Important Notice to Applicants

The Camden County Police Department conducts background investigations on all potential employees to determine their suitability for employment. The information that is requested in this booklet is necessary in order to complete these background investigations. We may not be able to offer you employment if you fail to answer any question completely and honestly. The information that you provide is confidential and will be used for employment purposes only, however, if necessary, your information may be shared with other entities as it relates to your background investigation.

The Camden County Police Department is committed to a policy of equal opportunity for all prospective and current employees and does not discriminate regardless of race, creed, color, religion, sex, age, national origin or disability.

The selection process for a Police Officer Candidate is an extremely competitive endeavor that requires our agency to identify only the most highly qualified applicants for consideration for employment. You must understand that there are an overwhelming number of highly qualified applicants that you will be competing against for a limited number of position vacancies within this department. Our community expects and demands that we employ only those individuals who possess the highest degree of integrity.

The completion and submission of this application booklet is an important step in a thorough and lengthy employment selection process. These steps include a comprehensive background investigation, and an optional oral review board. Following a conditional offer of employment, you will be required to take a full medical and psychological examination.

All questions contained within this booklet must be completed honestly, accurately and thoroughly. The information that you provide will be carefully analyzed and evaluated to determine your suitability for employment. Do not withhold any information, whether you think that it is important or not. This agency will decide the importance of the information that you have provided. The omission of information and or any deception will not be tolerated and will be justification to remove you from consideration.

While completing the application booklet and when listing individuals and or places of employment, be sure that you provide the full name and identity of the individual or business with their title, position, complete home and or business addresses and any other applicable information. We will not attempt to determine correct spellings, street numbers, apartment numbers, telephone numbers, zip codes or area codes. It is your responsibility to provide complete and accurate information.

If during any phase of your employment, application or selection process, you have any contact of an investigative or prosecutorial nature with any law enforcement officer or agency, you are required to immediately notify the Applicant Unit or your background investigator.

If you have any questions about the application or selection process or need clarification regarding the application booklet, please contact the Applicant Office or your background investigator.

CAREFULLY REVIEW THE INSTRUCTIONS PRIOR TO BEGINNING THIS APPLICATION/PERSONAL HISTORY STATEMENT

Instructions for the Proper Completion of this APPLICATION FOR EMPLOYMENT PERSONAL HISTORY STATEMENT & QUESTIONNAIRE

The position of **Police Officer** is one of tremendous responsibility and trust. In order to assist you in the application process it is imperative that complete, proper and accurate information is supplied to the Camden County Police Department. Your application process will be placed in jeopardy if you supply inaccurate or incomplete information. All information contained within this application will be kept confidential and will remain a part of your official record.

All applications must be completed and mailed to the address below. Any alterations to this application or delays in returning this application will void your status. **Applications must be postmarked no later than December 1, 2012.**

Attn: Applicant Investigation Unit
Camden County Police Department
6 Collier Drive, Lakeland Complex
Blackwood, N.J. 08012

1. You must answer all questions that pertain to you. Use N/A (Not Applicable) for those questions that do not apply to you.

2. You must completely answer all questions. Failure to answer questions completely will delay the application process and may void your status.

3. In those questions that require you to identify a jurisdiction where a judgment or legal proceeding took place, the city and state cannot be abbreviated.

4. All responses in this application **must** be completed in your own handwriting. ***Use blue ink!*** The use of a pencil is not authorized. Typed print or other means of electronic printing is not authorized.

5. If you require additional room to answer question(s), please do so in the ***Additional Information Section*** of this application. If more space is required, please use and attach lined paper for your responses.

6. Each page must be signed and dated by you.

PREVIOUS LAW ENFORCEMENT EXERIENCE INFORMATION

1. _____
LAST NAME FIRST NAME MIDDLE NAME

2. _____
STREET ADDRESS CITY/STATE/COUNTY ZIP CODE

3. Date of Birth: _____ / _____ / _____ Telephone Number: _____
MONTH DAY YEAR W/ AREA CODE

4. Are you presently a BCPO certified police officer in New Jersey? ☐ YES ☐ NO

5. If the answer to Question 4 is Yes, enter dates of employment:
from_____/_____/_____ to _____/_____/_____
MONTH DAY YEAR MONTH DAY YEAR

6. Are you a former New Jersey full-time Police Officer? ☐ YES ☐ NO

7. If the answer to Question 6 is Yes, enter dates of employment:
from_____/_____/_____ to _____/_____/_____
MONTH DAY YEAR MONTH DAY YEAR

8. Are you a laid-off New Jersey full-time Police Officer? ☐ YES ☐ NO

9. If the answer to Question 8 is Yes, enter dates of employment:
from_____/_____/_____ to _____/_____/_____
MONTH DAY YEAR MONTH DAY YEAR

10. Are you a graduate of NJ Alternate Route Basic Police Officers Program? ☐ YES ☐ NO

11. If the answer to Question 10 is Yes, enter date of graduation: _____/_____/_____.
Which police academy did you graduate from? _____ MONTH DAY YEAR

12. Have you completed the Basic Course for SLEO Class II? ☐ YES ☐ NO

13. If the answer to Question 12 is Yes, enter date of graduation: _____/_____/_____
Which Police Academy did you graduate from? _____ MONTH DAY YEAR

