



BOROUGH OF OCEANPORT
POLICE DEPARTMENT

MICHAEL P. KELLY
CHIEF OF POLICE

MICHAEL S. CHENOWETH
CAPTAIN

MICHAEL FAGLIARONE
LIEUTENANT

APPLICANT PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: _____

Pre-Employment Background Investigation Information

Any misstatement of fact, omissions or attempt to mislead this agency, investigators representing this agency or the appointing authority, deliberately or in error, may lead to your disqualification. This application must be typewritten or clearly printed in black ink and all information must be filled in. If any requested data does not apply to you, indicate by entering "N/A." Initial the bottom of every page in the space indicated, as you complete that page. Read each page of the application carefully and ensure that you are entering information correctly and as requested. Attach any additional pages at the end of the application. If additional pages are added indicate the page and question number they are an addition to.

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell Phone #: _____

E-mail Address: _____ Driver's License #: _____

Social Security #: _____ Date of Birth: _____ Place of Birth: _____

Age: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars, Marks, Tattoos (Describe tattoo and specific location):

Do you Speak a foreign language? _____ If yes, which one(s): _____

Have you used any other name, date of birth, social security number or driver's license number: _____

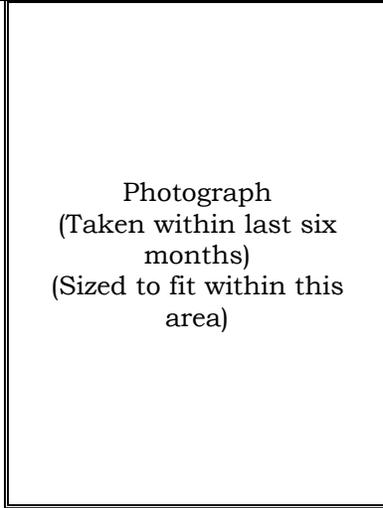
If yes, attach statement indicating what information was used and the reason.

BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: _____

Police Academy Attended: _____

Police Academy Completion Date: _____ Certification Received: _____



CITIZENSHIP

Are you a native born or naturalized citizen? Native born: _____ Naturalized: _____

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

Country of Birth: _____

Port or place of departure to the United States: _____

Date of entry into the United States: _____

If you are a naturalized citizen, please provide the name and address of the person who sponsored you on arrival:

How did you obtain citizenship? (Give details) _____

Petition number: _____ Date: _____

Court: _____ State: _____ Certificate number: _____

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List in order, beginning with the most recent, all prior places of residence within the last 20 years:

Date from: _____ Date to: _____
Street address: _____ Apt. Number: _____
City: _____ State: _____ Zip Code: _____
With whom did you reside: _____

Date from: _____ Date to: _____
Street address: _____ Apt. Number: _____
City: _____ State: _____ Zip Code: _____
With whom did you reside: _____

Date from: _____ Date to: _____
Street address: _____ Apt. Number: _____
City: _____ State: _____ Zip Code: _____
With whom did you reside: _____

If you have lived at additional locations, insert information pertaining to those residences on a separate sheet of paper and attach at the end of this form.

If you reside with or have resided with someone other than a spouse, parent or sibling, list each below, providing the required information and indicate at which residence this occurred:

Name: _____ Date of Birth: _____ Relationship: _____
Phone: _____ Occupation: _____ Social Security #: _____
Place of Employment: _____
Current Address: _____

Name: _____ Date of Birth: _____ Relationship: _____
Phone: _____ Occupation: _____ Social Security #: _____
Place of Employment: _____
Current Address: _____

BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: _____

Name: _____ Date of Birth: _____ Relationship: _____

Phone: _____ Occupation: _____ Social Security #: _____

Place of Employment: _____

Current Address: _____

List all places where you registered to vote: (If none, so state)

<u>City</u>	<u>County</u>	<u>State</u>	<u>Year</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOCIAL STATUS

Name of Spouse/Partner (if applicable): _____

Maiden Name: _____ Date of Birth: _____

Status of marriage or domestic partnership:

If applicable, status of previous marriage(s) or domestic partnership(s):

Have you ever been named as a party of a domestic violence incident? _____

If "Yes," state, attached page detailing the date, location, party involved and the outcome of the action.

Have you ever been involved as a plaintiff _____ or a defendant _____ on a restraining order _____?

If "Yes," state, attached page detailing the date, location, party involved and the outcome of the action.

Were you ever the parent of a child either natural or by legal adoption? _____

List Below every child either born to you or legally adopted, including step-children:

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
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Have you ever been involved as a plaintiff _____ or a defendant _____ in a paternity proceeding? _____
If "Yes," state, attached page detailing the date, location, party involved and the outcome of the action.

