



FAIR HAVEN POLICE DEPARTMENT

Date Application Submitted	FORMAL APPLICATION FOR EMPLOYMENT AS POLICE OFFICER
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Print:	Last Name	First	Middle
Current <u>Home</u> Address: Number		Street	
City	County	State	Zip Code
Current <u>Mailing</u> Address: Number (If different from above)		Street	
City	County	State	Zip Code
List any/all numbers needed to contact you:			
Home	Work	Cell	
E-mail(s)	Other		
Background Investigation Conducted by:			

Attention: Background Investigator

Do NOT make notes or writings of any kind in this application packet. Instead, use the supplied *Background Investigation Report*, which will be destroyed at the completion of the process.

Signature of Applicant (made in presence of investigator) Date

Investigating Officer (Print) Signature Date



INSTRUCTIONS - READ CAREFULLY PRIOR TO FILLING OUT APPLICATION

These instructions are provided as a guide to assist you in properly completing your Formal Application for Employment. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment and will continue to be used even after the applicant receives an appointment. A person commits a crime of the fourth degree if he makes a written false statement that he does not believe to be true (NJSA 2C:28-3). NJAC 4A:4-6.1(a)6 permits the removal of any eligible applicants name from an employment list, where an eligible applicant has made a false statement of any material fact, or attempted any deception or fraud, in any part of the selection or appointment process.

1. Your Formal Application for Employment should be printed, legibly, in ink. Answer all questions to the best of your ability. All phases of the application process, including the completion of this application are mandatory, if the applicant is to be considered for appointment.
2. If a question is not applicable to you, enter N/A in the space provided. **DO NOT leave any blank spaces.** Attach a separate sheet of paper any time you need additional space to fully answer a question. Each sheet should be placed immediately behind the one that requires the additional explanation(s).
3. Avoid errors by reading the directions carefully before making any entries on these forms. Be sure your information is correct and in proper sequence before you begin. You must account for all time periods.
4. When listing individuals, be sure that you provide the full identity of the individual with their full correct name, title, position, etc. Furthermore, you must provide complete home and/or business addresses. We will NOT attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers, zip codes, area codes, etc. It is your responsibility to provide complete and accurate information. Keep in mind that, in most cases, a response is required and responses such as "unknown", "unsure", etc. will not be acceptable.
5. An accurate and complete form will help to expedite your investigation. On the other hand, deliberate omissions or falsifications will result in disqualification [NJAC 4A:4-6.1(a)6]. Failure to return this application, properly completed, within the time specified, will result in removal of your name from further participation.



DISQUALIFIERS FOR EMPLOYMENT

As part of the background investigation and hiring process for the Fair Haven Police Department, there are certain disqualifiers which can result in the termination of the hiring process. This list includes, but will not be limited to, the following:

1. If you were ever convicted of an indictable offense or are presently under indictable conviction expungement, or if you are currently on probation or have ever been on probation at any time within the last 12 months in this State or any other State, or if you participated in a program of supervisory treatment or pretrial intervention for an indictable offense under N.J.S.A. 2C:43-12 or any out of state equivalent.
2. A conviction of any offense involving Domestic Violence, or if you are currently subject to a final domestic violence restraining order.
3. If you have been convicted of any offense involving a "controlled dangerous substance", or if you have possessed or used any other illegal drug or drugs other than those prescribed or provided by a physician or purchased over the counter including the use of anabolic steroids within the past (10) years, or if you have ever sold, or given an illegal drug to another person, or if you have ever manufactured an illegal drug at any time in your life.
4. A conviction of any offense involving public office, position, or employment (i.e., school board, township committee, etc.), or if you were terminated or asked to resign from a public office, position, or government employment for misconduct involving such public office, position, or employment.
5. If you were adjudicated to have committed an act of juvenile delinquency. "Juvenile Delinquency" here means the commission of an act, which, if committed by an adult, would constitute an indictable offense.
6. If you were adjudicated by a court or found by an employer to have violated any person's civil rights in this State or any other State.
7. If you have been convicted of driving while intoxicated or refusal two times, or once within five years in this State or any other State.
8. If your driving privilege is currently revoked or suspended in New Jersey or in any other State.
9. If you were dishonorably discharged from any branch of military service or law enforcement agency.
10. If you have ever renounced your United States Citizenship.