14. Have you successfully completed police officer training in another state, or trained for federal law enforcement service? ☐ YES ☐ NO

15. If the answer to Question 14 is Yes, enter date of graduation: _____/_____/_____
What is the name of the training course? _____ MONTH DAY YEAR
State/Agency? _____ (*Please attach certificate of completion and documentation describing the curriculum).*

16. Are you currently serving as a police officer in another State? ☐ YES ☐ NO

17. If the answer to Question #16 is Yes, enter dates of employment: from ____/____/____ to ____/____/____; Name of Agency/State _____; Title_____
MONTH DAY YEAR MONTH DAY YEAR

DOCUMENT CHECKLIST

The following original documents must be provided as part of the pre-employment investigation for the position of police officer. If you cannot provide the applicable document(s) listed here, a detailed explanation concerning the reason(s) the document(s) is (are) missing must be supplied. A lack of sufficient explanation for the missing document(s) will void this application. Initial the appropriate space indicating that the required document has been supplied. If the document does not apply, indicate by N/A. Missing documents will delay the application process. These documents must be submitted at your first scheduled appointment with the Application Investigations Unit. At that time, the original documents will be examined, copies will be made, and the original documents will be returned to you.

- _____ Birth Certificate with raised seal
- _____ N.J. Driver's License
- _____ Out of State Driver's License(s)
- _____ High School Diploma/GED Certificate
- _____ College Transcripts. (All courses must be included)
- _____ Military Service Records (DD 214) and Discharge
- _____ Marriage Certificate with raised seal
- _____ Court Orders:
  - Certified Divorce Decree
  - Name Change(s)
  - Adoption(s)
  - Civil or criminal court orders or dispositions
  - Bankruptcy order(s)
  - Ex Parte orders
- _____ Trade or Professional License(s)
- _____ Police Training Commission Certificate
- _____ Other Police/Law Enforcement Training Certificates and Transcripts
- _____ U.S. Citizenship (Naturalization) Papers
- _____ Professional Certificates, Awards, Commendations, etc. pertinent to employment as a police officer
- _____ Passport
- _____ Firearms ID Card and Firearm Permits
- _____ Social Security Card
- _____ Current Resume

**Please bring official high school diploma to the first appointment with your assigned background investigator.*

SUPPLEMENTAL INSTRUCTIONS

1. You must supply three (3) personal references.

2. Your references must be persons that know you and can attest to your character, ability, work and/or study habits, and your residency. Blood relations, current and former employees of the Camden County Police Department, or current or former County of Camden elected officials or politicians cannot be used as references for this purpose.

3. This application shall be used to record applicants for employment with the Camden County Police Department and is specifically for applicants who wish to be considered for employment as a sworn police officer.

4. Applicants must complete the attached Sagem Morpho form, make an appointment with any Sagem Morpho site and complete the fingerprinting process. Background record results must be forwarded directly to the Camden County Police Department, 6 Collier Drive, Lakeland Complex, Blackwood, NJ 08012.

NOTICE TO APPLICANT

Any candidate who makes a false statement, purposeful omission, misrepresentation or concealment of a material fact, or who practices, attempts to practice any deception or fraud in securing eligibility for appointment, or any candidate who provides answers contrary to official records, will be rejected from the application process and will be disqualified for eligibility.

Information obtained in this regard will be forwarded to the New Jersey Civil Service Commission and will remain with the candidate's file. Discovery of the aforementioned after a candidate has been appointed to the Camden County Police Department will be cause and justification for dismissal from the department.

APPLICANT SCREENING AND SELECTION PROCESS

There is a progression of steps, which must be successfully completed and met before advancing to the next step. Applicants will be notified after each step whether they will be permitted to continue in the selection process.

1. Application and questionnaire
2. Driving Record and verification of valid driver's license
3. Physical Certification by Physician
4. Employment Application
5. Personal/Law Enforcement Interview
6. Background Investigation (including criminal history background check)
7. Conditional offer of employment
8. Psychological examination
9. Medical examination
10. Offer of employment

Dates, times and locations will be announced as you progress from step to step.

POSITION(S) APPLYING FOR

Please check the positions you wish to be considered for:

POLICE OFFICER ☐ SERGEANT ☐ LIEUTENANT ☐ CAPTAIN ☐
OTHER ☐ _____

MINIMUM REQUIREMENTS FOR EACH POSITION ARE LISTED ON PAGE 6-7

REQUIREMENTS FOR <u>POLICE OFFICER</u> POSITION:

EDUCATION:

Graduation from a high school or vocational high school or possession of an approved high school equivalent certificate.

AGE:

Not less than 18 years of age at the announced closing date for filing applications for the position.

NOTE: Appointees who have not completed New Jersey's Basic Police Officer Program will be required to successfully complete a training program mandated by the New Jersey Police Training Commission within 12 months of appointment. Such training includes successful attainment of a satisfactory level of proficiency in the use of firearms. In addition, appointees must successfully complete agency training and a field training program.

LICENSE:

Appointees will be required to possess a driver's license valid in New Jersey.

SPECIAL QUALIFICATIONS:

NOTE: Appointees to this position must successfully qualify semi-annually in the use of firearms.

