERAL FIREARMS QUALIFICATION INQUIRY (FOR POLICE OFFICER APPLICANTS ONLY)

- I) Within ten (10) working days of receipt of this form, you must complete the form and submit it to your immediate supervisor. Your responses are needed to determine whether recent amendments to federal firearms laws, 18 U.S.C. 922(g)(9), make it unlawful for you to possess, receive or transplant firearms or ammunitions. In completing this form, you are advised:
- A. The purpose is to obtain information which will assist in determining whether personnel reassignment or administrative actions are warranted.
 - B. You have a duty to complete this form. Agency disciplinary action, including dismissal, may be undertaken if you refuse to answer or if you fail to reply fully and truthfully.
 - C. Neither your answers no any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of State or Federal firearms laws. However, answers you furnish or information or evidence resulting therefrom may be used against you in a prosecution for knowingly providing false statements or information, or in agency disciplinary proceedings.
- II) 1.) Have you ever been convicted of any of the following offenses under New Jersey law:
- a.) Harassment, N.J.S.A. 2C:33-4 by striking, kicking, shoving: _____Yes _____No
 - b.) Simple Assault, N.J.S.A. 2C:12-1a(1) by attempting to or purposely, knowingly or recklessly causing bodily injury _____Yes _____No
 - c.) Simple Assault, N.J.S.A. 2C:12-1a(2) by negligently causing bodily injury to another with a deadly weapon _____Yes _____No
- 2.) Have you ever been convicted of any offense in any jurisdiction in which the elements include:
- a.) Use or attempted use of physical force, or _____Yes _____No
 - b.) Threatened use of a deadly weapon _____Yes _____No
- 3.) If you answered yes to any questions above, were you, at the time of the offense: the current or former spouse of the victim: the parent or guardian of the victim: a person with whom the victim shared a child in common: a person who was or had in the past cohabitated with the victim as the victim's spouse, parent or guardian: a person who was similarly situated to a spouse, parent, or guardian of the victim? _____Yes _____No

4.) Has every conviction you have had for an offense, listed in question 1 or 2 that was committed against a victim listed in question 3 been either expunged, set aside or pardoned?

5.) If you answers are yes, provide the following information with respect to the conviction(s):

Court/Jursidiction _____

Docket/Case Number _____

Statute/Charge _____

Date Sentenced: _____

6.) If you answers are yes: Were you represented by counsel in the case, or did you knowingly and intelligently waive the right to counsel in the case:

III) I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action, up to and including removal, and is punishable pursuant to N.J.S.A. 2C:18-2, 2C:28-7.

Print or Type Name

Title

Agency/Department

Date

Signature

COPIES OF REQUIRED DOCUMENTS

- You must submit copies of ALL applicable documents with your personal data questionnaire.
- Copies must be 3 hole punched and inserted into this binder after this list in the same order as listed below.
- All documentation costs shall be the sole responsibility of each applicant.
- The Borough of East Newark will not photocopy documents for you.
- You will not be contacted for any documents that are not provided. Failure to provide a copy of any single document will result in your name being removed from consideration of the position.

Copies must be 3 hole punched and inserted into this binder after this page in the same order as listed below.

REMOVE ALL STAPLES AND/OR CLIPS. DO NOT PLACE DOCUMENTS IN PROTECTIVE COVERS.

Initial here acknowledging the above _____

*√ if attached
N/A if not applicable*

| | | |
|---|---|--|
| 1 | Valid New Jersey Motor Vehicle Driver's License, copy of <u>front and back</u> | |
| 2 | Social Security Card | |
| 3 | Birth Certificate | |
| 4 | Form DD-214 Military Record, Member Copy 4 | |
| 5 | Discharge or separation papers from all military services | |
| 6 | Current year and two (2) previous years 1040 tax return (first two (2) pages only) black out all financial data fields | |

| | | |
|----|---|--|
| 7 | IRS Wage and Income Transcript, Form W-2 Wage and Tax Statement for current year and two (2) previous years - black out all financial data fields. <u>This is in addition item #6</u> | |
| 8 | Credit Report - current | |
| 9 | Bank statement summary page for debit/credit cards for the past three (3) months | |
| 10 | Current NJ Division of Motor Vehicle five (5) year drivers license abstract. If you lived or had an out of state license within the past five (5) years, also provide a copy of the other State's driver's license abstract. | |
| 11 | Current NJ Division of Motor Vehicle five (5) year address change history report. If you lived or had an out of state license within the past five (5) years, also provide a copy of the other State's drivers license address change history report. <u>The history report must be attached, even if you haven't had a change of address. This report is different than the abstract in #10 and must be included along with item #10.</u> | |
| 12 | Payroll check/pay stub for the last two (2) payrolls and two (2) from six (6) prior months | |
| 13 | Current mortgage statement, if you own your current residence | |
| 14 | Current lease/rental agreement, if you rent/lease your current residence. Please include landlord name, address and telephone number | |
| 15 | Last two (2) bills for gas, electric, water, home telephone and cable. <u>Must be attached for your current address regardless of the name on the account</u> | |
| 16 | Last two (2) bills for your personal cell phone. Must be attached for your current cell phone number regardless of the name on the account | |
| 17 | Marriage certificate | |
| 18 | Spouse and Children's birth certificates or adoption certificates | |
| 19 | Records of present debts, judgments, garnishes or civil lawsuits | |
| 20 | High School Diploma (with certified transcripts) or G.E.D. certificate | |
| 21 | Certified College transcripts & College Diploma (if graduated) | |
| 22 | Any public safety related certifications (i.e. police or fire academy, EMT etc) | |
| 23 | Selective Service Registration & Classification Card | |
| 24 | Registration certificates for all vehicles owned during the past three (3) years | |
| 25 | Insurance card for currently owned vehicle(s) | |
| 26 | Firearms ID Card | |

| | | |
|----|--|--|
| 27 | Pistol permits, Carry Permits and Records of Weapon Ownership | |
| 28 | Membership Cards (union, fraternal, social organizations) | |
| 29 | Naturalization Certificate | |
| 30 | Certified Court Transcripts from any trial court for any arrest in which the applicant was the defendant, upon request and/or as a condition of employment | |
| 31 | Records of divorce, annulment or legal separation | |
| 32 | Immunization record from high school, college or health care provider | |