I certify and attest that none of the aforementioned disqualifiers apply to me.

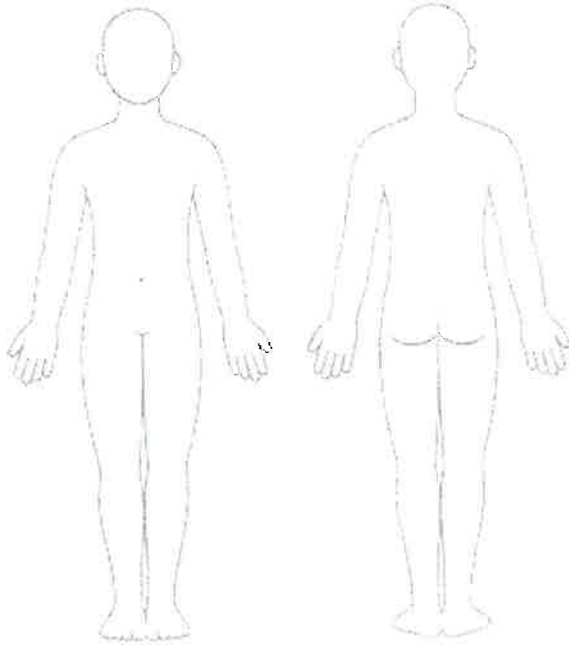
Name of Applicant

Signature

Date



8. List and describe next to each number any distinguishing scars, marks, or tattoos. Put the number on the corresponding body part.



1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____

9. Social Security No*. _____ State Issued _____

10. Driver's License No. _____ State Issued _____

11. List any/all e-mail addresses _____

I understand that I must provide my original birth certificate, voter identification card, Social Security Card, and Driver's License. All required and/or pertinent paperwork will be brought to the application review, where they will be reviewed by my investigator and copied for retention in my application packet.

Signature

Date

***Employers need social security numbers to comply with various tax and immigration laws and have no choice but to require it. (McCauley v. Salvaggio, et.al. No. 06-4089, 3rd Circuit, 2007)**



CITIZENSHIP

1. Are you a native born or naturalized citizen? _____

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

Country of birth _____

Port or place of departure to the United States

_____ Date _____

Port, or place of entry, into the United States.

_____ Date _____

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

First address after arrival. _____

How did you obtain citizenship? (Give details) _____

Petition number _____ Date _____ Court _____

State _____ Certificate number _____

4. Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?

Yes No

Proof of citizenship or immigration status will be required as part of this application process. On November 7, 2007, the U.S. Citizenship and Immigration Services (USCIS) issued a new version of the Employment Eligibility Verification Form (Form I-9). Employers are required to complete an I-9 for each new hire to verify the person's identity and work eligibility. Because they "lack features that help deter counterfeiting, tampering and fraud," these five documents have been eliminated from List A of "Acceptable Documents":

- | | |
|--------------------------------------|-----------------------|
| 1. Certificate of U.S. Citizenship | (Form N-560 or N-561) |
| 2. Certificate of Naturalization | (Form N-550 or N-570) |
| 3. Alien Registration Receipt Card | (I-151) |
| 4. Unexpired Reentry Permit | (Form I-327) |
| 5. Unexpired Refugee Travel Document | (Form I-571) |



RESIDENCE

1. Where do you now reside (Be very specific)

Number	Street	Floor/Apt. # (front, rear, east, west, etc.)
City	County	State
		Zip Code

2. **EXACTLY** how long have you resided at the above address? _____

3. If you reside with someone other than a spouse or parent list:

Name	Date of Birth	Occupation	SS #
------	---------------	------------	------

Place of employment _____

Address of employer _____

4. In chronological order, beginning with your present address, state each and every place in which you have lived as an adult.