CITIZENSHIP:

Must be a citizen of the United States.

MEDICAL EXAMINATION:

As a prerequisite for appointment, appointees may be required to pass a thorough medical and psychiatric examination to be administered by the appointing authority. Any psychological, medical or physical condition or defect which would prevent efficient performance of the duties of the position, cause the appointee to be a hazard to himself/herself or others, or become aggravated as a result of performance of these duties, will be cause for rejection.

DRUG TESTING:

Drug screening through urinalysis is mandatory during pre-employment and again during training. A positive confirmation of the presence of illegal drugs in the applicant's urine, including steroids, will result in: (1) Rejection for employment; (2) Inclusion of applicant's positive testing in a central registry maintained by N.J.S.P. which information will be available through court order or should applicant again apply for future law enforcement employment; and (3) a bar from obtaining sworn law enforcement employment for a period of two years from the date of a positive confirmation test.

BACKGROUND INVESTIGATION:

Applicant must satisfactorily pass a thorough background investigation, including but not limited to inquiries with the F.B.I., State Police, Local Police, Schools, Credit Bureau, Motor Vehicle Division, Military, Previous Employers, Family, Neighbors, and References etc.

RESIDENCY:

Applicant must be a resident of the State of New Jersey at time of appointment.

APPOINTMENT:

After completing testing and prior to appointment, the applicant must withdraw from consideration for employment from any other law enforcement agency and provide documentation of same. Also, the applicant must not be on a leave of absence from any law enforcement agency.

There is a progression of steps, which must be successfully completed and met before advancing to the next step in the process. The steps serve to measure the ability of the applicant and whether the applicant is suitable to advance in addition to verifying that the applicant also meets the qualifications. Applicants will be notified after each step whether they will be permitted to continue on.

MINIMUM REQUIREMENTS FOR <u>POLICE SERGEANT</u> POSITION:

Meet police officer requirements above and:

EXPERIENCE:

Three (3) years of experience as a sworn law enforcement officer with a recognized law enforcement agency in work involving the investigation of criminal activities and apprehension of violators of the law.

MINIMUM REQUIREMENTS FOR <u>POLICE LIEUTENANT</u> POSITION:

Meet police officer requirements above and:

EXPERIENCE:

Two (2) years of supervisory police experience as a sworn law enforcement officer with a recognized law enforcement agency, involving the providing of assistance and protection for persons, the safeguarding of property, the observance of the law, and the apprehension of law breakers.

MINIMUM REQUIREMENTS FOR <u>POLICE CAPTAIN</u> POSITION:

Meet police officer requirements above and:

EXPERIENCE:

Three (3) years of supervisory police experience as a sworn law enforcement officer with a recognized law enforcement agency, involving the providing of assistance and protection for persons, the safeguarding of property, the observance of the law, and the apprehension of law breakers.

Note: All requirements are subject to and or superseded by the Civil Service Commission Pilot Order dated October 3, 2012

CANDIDATE BACKGROUND INFORMATION AND DATA

1. _____
LAST NAME FIRST NAME MIDDLE NAME

2. Date of Birth: _____ / _____ / _____ Telephone Number: _____
MONTH DAY YEAR W/ AREA CODE

3. Social Security Number: _____ - _____ - _____

4. United States Citizen: ☐ YES ☐ NO

5. If the answer to Question 4 is No, are you a Naturalized Citizen? ☐ YES ☐ NO

6. By what means did you obtain Naturalized Citizenship? _____ _____ _____
SELF SPOUSE PARENTS

7. Has your name ever been changed for any reason? ☐ YES ☐ NO

If the answer to question #7 is Yes, please provide the following information:

_____
Previous Name: Last, First, Middle

_____
Reason For Change

_____
Jurisdiction Date

RESIDENCY

8. Starting with your present address and listing them in reverse chronological order, list all places where you have lived for the past 20 years. Include P.O. Boxes, temporary addresses, and mailing addresses, if applicable. If additional space is needed, utilize the Additional Information Section.

From: Month/Year	To: Month/Year	Street Address City/State/Country Zip

9. What classification type most closely represents the current status of your residency?

☐ Own home or similar residence.

☐ Rent/Lease home or similar residence

☐ Rent/Lease apartment, single room, dormitory, or similar unit

☐ Reside with parents, relative, friend, etc.

10. What is your marital status?

☐ Married

☐ Single

☐ Widow(er)

☐ Divorced

☐ Separated

☐ Civil Union

11. If you were raised by anyone other than your parents, please provide information concerning who raised you:

Name (Last, First, MI)	Relationship	Date of Birth	Criminal Record
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

12. List all persons that currently reside with you:

Name (Last, First, MI)	Relationship	Date of Birth	Criminal Record
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

13. List all immediate family members, inducing parents, siblings, children, and current/former spouses and domestic partners.

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		**Cell Phone**	**Criminal Record**
			☐ YES ☐ NO

14. Do you own firearms? ☐ YES ☐ NO

15. If yes, please provide the below information:

Handgun/Rifle/Shotgun	Make	Model	Caliber	Serial #

16. Do you possess a valid firearm I.D. Card? ☐ YES ☐ NO

17. If yes, what jurisdiction? _____

18. What is the SBI# (or ID#) _____

19. Have you ever had a firearms ID, permit to purchase a handgun, or hunting license?

☐ YES ☐ NO Which one(s) _____

20. Have you ever had a firearms ID, permit to purchase a handgun, or hunting license seized/revoked?

☐ YES ☐ NO Which one(s) _____

21. Why? _____

22. Have you ever had a firearms ID, permit to purchase a handgun, or hunting license denied?

☐ YES ☐ NO Which one(s) _____

23. Why? _____

24. Have you ever had a permit to carry a firearm? ☐ YES ☐ NO

25. If yes, explain where, when, why? _____

_____

26. Have you ever had a carry permit denied/seized/revoked? ☐ YES ☐ NO

27. If yes, explain where, when, why? _____

_____

_____

MARITAL/FAMILY STATUS

28. Date of current marriage/civil union: _____/_____/_____
Month Day Year

29. Spouse's/partner's name? _____
Last Name (Maiden Name, if Applicable) First Middle

30. Is your family aware of your intention of applying for a sworn law enforcement position?

☐ YES ☐ NO

31. Have you ever been personally involved in a Domestic Violence incident? ☐ YES ☐ NO

32. If yes, provide the following information:

_____
Jurisdiction: City/County/State Date Docket # Case #

33. Have you ever been served with a domestic violence restraining order?

☐ YES ☐ NO If yes, how many times? _____

County	State	Type of Order	Date	Disposition

34. List chronologically by age, all of your children regardless of dependency and residence:

Name (Last, First, Middle)	Gender	Date of Birth	Dependent?	Child lives with you?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

35. Are you responsible for child support for any child listed above? ☐ YES ☐ NO

_____ _____
Number of Dependents Amount of Support: Indicate Payment Schedule (Weekly, Monthly, etc.)

36. Are you responsible for the payment of alimony or any other type of court ordered assistance? ☐ YES ☐ NO

_____
Amount of Alimony: Indicate Payment Schedule (Weekly, Monthly, etc.)

37. Has any legal action of any kind, civil, criminal, or administrative, been taken against you for failure to make any payments of support or alimony? ☐ YES ☐ NO

If yes, complete the following table:

Type of Support Child/Alimony	Jurisdiction	Amount in Arrears	Confinement	Length of Confinement	Disposition
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		

38. Have you ever been involved in a paternity proceeding? ☐ YES ☐ NO

If yes, provide details: _____

_____

_____

39. Have you ever been evicted from a place of residence? ☐ YES ☐ NO

If yes, provide details:

_____

_____

_____

40. List all previous marriage(s). ☐ NONE

Name of Former Spouse	Street Address, City, State, Zip	Date of Birth	Telephone Number(s)

41. List current dating partner(s): ☐ NONE

Name & Social Security #	Street Address, City, State, Zip	Date of Birth	Telephone Number(s)

42. List previous dating partner(s): ☐ NONE

Name & Social Security #	Street Address, City, State, Zip	Date of Birth	Telephone Number(s)

43. Have there been any domestic violence issues with present/past dating partners?

☐ YES ☐ NO

If yes, provide details:

_____

_____

44. Has your spouse, fiancée, significant other, current or past dating partner ever been arrested, interviewed, detained, or convicted by any law enforcement agency?

☐ YES ☐ NO

If yes, provide details: _____

_____

_____

45. Has your spouse, fiancée, significant other, current or past dating partner ever called the police on you for any reason?

☐ YES ☐ NO

If yes, provide details: _____

_____

_____

46. Have the police ever been called to any home or residence in which you have ever resided?

☐ YES ☐ NO

If yes, provide details:_____

_____

_____

_____

47. Have you ever viewed, purchased, possessed, or downloaded child pornography?

☐ YES ☐ NO

If yes, provide details: _____

_____

EDUCATIONAL BACKGROUND DATA

The information requested in this section relates to all phases of your educational background. It is necessary to list in proper chronological order ***ALL*** high schools, trade schools, 2 & 4 year colleges or universities attended, and the degree(s) awarded:

48. Have you been awarded a high school diploma? ☐ YES ☐ NO _____ Year

49. Have you been awarded a G.E.D. certificate? ☐ YES ☐ NO _____ Year

50. If you had been awarded a G.E.D. certificate, please provide the following:

_____ State of Issue _____ Date of Issue _____ Certificate Number

51. Has your education ever been interrupted or terminated for any reason?

☐ YES ☐ NO

If yes, briefly describe the reason for the interruption or termination of your education:

_____

_____

_____

52. Have you ever been suspended or expelled from any educational institution for any reason?

☐ YES ☐ NO

If yes, explain: _____

_____

_____

_____

53. Are you in default or arrears on any student loan? ☐ YES ☐ NO

If yes, explain: _____

_____

_____

54. List in reverse chronological order, all schools that you have attended starting with your most recent:

From Month/Year	To Month/Year	Name of School	Street Address City/State/Zip	Degree Attained

MILITARY BACKGROUND

55. Have you ever served in any branch of the U.S. Military or related organization?

☐ YES ☐ NO

If yes, provide the following information:

From: _____/_____/_____ To: _____/_____/_____

Branch: _____ Serial Number: _____

Rank Upon Discharge _____ Job/MOS _____

Type of Discharge (Be specific): _____

Reason for Discharge: _____

(If you had more than one commission/enlistment, explain in the Additional Information Section.)

56. Has your discharge or separation ever been changed, upgraded, downgraded, or corrected?

☐ YES ☐ NO

If yes, changed from _____ to _____

Authority: _____ Who requested the change: _____

Reason for Change: _____

57. Were you ever reprimanded, disciplined, tried, punished, demoted, attended Captain's Mast, received an Article 15, etc. for any infraction of military rules, law, or regulations?

☐ YES ☐ NO

58. If yes, complete this section:

Date	Charge/Proceeding	Disposition	Penalty

59. Are you now or have you ever been an active member of any branch of the United States Military Reserve or State National Guard?

☐ YES ☐ NO

If yes, provide the following information:

From: _____/_____/_____ To: _____/_____/_____

Branch: _____ Serial Number: _____

Rank Upon Discharge _____ Job/MOS _____

Type of Discharge (Be specific): _____

Reason for Discharge: _____

60. Have you ever served in any military organization of any foreign government?

☐ YES ☐ NO

If yes, provide details:

_____

_____

_____

_____

61. Have you ever been denied/refused entry into any of the United States Military, Military Reserve, or National Guard?

☐ YES ☐ NO

If yes, explain the basis for your denial (**EXCEPT IF FOR MEDICAL REASONS**)

_____

_____

_____

_____

CIVIL, CRIMINAL & JUVENILE OFFENSES/ACTIONS

62. Have you ever been detained, investigated, arrested or charged by any law enforcement officer, agency, or citizen as an adult for any crime, disorderly person offense, petty disorderly person offense, administrative code, or violation of local ordinance?

☐ YES ☐ NO

If yes, provide information below:

Date	Court/Location	Original Charge	Final Charge	Disposition

63. Have you ever received a summons commanding your appearance in court? (Other than a traffic summons)

☐ YES ☐ NO

If yes, provide information below:

_____

_____

_____

64. Have you ever been involved as a plaintiff or defendant in any civil proceeding?

☐ YES ☐ NO

If yes, provide information below:

_____

_____

65. Were you ever fingerprinted? ☐ YES ☐ NO

If yes, provide the following information:

_____ _____ _____
Date Agency Reason

66. Have you ever had any records expunged?

☐ YES ☐ NO

If yes, provide details:

_____

_____

67. Can you safely operate a motor vehicle? ☐ YES ☐ NO

68. Do you possess a valid New Jersey Driver's License? ☐ YES ☐ NO

Driver's License Number: _____

What classes of vehicle(s) are you licensed to operate? _____

69. Have you ever possessed a driver's license from a state other than New Jersey?

☐ YES ☐ NO

If yes, complete the following:

State	Dates	License Number	Status

70. Have your driving privileges ever been revoked or suspended in this or any state?

☐ YES ☐ NO

If yes, complete the following:

State	From	To	Reason

71. Have you ever been refused a driver's license from any state? ☐ YES ☐ NO

If yes, provide details:

_____

_____

72. Have your motor vehicle registration privileges ever been suspended/revoked in this or any other state?

☐ YES ☐ NO

If yes, provide details:

_____

_____

73. Do you have any outstanding/unpaid summonses against you for any moving or parking violation?

☐ YES ☐ NO

If yes, provide details:

_____

_____

74. Have you received a moving violation summons in the last 5 years? ☐ YES ☐ NO

If yes, provide information on each and every summons:

Date	Charge/Violation	Jurisdiction	Penalty

75. Have you ever been stopped, detained, arrested or charged with any violation for Driving While Under the Influence of Alcohol or Drugs?

☐ YES ☐ NO

If yes, provide details (date, location, jurisdiction, disposition):

_____

_____

76. Do you currently have any penalty points against your driver's license?

☐ YES ☐ NO If yes, how many: _____

77. Do you own or lease a motor vehicle? ☐ YES ☐ NO

If yes, you must provide a copy of all vehicle registrations, lease agreements, and proof of insurance for any vehicle owned or leased by you.

78. Do you regularly operate a motor vehicle belonging to another for your personal use?

☐ YES ☐ NO

If yes, complete the below section:

Make	Model	License Plate & State	Owner

EMPLOYMENT RECORD

79. Have you ever been fired, terminated, asked to leave, laid off, or resign or quit under questionable circumstances; or has any form of disciplinary action ever been taken against you by an employer:

☐ YES ☐ NO

If yes, please provide details: _____

_____

_____

_____

80. List all current and former employers, including full-time, part-time, seasonal, under-the-table employment and periods of unemployment over 30 days in the last 20 years. List employers in reverse chronological order beginning with your present employer and work backwards. Include within the sequence any period of active military service. If you were discharged or were requested to resign by an employer, answer so in the reason for leaving section.

a. Employer #1: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

b. Employer #2: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

c. Employer #3: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

d. Employer #4: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

e. Employer #5: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

f. Employer #6: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

g. Employer #7: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

h. Employer #8: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

i. Employer #9: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

j. Employer #10: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

k. Employer #11: _____

Address: _____
Street City State Zip

Telephone #: _____ ☐ Full Time ☐ Part Time

Employed from: _____ to _____

Position/Title: _____ Supervisor's Name: _____

Weekly Salary: _____ Hours per week: _____

Reason for Leaving: _____

REFERENCES

81. I the undersigned, declare that I am over eighteen years of age, I have personally known the applicant for at least one year and I believe the applicant should be considered for employment as a police officer. I will upon request, give further information regarding my knowledge of the applicant.

a. Reference #1: _____

Home Address _____

Telephone(s) _____
HOME WORK CELL

Work Address _____

How long have you known this person: _____

Is the applicant of good character and reputation: ☐ YES ☐ NO

Reference Signature: _____ Date:_____

b. Reference #2: _____

Home Address _____

Telephone(s) _____
HOME WORK CELL

Work Address _____

How long have you known this person: _____

Is the applicant of good character and reputation: ☐ YES ☐ NO

Reference Signature: _____ Date:_____

c. Reference #3: _____

Home Address _____

Telephone(s) _____
HOME WORK CELL

Work Address _____

How long have you known this person: _____

Is the applicant of good character and reputation: ☐ YES ☐ NO

Reference Signature: _____ Date:_____

SUPPLEMENTAL INFORMATION

82. Have you ever collected unemployment benefits that you were not entitled to receive?

☐ YES ☐ NO

If yes, please provide details: _____

_____

83. Have you ever applied for any criminal justice position?

☐ YES ☐ NO

If yes, please provide details: _____

_____

84. Have you ever been rejected from a criminal justice position?

☐ YES ☐ NO

If yes, please provide details: _____

_____

85. Have you ever applied for or been rejected from any other civil service, federal, state, county, or municipal government position?

☐ YES ☐ NO

If yes, please provide details: _____

_____

86. Have you ever been a member of any organized crime enterprise, street gang, or motorcycle gang or crew?

☐ YES ☐ NO

If yes, please provide details: _____

_____

87. Have you ever been discharged, terminated, furloughed, laid off or asked to resign from any employment?

☐ YES ☐ NO

If yes, please provide details: _____

88. Do you have any knowledge or any information in addition to that specifically requested in this application that is or may be relevant directly or indirectly to this background investigation and/or your eligibility for the position that you have applied for?

☐ YES ☐ NO

If yes, please provide details: _____

_____

89. List all your email addresses _____ _____ _____

90. Do you have any social media accounts?

☐ YES ☐ NO

If yes, please provide details: _____

_____

91. Are you affiliated with any internet websites?

☐ YES ☐ NO

If yes, please provide details: _____

92. Do you have any foreign language skills?

☐ YES ☐ NO

If yes, please explain what language(s) & level of fluency: _____

_____

☐ READ ☐ WRITE ☐ SPEAK

_____

_____

_____

_____

Note: You may be requested to participate in a language certification exercise that will verify your fluency level.

DRUG EXPERIMENTATION & HISTORY

93. Have you ever smoked, experimented with, tasted, ingested, used, injected, sniffed, etc. any of the following:

Substance (circle each as applicable)	Yes	No	Date month/year	# of times used / appx. amount
Marijuana / Hashish				
Cocaine / Powder				
Cocaine / Crack				
Opium Derivative (Heroin, Morphine, codeine, etc.				
Amphetamines (Speed)				
Barbiturates (Reds/Downers)				
Inhalants (Glue, solvents, aerosols, whippit, etc.)				
Anabolic Steroids				
Hallucinogenic (LSD, PCP, mushrooms, Ecstasy, etc.)				
Quaaludes, Valium, Darvocet, Dilaudid, Percocet, Percodan, etc.				
Club drugs, diet pills, pharmaceuticals				
Any other drug/narcotic not specifically listed above.				
Have you ever purchased/bought any of the above listed substances?				

94. Have you ever been investigated, arrested or charged with any type of drug/narcotic related violation?
☐ YES ☐ NO

95. Have you ever used prescription medication that was prescribed to another person & not you?
☐ YES ☐ NO

96. Have you ever sold, distributed, or provided any person with or without their permission or consent any type of illegal drug/narcotic?
☐ YES ☐ NO

97. Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage, or handling of any illegal drugs/narcotics for yourself or anyone else?
☐ YES ☐ NO

98. Have you ever made any money or profit in any way from your involvement in drugs/narcotics?
☐ YES ☐ NO

99. Have you ever inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed in this book?
☐ YES ☐ NO

If you answered yes to any of these questions, you are required to provide a full explanation in the Additional Information Section. Include dates and amounts involved.

100. Do you gamble? ☐ NEVER ☐ SELDOM ☐ OCCASIONALLY ☐ REGULARLY

If so, on what: _____
_____

101. Have you ever been issued a criminal citation for any type of alcohol related violation?

☐ YES ☐ NO

If yes, please provide details: _____

_____

102. Have you ever purchased alcohol for a minor?

☐ YES ☐ NO

If yes, please provide details: _____

_____

103. Do you have experience as a sworn police/law enforcement?

☐ YES ☐ NO

If yes, explain to include agency, position, length of service _____

_____

104. Do you have any experience in private security?

☐ YES ☐ NO

If yes, explain to include agency, position, length of service _____

_____

105. Do you have experience as an intern, volunteer, cadet, or explorer with this agency or any

other law enforcement or public safety agency?