Family information: Father, Mother, Brothers, Sisters (If deceased, please indicate):

Father: _____ Living? _____ Occupation: _____
Address: _____
Telephone: _____

Mother: _____ Living? _____ Occupation: _____
Address: _____
Telephone: _____ Maiden Name: _____

Brother/Sister: _____ Occupation: _____
Address: _____
Telephone: _____ Married? _____

Brother/Sister: _____ Occupation: _____
Address: _____
Telephone: _____ Married? _____

Brother/Sister: _____ Occupation: _____
Address: _____
Telephone: _____ Married? _____

List names of three close friends and/or associates, other than references:

Name: _____ Age: _____ Telephone: _____
Address: _____

Name: _____ Age: _____ Telephone: _____
Address: _____

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Pre-Employment Background Investigation Information Name: _____

Name: _____ Age: _____ Telephone: _____

Address: _____

Provide three references with whom you personally have been socially or professionally acquainted for at least three years and who will vouch for honesty, reputation and ability of the applicant. **REFERENCES MAY NOT BE, A FAMILY MEMBER, MEMBERS OF THIS DEPARTMENT OR AN EMPLOYEE OF THE BOROUGH OF OCEANPORT.**

Name: _____ Age: _____ Telephone: _____

Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Telephone: _____

Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Telephone: _____

Address: _____

Occupation: _____ Duration of association: _____

EDUCATION

List chronologically (most recent date first, ending with grade school) all schools/colleges/trade schools that you have attended (Continues on next page).

If needed, attached a separate sheet:

School: _____ From: _____ To: _____

Address: _____

Grade levels attended: _____

School: _____ From: _____ To: _____

Address: _____

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Pre-Employment Background Investigation Information Name: _____

Grade levels attended: _____

School: _____ From: _____ To: _____

Address: _____

Grade levels attended: _____

School: _____ From: _____ To: _____

Address: _____

School: _____ From: _____ To: _____

Address: _____

School: _____ From: _____ To: _____

Address: _____

Degree(s) or Certification(s) Received?

If no degree received, how many credits have you completed? _____

List any problems you had while attending school (absenteeism, tardiness, poor grades, other discipline problems), including college:

<u>School</u>	<u>Date or Year</u>	<u>Problem(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY SERVICE

Have you ever served on active duty in any military organization of the United States? _____

If yes, what organization? _____ From: _____ To: _____

Highest rank held: _____ Type of discharge received: _____

What was your military specialty? _____

Have you ever served in a Reserve military organization or National Guard Unit? _____

If yes, what organization? _____ From: _____ To: _____

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Pre-Employment Background Investigation Information Name: _____

Highest rank held: _____ Type of discharge received: _____

What was your military specialty?

EMPLOYMENT HISTORY

Present Employer: _____

Address: _____

Telephone: _____ Immediate Supervisor: _____

Date hired: _____ Duties: _____

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

If "Yes," give details: _____

List below chronologically; most recent dates first, each and every place you were previously employed since the age of 16. **OMIT NONE**. Give correct, full addresses. Give dates of idleness between periods of employment in proper sequence. (Include all part-time employment.) (Indicate Month and Year for dates.)

Employer: _____ From: _____ To: _____

Address: _____

Immediate Supervisor: _____ Reason for Leaving: _____

Job Description: _____

Employer: _____ From: _____ To: _____

Address: _____

Immediate Supervisor: _____ Reason for Leaving: _____

Job Description: _____

Employer: _____ From: _____ To: _____

Address: _____

Immediate Supervisor: _____ Reason for Leaving: _____

Job Description: _____

Employer: _____ From: _____ To: _____

Address: _____

Immediate Supervisor: _____ Reason for Leaving: _____

Job Description: _____

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GENERAL

Do you use any tobacco or nicotine products? _____ If "Yes," how frequently: _____

Do you consume any alcoholic beverage? _____ If "Yes," how frequently: _____

Quantity: _____ How would you describe your use of alcoholic beverages? _____

ARRESTS, SUMMONS, ETC.

Have you ever been arrested, charged or detained as a Juvenile Delinquent? _____ If "Yes," give details below (attached additional page if needed):

Date: _____ Age: _____ Violation: _____

Location: _____ Police Agency: _____

Court Disposition: _____

Sentence: _____

Date: _____ Age: _____ Violation: _____

Location: _____ Police Agency: _____

Court Disposition: _____

Sentence: _____

Have you ever been **arrested** for, or **charged with**, any indictable crime or felony, any disorderly person's offense, petty disorderly person's offense, non-indictable crime, misdemeanor or city/borough/local ordinance? _____ If "Yes," give details below (attach additional page if needed):

Date: _____ Age: _____ Violation: _____

Location: _____ Police Agency: _____

Court Disposition: _____

Sentence: _____

BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: _____

When: _____ Where: _____ Purpose: _____

When: _____ Where: _____ Purpose: _____

When: _____ Where: _____ Purpose: _____

SUBVERSIVE AFFILIATIONS

The following questions are in regards to groups, organizations, movements or associations which advocate violence or the overthrow of our constitutional form of government, or which seek to alter the form of government of the United States by unconstitutional or unlawful means; or who's purpose and intent is to unlawfully deny or circumvent the civil rights of any person in United States.