From		To		Address (Street, Apt., City, State, Zip)
Month	Year	Month	Year	
		Present		



5. List all places where you have registered or voted: (if none, so state).

Town/County	State	Year	Town/County	State	Year

SOCIAL STATUS

1. Single _____ Married _____ Separated _____ Divorced _____ Widow/er _____

2. Give following information regarding marriage or marriages. Number of times married _____

When _____ Where _____ By Whom _____ Wife's Maiden/Husband's Name _____

3. If separated, state reason(s) _____

4. How many times were you legally or voluntarily separated? _____

5. Were you ever divorced or had a marriage annulled? Yes _____ No _____

If yes, how many times? _____

6. If separated or divorced, what is the present address of estranged spouse? _____

7. If ever separated, annulled or divorced, indicate below, and fill in **all** required information.

Separated, Annulled, Divorced	Date Issued	By Whom	Where Issued (Court & State)	Offending Party Decried By Law	Reason

8. Did your spouse (or former spouse) ever call the police on you for any reason? Yes _____ No _____

9. Have you ever been listed as the victim or defendant on any restraining order? Yes _____ No _____



10. List below every child born to you: (Include deceased, adopted and stepchildren)

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

11. Are you now supporting all of your children, including adopted, and stepchildren? Yes _____ No _____
If no, state full details.

12. Have you ever been involved as plaintiff or defendant in a paternity proceeding? Yes _____ No _____
If yes, state full details.

12. If single, list (at least one) past or present girlfriend / boyfriend:

Name	Address/Zip	Phone
Name	Address/Zip	Phone

14. Give the names of your father, mother (maiden name), sister(s), brother(s), spouse (If deceased, indicate):

Relationship	Name	Address	Occupation	Phone #



15. List names of three friends or associates **OTHER THAN VOUCHERS**:

1. _____
 Name Full Address/Zip

Date of Birth Occupation SS # Phone

2. _____
 Name Full Address/Zip

Date of Birth Occupation SS # Phone

3. _____
 Name Full Address/Zip

Date of Birth Occupation SS # Phone

18. List names of any friends or relatives who work for the Borough of Fair Haven any capacity.

Name(s)	Title/Position	Name(s)	Title/Position

19. List names of police officers employed within the County of Monmouth with whom you are **socially** or **personally** acquainted:

Name Address (if known) Department/Badge#



20. List any involvement in any professional, trade, business, civic activities, or any group that you may perform in a volunteer status (and offices held), such as: Reserve or Auxiliary Police, Police Explorer Programs (Boy Scouts), First Aid/Rescue, Fire Department, or any other.

I have included copies of any pertinent paperwork, awards, certificates, etc. and will submit them to my investigating officer at the time of my application review.

 Signature Date

EDUCATION

1. List chronologically (most recent dates first) **any and all** schools, colleges, or training courses (including police academies, EMT, etc.) which you have attended:

SCHOOL				EXACT ADDRESS	
FROM		TO		Day or Evening	Last Grade or Term
Month	Year	Month	Year		

SCHOOL				EXACT ADDRESS	
FROM		TO		Day or Evening	Last Grade or Term
Month	Year	Month	Year		

SCHOOL				EXACT ADDRESS	
FROM		TO		Day or Evening	Last Grade or Term
Month	Year	Month	Year		

SCHOOL				EXACT ADDRESS	
FROM		TO		Day or Evening	Last Grade or Term
Month	Year	Month	Year		



SCHOOL				EXACT ADDRESS	
FROM		TO		Day or Evening	Last Grade or Term
Month	Year	Month	Year		

2. What college degree(s) or professional license(s) do you now possess?

Majoring in _____ Grade point average (cumulative) _____

Total credits achieved toward degree _____

3. Other than English what language(s) do you:

Speak _____

Understand _____

4. List any problems with school, including college, such as absenteeism, tardiness, poor grades, or any other discipline problems.

Date	School	Problems	Explanation (brief)

I understand that I must immediately forward transcripts from all Colleges and High Schools attended and any fees for these transactions are my responsibility.

Further, I have attached copies of all diplomas received below.

 Applicant's Signature Date

FORWARD TRANSCRIPTS TO: Fair Haven Police Department
 35 Fisk Street
 Fair Haven, NJ 07704
 ATTN: Background Investigations



MILITARY SERVICE

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

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

Give details. _____

3. Branch of service _____ Military Specialty _____

4. Rank held _____ Service Serial # _____

5. Give period or periods of active service. From _____ To _____

From _____ To _____ From _____ To _____

6. How many discharges or separations from the service were given to you? _____

7. What is the type of your discharge(s) or separation(s) (honorable, dishonorable, honorable conditions, medical, etc.)? Be exact. _____

7a. Reason for above. _____

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

9. What was the nature of the change? Changed from _____ to _____

10. 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 details of charges, agency concerned, dates and dispositions. _____



11. 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 _____ Inactive _____
Branch _____ Regiment _____ Unit _____
Rank _____ Address _____
From _____ To _____

SELECTIVE SERVICE

1. Selective Service # _____ Local Board _____
Address _____
2. Last Classification _____ Date Classified _____

I understand that I must provide my original military DD-214 and my original Selective Service (Draft Registration) Card to my investigator. All required and/or pertinent paperwork will be brought to the application review, where they will be reviewed by my investigator and copied for retention in my application packet.

Applicant's Signature Date

EMPLOYMENT

1. Present Employer:

Name/Company Address City/State Phone
Date hired: _____ Job Title and Duties: _____

2. Are you now engaged in any business(s)? Yes _____ No _____ If yes, describe _____



3. List chronologically, from your **FIRST** job and then working **FORWARD**. We want to know each and every place you were previously employed, to include **all part-time employment**. OMIT NONE. Give correct, full addresses. Give dates of idleness between periods of employment in proper sequence.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
		Hourly Rate/Salary	
Telephone Number(s)		Starting	Final
Job Title	Supervisor		
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address			
		Hourly Rate/Salary	
Telephone Number(s)		Starting	Final
Job Title	Supervisor		
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address			
		Hourly Rate/Salary	
Telephone Number(s)		Starting	Final
Job Title	Supervisor		
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
	From	To	
Address			
		Hourly Rate/Salary	
Telephone Number(s)		Starting	Final
Job Title	Supervisor		
Reason for Leaving			



4. Have you ever resigned (quit), or were you ever discharged, or asked to resign, from any employment or did you ever resign (quit) while anticipating that your employer intended to discharge (fire) or take disciplinary action against you for any reason? Yes _____ No _____ How many times? _____ Give details below.

5. Have you ever been subjected to disciplinary action in connection with any employment? Yes _____ No _____ If yes, give details.

6. Have you ever been the subject of a citizen, client, or co-worker complaint? Yes _____ No _____ If yes, give details.

7. Have you previously made application with this **or any other** police, fire, or emergency services organization / agency? Yes _____ No _____

List ALL; use back of this page or separate sheet if necessary.

Where When Present Status of Application

8. Considering the Departments that you listed above, please indicate in order where you would like to work.

First choice:

Second choice:

Third choice:

Fourth choice:

(Continue as needed)



9. Have you ever been rejected for employment by any police department? Yes _____ No _____
Where _____ When _____ Why _____

10. Were you ever a member of a social, labor, or fraternal organization? Yes _____ No _____
 If yes, list below every such organization.

From		To		Name of Organization	Address	Type of Organization
Mo.	Yr.	Mo.	Yr.			

GENERAL

1. (a) Have you any loan, debt, garnishee, wage assignment, or judgment pending against you?
 Yes _____ No _____ If yes, give details below.

Type: Loan, Garnishee, Judgement, etc.	With Whom Name & Address	When Incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears

(b) Have you ever received a student loan from a governmental or private agency?
 Yes _____ No _____ If yes, give details as to the status of the loan. _____

(c) Did you ever default on such loan? Yes _____ No _____ If yes, give details. _____



FINANCIAL HISTORY

1. What is your present salary or wage? _____
 What is your spouse's salary or wage? _____
2. Do you have income from any source other than your principal occupation? Yes _____ No _____
 If yes, how much? _____ How often? _____
 Name the Source? _____
3. Do you own any real estate? Yes _____ No _____
 Value _____ Where located _____

4. **FINANCIAL OBLIGATIONS:** Give the names and addresses of the individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debts and payments. .

Type	Name, Address and Phone # of Creditor	Reason for Debt or Item Purchased	Total Balance	Monthly Payment
TOTAL				

I understand that I must provide a recent copy of my financial history to my background investigator.

Applicant's Signature
Date



ARRESTS, SUMMONSES, ETC.

1. Have you ever been arrested for, or charged with, Juvenile Delinquency in this State or anywhere else?

Yes _____ No _____ If yes, insert information below:

Date	Age	Violation Actual Charge	Location	Charge Reduced To:	Court Disposition or Sentence	Police Agency Concerned

2. Have you ever been summoned, subpoenaed, requested, or otherwise required to testify before any municipal, state or federal agency, committee or other investigative body? Yes _____ No _____
If yes, give details.

3. Have you ever received a summons for any violation of the fish and game laws? Yes _____ No _____
If yes, insert information below:

Date	Violation	Location	Court Disposition	Your age at time	Police Agency Concerned

4. Have you ever been arrested for, or charged with, a violation of any State's Disorderly Persons Act or any City Ordinance even if you were later found "not guilty"? Yes _____ No _____
If yes, insert information below:

Date	Violation	Location	Court Disposition	Your age at time	Police Agency Concerned

5. Have you ever been arrested (even if you were later found "not guilty"), indicted, or convicted for any violation of criminal law in this or any other State? Yes _____ No _____
If yes, insert information below:

Date	Violation	Location	Court Disposition	Your age at time	Police Agency Concerned



6. Do you now associate, or have you ever associated, with any known felon in any capacity whatsoever?
Yes _____ No _____ If yes, give details.

7. Have you ever been INVOLVED in an incident of Domestic Violence in ANY capacity?
Yes _____ No _____ If yes, give details.

8. Have you ever had a criminal or arrest record expunged? Yes _____ No _____ If yes, give details.

9. Have you ever been held as a material witness? Yes _____ No _____ If yes, insert information:

Date	Violation	Location	Court Disposition	Your age at time	Police Agency Concerned

10. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason? Yes _____ No _____ If yes, insert information below:

Date	Violation	Location	Court Disposition	Your age at time	Police Agency Concerned



11. Excluding your present application with this Department, have you ever been fingerprinted?

Yes _____ No _____ If yes, fill in the following:

When _____ Where _____ Purpose _____

12. Have the Police ever been called to any home or residence to which you have ever resided?

Yes _____ No _____ If yes, give details.

13. Have you ever experienced any of the following circumstances by any police / law enforcement agency, college / university or campus police or security agency? (Initial ALL that apply in spaces provided)

Arrested [] Interviewed [] Detained [] Indicted [] Convicted []
 Received a summons [] Received a Civil Citation [] None of these apply []

If checked, explain in detail below giving date, reason, agency, and disposition:

14. Were you or your spouse ever summoned or subpoenaed to court in a civil action or proceeding in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction?

Yes _____ No _____ Indicate below every civil action or proceeding in which you or your spouse were a party and also the contingent possibilities as described above.

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, Respondent or Witness	Court Disposition



15. Have you ever used, ingested, experimented, tasted, and/or possessed any narcotics/controlled dangerous substance (CDS) not prescribed by a physician?

Yes _____ No _____ If yes, explain in detail supplying reasons, dates, location, method of use, etc.

16. Have you ever associated with, or are related to, or had/have an ongoing relationship with anyone you suspected or knew was/is a seller or distributor of narcotics/controlled dangerous substances?

Yes _____ No _____ If yes, explain:

17. Have you ever been present when illegal drugs/narcotics/CDS were used, sold, possessed, or delivered?

Yes _____ No _____ If yes, explain in detail supplying reasons, dates, location, method of use, etc.

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 the government of the United States by unconstitutional or unlawful means?

Yes _____ No _____

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

Yes _____ No _____

3. Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know, or have reason to believe are, or have been, members of any organization or groups described in question 1 above?

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 1 above, 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?

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, or project sponsored or organized by any organization or group described in question 1 above?

Yes _____ No _____

(b) Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 1 above?

Yes _____ No _____

(c) Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in question 1 above, or by any of its agents?

Yes _____ No _____

(d) Purchased or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 1 above, or any of its agents?

Yes _____ No _____

6. If you answered YES to any of the above questions, please explain in detail.

MOTOR VEHICLE HISTORY

1. Motor Vehicle Drivers License No. _____ State _____

2. Do you now, or did you ever at any time, possess a drivers license in any other state for any reason?

Yes _____ No _____ License No. _____ State _____

3. Have you **ever received** a summons for violation of the Motor Vehicle Laws in this or any other state even if you were later found to be "not guilty" of the violation and whether it appears on your driving record or not?

Yes _____ No _____ If yes, insert information below:

Date	Offense	Location	Court Disposition	Your age at time	Police Agency Concerned



4. Fill in below for all vehicles registered to you:

License Plate No.	State	Make	Type	Color

5. Was your Motor Vehicle Registration Certificate, Driver's license, or other vehicle operator's license ever revoked or suspended?

Yes _____ No _____ Suspended? Yes _____ No _____ If yes to either, which license(s):

When? _____ Where? _____

Why? _____

6. If answer to previous question is "yes", was Registration Certificate or Driver's License restored?

Yes _____ No _____ When? _____ Where? _____

7. Have you ever been involved in a motor vehicle accident either as a registered owner, operator, passenger, or pedestrian, which resulted in any personal injury or property damage to you or to anyone else, whether or not the accident was your fault?

Yes _____ No _____ If yes, give details: _____

8. List the name and address of the company that carries your auto insurance:

Policy Number: _____

9. Has your auto insurance ever been cancelled, revoked, refused, or denied in this State or any other State for non-medical reasons? Yes _____ No _____ If yes, explain.



OTHER INFORMATION

1. Other Qualifications. Summarize special job-related skills and qualifications acquired from employment or other experience.

2. Specialized skills.

Terminal
 PC/MAC
 Typewriter

Spreadsheet
 Word Processing
 Shorthand

Production/Mobile
Machinery (list)

Other (List)

3. State any additional information that you feel may be helpful to use in considering your application.

4. Have you ever possessed any pistol, firearm, firearms ID Card or dealer's license in this or any other State?

Yes _____ No _____ Permit # _____

Dealer's license # _____

Issuing agency _____

I am stapling any and all copies of the above to the back of this sheet.

Applicant's Signature

Date

5. Has any agency ever refused you such a permit or license? Yes _____ No _____ If yes, give details:

CONCLUDING QUESTION

1. With regards to this entire Application Packet, do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for this position, 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 or otherwise.

Yes _____ No _____ If yes, give full and complete details below.



THREE VOUCHERS

Upon completion of this form, the applicant must obtain three reputable citizens who will vouch for the honesty, reputation and ability of the applicant.

Vouchers cannot be sworn members of the Fair Haven Police Department or persons listed in any other section of this application packet.

The voucher should carefully read all statements made by the applicant in this packet. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

.....

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

I understand that all information will be treated as confidential and will, upon request, give further facts concerning the applicant as I may possess.

VOUCHER ONE (Please Print)

Last Name			First			Middle		
Mailing Address: Number			Street			City		
County			State			Zip Code		
Phone Number:			Date of Birth:			Social Security No.:		
Business Address:			Occupation (optional):					

Signature

Date



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VOUCHER TWO (Please Print)

Last Name			First			Middle		
Mailing Address: Number			Street			City		
County			State			Zip Code		
Phone Number:			Date of Birth:					
Business Address:			Occupation (optional):					

Signature

Date



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VOUCHER THREE (Please Print)

Last Name	First	Middle
Mailing Address: Number	Street	City
County	State	Zip Code
Phone Number:	Date of Birth:	
Business Address:	Occupation (optional):	

Signature

Date



NOTARIZED SIGNATURE OF APPLICANT

STATE OF NEW JERSEY.....) ss.
COUNTY OF MONMOUTH.....

I, (Applicant's Name) _____ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each and every answer is full, true, and correct in every respect.

I acknowledge that the Fair Haven Police Department shall rely upon the information contained herein as being complete, accurate, and truthful. I hereby certify that all of the foregoing information submitted and statements made by me are true. I am aware and understand that if any of the foregoing information submitted or statements made by me are willfully false, I am subject to punishment pursuant to the criminal laws of the State of New Jersey.

Sworn to before me this _____
Day of _____ 20 _____

Applicant Signature (signed in presence of Notary)

Notary Public

DO NOT WRITE BELOW THIS LINE



FAIR HAVEN POLICE DEPARTMENT
35 FISK ST. FAIR HAVEN, NJ 07704

Authority to Release Information:

To Whom It May Concern:

I hereby authorize any Police Officer or authorized representative of the Fair Haven Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my criminal history record, employment records or educational records including, but not limited to, achievement, attendance, personal history, and disciplinary records; medical records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Fair Haven Police Department. Consent is granted for the Fair Haven Police Department to furnish such information, as is described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital, or other repository of medical records, credit bureau or consumer reporting agency, 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. Should there be any questions to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Print) (First) (Middle) (Last)

Full Name: _____
(Signature)

Current Address: _____

Witnessed By: _____

Sworn and subscribed to before me, at _____ on _____
Signature of Notary: _____