☐ YES ☐ NO

If yes, please provide details: _____

_____

106. Do you have any experience as a member (paid or volunteer) of any fire department or rescue squad?

☐ YES ☐ NO

If yes, please provide details: _____

_____

107. Are you currently attending or have you attended any police academy in the past or received any law enforcement training?

☐ YES ☐ NO

If yes, please provide details: _____

_____

108. Do you personally know any Camden County Police Officers?

☐ YES ☐ NO

If yes, list names below and how long you've known them _____

_____

109. Do you have any family members or relatives who are current or past members of a law enforcement agency?

☐ YES ☐ NO

If yes, list your relationship and their department/agency: _____

_____

110. Have you ever applied for a position with any federal, state or local law enforcement agency or fire department?

☐ YES ☐ NO

If yes, please provide details: _____

111. Have you ever applied for any position with the federal government for which a background investigation was initiated?

☐ YES ☐ NO

If yes, please provide details: _____

_____

112. Have you ever been denied employment by any organization covered in questions #110 and #111?

☐ YES ☐ NO

If yes, please provide details: _____

_____

113. Has the United States government ever granted you a security clearance?

☐ YES ☐ NO

If yes, please provide details: _____

_____

114. List all law enforcement agencies and fire departments with whom you have applied. List all steps that you have completed with each agency (written test, oral interview, polygraph, background completed, physical agility, medical, psychological, etc.); also list your final status. If you have applied to the same agency more than once, list each time separately. Also include each occasion you have applied to the Camden County Police Department.

Department	Date Applied	Steps taken	Investigators	Telephone #'s	Status

115. Do you have any computer skills or experience?

☐ YES ☐ NO

If yes, please provide details. Include hardware/software applications and general competency level of each:

_____

_____

_____

_____

_____

116. If you are employed as a police officer by this agency, how long do you anticipate remaining with us?

_____

117. Did anyone provide advice, guidance or other assistance to you in regards to the completion of this confidential questionnaire booklet?

☐ YES ☐ NO

If yes, please provide details: _____

_____

CURRENT AND FORMER POLICE OFFICERS

This section only applies to current and former police officers.

118. With what Police/Law Enforcement agency are you currently employed or formerly employed by?

_____

_____

119. What are/were the dates of your employment: From ____/____/____ to ____/____/____

120. Have you been the subject of any internal investigations or citizen complaint in the last five years?

☐ YES ☐ NO

If yes, explain in full all circumstances: _____

_____

_____

_____

_____

_____

_____

Disposition : _____

121. Have you ever been suspended from duty, with or without pay, for any reason, except for medical reasons?

☐ YES ☐ NO

If yes, explain in full all circumstances: _____

_____

_____

_____

_____

122. Have you ever been subject to any departmental disciplinary actions?

☐ YES ☐ NO

If yes, explain in full all circumstances: _____

_____

_____

_____

_____

123. What assignments, special training, and skills do you have as a police officer, and how long have the assignments lasted? (Skills include radar, FTO, breathalyzer operator, DWI, Drug Recognition Expert, detective, etc.)

_____

_____

_____

_____

124. How would you rate your overall work performance as compared to other members of your current/past agency?

☐ Excellent
☐ Above Average
☐ Average
☐ Below Average
☐ Unsatisfactory

Explain your rationale:

_____

_____

_____

_____

125. How would you rate your contribution to proactive crime prevention and problem solving efforts during the last six-months as compared to other members of your current/past agency?

☐ Excellent
☐ Above Average
☐ Average
☐ Below Average
☐ Unsatisfactory

Explain your rationale:

_____

_____

_____

_____

126. Have you ever given an untruthful statement in court or to your current/past agency?

☐ YES ☐ NO

If yes, explain in full all circumstances: _____
_____

_____

_____

127. Have you ever been charged or investigated for the use of excessive force or police brutality?

☐ YES ☐ NO

If yes, explain in full all circumstances including date(s), location(s), type of call(s), investigator, and disposition(s):

_____

_____

_____

_____

128. Please explain the reason(s) why you want to leave your current employer, or why you left your previous law enforcement employer:

_____

_____

_____

_____

_____

_____

129. Have you ever been disciplined for unsatisfactory attendance by your current/past agency?

☐ YES ☐ NO

If yes, explain in full all circumstances: _____

_____

_____

_____

_____

130. Have you ever been investigated by your current/past agency for any allegation of domestic violence or spousal abuse?

☐ YES ☐ NO

If yes, explain in full all circumstances: _____

_____

_____

_____

_____

ADDITIONAL INFORMATION SECTION

This section should be utilized to provide detailed information that may be required for specific individual questions that you have previously answered. Failure to provide the required details may be grounds for rejection from the position you have applied for.

When completing this section, make sure that you relate the specific question to the answer. Place a large "X" through unused lines.

Question #	Answer

Question #	Answer

Question #	Answer

PERSONAL HISTORY STATEMENT AFFIRMATION

I hereby affirm that this Application/ Personal History Statement is true and correct and contains no misrepresentations, falsifications, omissions of material facts or concealment's of material facts. Additionally the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

I am cognizant that statements made by me on this Application/Personal History Statement are subject to later investigation. Additionally, I realize that should any investigation disclose any misrepresentation, misstatement, falsification, omission or concealment of material fact, my application for the position is subject to rejection and my name will be removed from the eligibility list. If I have been already appointed to the position, I will be subject to dismissal.

I further understand that if there are any changes in my application answers from the date of my original application to the Camden County Police Department and to the date of any scheduled appointment, I will notify the Camden County Police Department of those changes, and if I fail to do so, I realize it is grounds for non-selection or dismissal from my position.

"By my signature below I state that I have read and understood the above warning, and all information provided by me is true, complete, and accurate."

_____

SIGNATURE OF CANDIDATE **DATE**

Notary Certification in this Block

CANDIDATE'S RELEASE FOR MILITARY INFORMATION & RECORDS

I authorize the National Personnel Records Center, St. Louis, MO or any other custodian of my military records to release information and provide photocopies of my complete military personnel records regardless of type or classification. This information shall include but is not limited to enlistment information, discharge or separation information, disciplinary record, criminal records, DD214 (s), performance and appraisal records, award records and financial records.

I hereby provide permission for the release of records and information and forever discharge and hold harmless any person or entity for the disclosure of said military records to:

Camden County Police Department
6 Collier Drive, Lakeland Complex
Blackwood, NJ 08012
Attn: Applicant Investigation Unit

_____ _____
Signature of Candidate **Date**

_____ _____
Print Name: Last First Middle **Social Security Number**

_____ _____
Branch of Service **Date of Birth**

Date of Service: From _____ to _____

_____
Notary Signature **Print Name Last First Middle**

NOTARY SEAL

(A photo copy of this authorization will be considered as effective and valid as the original.)

DRUG SCREENING THROUGH URINALYSIS
APPLICANT CONSENT

I,_____, understand that as part of the pre-employment process, the Camden County Police Department will conduct a comprehensive background investigation in an effort to determine my suitability to fill the position for which I have applied. I further understand that as part of the pre-employment process, I will be required to submit to and perform certain medical and physical examinations. In accordance with the efforts of the Camden County Police Department to select only those most suitable for law enforcement, I do hereby consent to the sampling and submission for testing of my urine for the purpose of drug screening. I understand that a negative result is a condition of employment.

I also understand that refusing to supply the required samples or producing a positively confirmed test result for the presence of illegal drugs will result in the rejection of my application for employment. I understand that in the case of a positive test result, my name will be forwarded to a central registry maintained by the Division of State Police and will be made available only upon court order or as part of a background investigation for a law enforcement position. I understand that a confirmed positive test result indicating the presence of drugs will bar me from securing future law enforcement employment for a period of two years. I understand that after this two year period, a positive test result may be considered in evaluating my fitness for future law enforcement employment.*

I understand that the results of the urinalysis will be provided to me as soon as possible after receipt by the Camden County Police Department.

I hereby acknowledge receipt of a copy of the methods and procedures for drug screening applicants for sworn law enforcement positions.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Notary Date

_____
Print Notary Name: Last First Middle

SEAL

CANDIDATE'S RELEASE OF REPORTS TO CIVIL SERVICE COMMISSION

I authorize the County of Camden County Police Department to release the results of criminal background information and medical reports to the New Jersey Civil Service Commission to support employment decisions in comportment with *NJAC 13:59-1.2(b).*

I hereby provide permission for the release of these records and information and forever discharge and hold harmless any person or entity for the disclosure of said records.

_____ _____
Signature of Candidate **Date**

_____ _____
Print Name: Last First Middle **Social Security Number**

_____
Date of Birth

_____
Notary Signature **Print Name Last First Middle**

NOTARY SEAL

(A photo copy of this authorization will be considered as effective and valid as the original.)

CONTROL #:_____CAMDEN COUNTY POLICE DEPARTMENT
EMPLOYMENT APPLICATION

SAGEM MORPHO FINGERPRTING APPLICATION

Sagem Morpho Inc.
SAFRAN Group

WWW.BIOAPPLICANT.COM/NJ

(1) Originating Agency Number (ORI #)	(2) Category	(3) Statute Number	
NJ0049100	PRX	13:59:1	
(4) Reason for Fingerprinting		(5) Document Type	(6) Payment Information
PERSONAL RECORDS REQUEST			
(7) Contributor's Case # (Unique Identifier)		(8) Miscellaneous	
PRR			

** Important: Please see Acceptable ID Requirements below**

(9) First Name	(10) MI	(11) Last Name		
(12)Daytime Phone Number	(13) Social Security Number	(14) Date of Birth	(15) Height	(16) Weight
( ) -				
(17) Maiden Name (if married female)	(18) Place of Birth (State if US Citizen Country for all others)	(19) Country of Citizenship		
(20) Home Address Address	City	State	Zip	
(21) Gender (Select one) Male Female Both	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native	
(25) Occupation	(26) Employer (Name) Employer Address City	State	Zip	

APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.

ACCEPTABLE ID REQUIREMENTS –ID MUST Include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An $11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The $11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at **www.bioapplicant.com/nj** , 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503 5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the $11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

FORM NO. NJAPS2, Version 3.0 March 3, 2008

Signature of Candidate _____ Date _____