Are you now, or have you ever been, a member of any organization or group as describe above?

Are you now, or have you ever been, affiliated or associated with any organization or group as described above? _____

Are you now associating with, or have you ever associated with any individuals, including relatives, who you know or have reason to believe, or have been, members of any organization or group as described above? _____

Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described above, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with an organization or group as described above? _____

Have you ever participated in any of the following activities:

Attendance or participation in any parade, picket line, delegation, demonstration, affair, or project sponsored or organized by any organization or group as described above? _____

Payment or collection of any money, dues, contributions, or donations to any organization or group as described above? _____

Sale or distribution of any written or printed matter prepared, reproduced or published by an organization or group as described above or by an agent of an organization or group as described above? _____

Purchased or subscribed to any publication or periodical prepared, reproduced, or published by a group or organization as described above or an agent of any organization or group as described above? _____

If you answered "Yes" to any of the above questions, explain in detail: _____

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MOTOR VEHICLE HISTORY

Have you ever received a summons for any violation, excluding parking violations, of the Motor Vehicle Laws in this or any other state? _____ If "Yes," give details below:

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

Date: _____ Offense: _____ Location: _____

Police Agency: _____ Court Disposition: _____

Was your Motor Vehicle Registration, Driver's License or other vehicle operator's license ever revoked? _____ Suspended? _____ If "Yes," to either or both, give details below:

Which License? _____ When? _____ Where? _____

Why? _____

Was your registration or driver's license ever restored? _____ If "Yes," give details below:

When? _____ Where? _____

Have you ever been involved in a motor vehicle accident as a registered owner, operator, passenger or pedestrian, which resulted in property damage or personal injury to you or someone else? _____

If "Yes," give details including date, location and police agency: _____

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Provide the following information for all of the following that you currently possess or have ever possessed in this or any other State:

Motor Vehicle Driver's License

State: _____ License Number: _____ Expires: _____

Restrictions: _____

Name issued to if different from applicant's current name: _____

State: _____ License Number: _____ Expires: _____

Restrictions: _____

Name issued to if different from applicant's current name: _____

Commercial Vehicle Driver's License

State: _____ License Number: _____ Expires: _____

Type: _____ Restrictions: _____

Name issued to if different from applicant's current name: _____

Boat Operator's License

State: _____ License Number: _____ Expires: _____

Restrictions: _____

Name issued to if different from applicant's current name: _____

FAA Pilot's License

Type: _____ License Number: _____ Date issued: _____

Bi-annual due (year): _____ Restrictions/Conditions: _____

Name issued to if different from applicant's current name: _____

Do you currently or have you, within the past five years, owned or leased a motor vehicle, boat or aircraft of any kind? _____ If "Yes," give details below:

Type: _____ Registration Number: _____ State: _____

Make: _____ Model: _____ Year: _____ Presently Owned: _____

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Pre-Employment Background Investigation Information Name: _____

Type: _____ Registration Number: _____ State: _____

Make: _____ Model: _____ Year: _____ Presently Owned: _____

Type: _____ Registration Number: _____ State: _____

Make: _____ Model: _____ Year: _____ Presently Owned: _____

List the name, address and policy number of the company(ies) which carries your auto or other type of craft insurance:

Has your auto or other type of craft insurance ever been revoked or refused? _____

If "Yes," give details: _____

OTHER INFORMATION

List below all civic and social organizations of which you have been a member of within the last five years:

List below all volunteer or community activities you have engaged in within the last five years. Provide the name and address of the sponsoring organization or group and a description of the activities performed:

Do you possess expertise or competence in a particular trade, skill or technology? _____

If "Yes," briefly describe: _____

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What hobbies and/or sports do you engage in? _____

NOTE: If there is any other information which may be relevant, directly or indirectly, that this agency should have knowledge of in order to conduct a thorough background investigation of you, as a candidate for employment in this agency, or insufficient space was provided to complete any answer, you are required to add this additional information on a separate sheet(s).

Indicate the page number and question the added information applies to. Attach any additional pages at the back of this form. Indicate below the total number of additional pages attached.

You are reminded that any false or deliberate misstatement of facts can result in your disqualification for employment by this agency.

Number of Additional Pages Attached: _____

I, DECLARE that I am the above named person. I personally read and entered 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.

BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information *Name:* _____

Applicant Signature:

Date: