

Lincoln Park Police Department

**34 Chapel Hill Rd.
Lincoln Park, N.J. 07035**

**Mark West
Chief of Police**



**Application Package
Public Safety Telecommunicator Trainee**

Dear Candidate;

As Chief of Police of the Lincoln Park Police Department I wanted to thank you for your interest in our organization. All candidates depending upon the position applied for, will undergo the below listed process as part of the ordinary background process. We feel it is important to provide you with the information as to what to expect during this process.

We undertake our background process very seriously in order to ensure we hire the best possible candidate for the Lincoln Park Police Department in our ongoing effort to ensure the public safety.

All candidates can expect to receive an application, which must be filled out completely and accurately. This application initiates the selection process, which may include the following:

- Background Investigation into the application
- Drug Screening
- Oral Review Boards
- Medical Examination (upon conditional offer of employment)
- Psychological Examination

The Lincoln Park Police Department is expecting to hire one person for this position. Expect the selection process to be completed within 60-90 days of your receipt of this application.

For candidates who are not selected during this round of hiring may remain on the eligibility list for the life of the list as long as they are not removed for cause. Acceptance of subsequent applications will depend on the candidate's position on the list.

Lincoln Park Police Department will not reject you for any omission or deficiency in the application that can be corrected prior to the interview process and without affecting the testing or any other element of the process.

A Detective who is trained in gathering information and conducting investigations will be assigned to conduct your applicant background investigation. This detective will serve as your point of contact and liaison with the department throughout the selection process.

In closing I want to again thank you for your interest and wish you all the best of luck during this process and all your future endeavors within law enforcement or not. Thank you.

Respectfully

Chief Mark West

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THE APPLICATION

These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information contained in the Application Package be accurate in all respects. This application will be used as the basis for determining your eligibility as a **PUBLIC SAFETY TELECOMMUNICATOR TRAINEE** for the Borough of Lincoln Park.

This application must be completed by the applicant. Print must be clear and legible in black ink. All questions must be answered to the best of your ability.

If a question is not applicable to you, please indicate this by the notation of N/A in the appropriate space.

Avoid errors by reading the question and directions carefully before making any entry on the form. Be sure your information is correct and in proper sequence before you begin. All time periods in your application must be accounted for.

You are responsible for obtaining correct addresses. If you are unsure of an address, check it by personal verification. Your public library may have a directory service or copies of local telephone directories.

An accurate and complete form will effect your consideration with the Lincoln Park Police Department. Consequently, deliberate omissions or falsifications may result in disqualification. Failure to supply a completed application may result in your removal from further consideration.

Where sufficient space to provide a complete answer has not been provided or the question requires additional information to be submitted, please attach plain sheets of 8 1/2" x 11" white paper to the application listing the additional information. Please remember to indicate the question, by number, for which you are submitting the additional information.

The following materials must be submitted with the completed application. You may be requested to supply further documentation, should you be considered to participate further in the program.

- a. Two [2] photographs [measuring no smaller than 2" x 2"], one to be a head and shoulders photograph, the other being a full body photograph, of the applicant.
- b. Photo static copies of: Official Birth Certificate, Social Security Card, Naturalization Papers [if applicable], proof of residence, i.e., Voter Registration Card, Motor Vehicle Drivers License and Registration Certificates [for all vehicles presently owned by the applicant] and High School Diploma or GED Certificate.

- c. OFFICIAL college transcripts of all colleges or universities attended.
- Please have mailed to: Chief of Police
Lincoln Park Police Department
34 Chapel Hill Rd
Lincoln Park, N.J. 07035
- d. Military discharge and DD Form 214[s] [if applicable].
- e. The applicant may supply any additional documentation which he/she feels would support an entry in the application form [e.g., license issued by governmental agencies, certificates or diplomas from any professional or technical training program, certificates of memberships to any fraternal, labor union or social organizations, awards, commendations or scholarships received, etc].

NOTE: The above materials must be submitted as part of the application package. If you cannot obtain all or part of the requested material, you must explain in writing what material is missing and the reason[s] why. Attach this statement to the application form.

Please do not delay submitting the application package. If you cannot find or had to send away for any of the above material, submit it at a later date. This is provided that all of the material is received prior to the Background Investigation.

The application package along with requested materials must be returned to the Lincoln Park Police Department on or before October 26, 2015.

NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.

By my signature affixed below, I attest that I have read and fully understand the above instructions.

Signature of Applicant

Date

17. Marital Status: Single [] Married [] Separated [] Divorced [] Widowed []

a. Date and Place of Marriage: _____

b. List Date, Place and Reason for all Separations, Divorces or Annulments.

c. List all children dependent upon you, include children born to you, adopted and step children:

Name	Date of Birth	Place of Birth

Attach applicable documentation [e.g. Photo static copies of Marriage License, Divorce, Separation or Annulment Records, Childs Birth Certificate, etc.]

RESIDENCES:

18. Current Address: _____
Street Address Apt.#

_____ City County State Zip Code

a. If your mailing address is different, please list: _____

19. Telephone Number: [] _____

20. With whom do you reside? _____

24. **Specialized Schools**

Name & Address	Study or Specialization	Dates Of Attendance

25. RESERVED

26. RESERVED

EMPLOYMENT:

27. List below, starting with your current employment, or unemployment, and working back, each employment and period of unemployment you have had. Account for all periods including casual employment and unemployment. Include within the sequence any period of active military service.

Name & Address of Employer	Dates Employed From - To Present	Full/Part Time
Exact Title of Your Position	Name & Telephone Number of Your Immediate Supervisor	
Description of Your Work	Reason for Leaving	

[] Please indicate by checking the box at left if you **DO NOT** wish us to contact your **PRESENT** employer regarding your character, qualifications and record of employment, at this time. Please be advised that inquiry will be made at the time you are offered employment to the Lincoln Park Police Department.

Name & Address of Employer	Dates Employed From – To Present	Full/Part Time
Exact Title of Your Position	Name & Telephone Number of Your Immediate Supervisor	
Description of Your Work	Reason for Leaving	

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Description of Your Work	Reason for Leaving	

28. Were you ever discharged or asked to resign from any employment? Yes [] No []
If yes, list employer, date and reason.

29. Were you ever subjected to any disciplinary action in connection with any employment? If yes, list date, employer and details: _____

30. How many days have you lost from work/school due to illness or injury in the past five [5] years? _____
Explain: _____

31. Have you ever made application to any police department or public safety agency?
Yes [] No []
If yes, detail date, name and address of agency:

32. Were you ever, or are you now, on any employment list for any police department or public safety agency? Yes [] No []
If yes, detail date, agency name and address and position on list:

33. Have you ever been rejected for employment by any police department or public safety agency?
Yes [] No []
If yes, detail date, name and address of agency and reason for rejection:

MILITARY:

34. Are you registered for selective service? Yes [] No []
- a. If yes, detail date, and Selective Service Number:

- b. If no, give reason why not registered:

35. Have you ever served on active military duty in the Armed Forces of the United States?
Yes [] No []
- a. If yes, Branch of Service _____
Dates of Active Duty: From _____ To _____
Serial Number _____ Highest Rank Achieved _____
Type of Discharge: _____

36. Are you a member of the Reserve or National Guard? Yes [] No []
 If yes, detail branch of service, dates, active/inactive: _____

- a. If you attend drills, meetings or camps, give name of unit and location:

37. List any training you have had or special skills acquired during your military service:

38. Was any type of disciplinary action taken against you in the service? Be sure to include non-judicial punishment[s], if applicable. Detail date, type of action and disposition:

COURT RECORDS:

39. Have You Ever Been Arrested or Charged with Any Violation Including Traffic, Disorderly persons offenses, Borough, City or Township Ordinances but Excluding Parking Tickets?
 Yes [] No []
40. To your knowledge, has any member of your immediate family ever been arrested or charged with any violation, excluding traffic violations. Yes [] No []

If you answered **Yes** to questions 39 and/or 40, list all such matters even if not formally charged; or no court appearance was required; or found not guilty; or matter settled by payment of fine; or forfeiture of collateral.

Date:	Court & Location:
Name [Relative]:	Charge:
Place & Department:	Disposition:
Details:	

Date:	Court & Location:
Name [Relative]:	Charge:
Place & Department:	Disposition:
Details:	

Date:	Court & Location:
Name [Relative]:	Charge:
Place & Department:	Disposition:
Details:	

41. Have you, or to your knowledge, any member of your immediate family ever been a complainant/plaintiff, defendant or witness in any criminal, civil, family court proceeding, grand jury or any other administrative or investigative hearing by a city, state or federal agency?
Yes [] No []

If yes, detail date, name of relative, court/agency, location, purpose of the proceeding and your, or your relatives involvement in the matter.

42. Pursuant to the provisions of *N.J.S.A. 2C:52-27(c)*, have you ever filed a petition for the purpose of expunging or sealing court records? Yes [] No []
If yes, give details:

43. List any outstanding judgements or liens, giving dates, name of judgement creditor or lien or, amount, docket number and court name and location.

44. Have you ever been adjudicated bankrupt? Yes [] No []
If yes, detail date, name and location of court:

MOTOR VEHICLE:

45. Do you possess a valid NJ Driver's License? Yes [] No []
If yes, complete the following:

Type: _____
Number: _____ Exp. _____
Date _____

46. Have you ever been issued a drivers license from any other state? Yes [] No []
If yes, complete the following:

Issuing State: _____
Dates: From _____ To _____

47. Have your driving privileges or motor vehicle registration ever been revoked or suspended?
Yes [] No []
If yes, explain:

If you answered yes, has such registration or license been restored? Yes [] No []

48. List below all motor vehicles owned by you during the past three (3) years.

Make	Model	Year	Period Owned From/To	Registration and State or Vehicle ID No.

FAMILY:

49. Alphabetically, by last name, list the FULL name [including married and maiden names] of your spouse [present and former] father, mother and all siblings, and your present father and mother in-law, living or deceased, and any person with whom you reside whether related to you or not.

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

Name:	Address: [If deceased, so state]
Relationship:	
Date of Birth:	Occupation:
Social Security No.:	

REFERENCES:

50. Give three [3] references [not relatives] who are responsible adults of reputable standing in their communities, who have definite knowledge of your background and qualifications, preferably those who have known you for the past five years.

Name:	Telephone Numbers Home: [] Bus: []
Address:	Years Acquainted:
Occupation:	

Name:	Telephone Numbers Home: [] Bus: []
Address:	Years Acquainted:
Occupation:	

Name:	Telephone Numbers Home: [] Bus: []
Address:	Years Acquainted:
Occupation:	

FINANCIAL:

51. Have you any loan, debt, garnish, wage assignment or judgement pending against you?
(Include any mortgage and credit card debt) Yes [] No []
If yes, give details:

52. Have you ever defaulted on any loan, including student loan? Yes [] No []

If yes, give details:

53. Have you ever been refused any loan or credit? Yes [] No []

If yes, give details:

ADDITIONAL INFORMATION:

54. Have you ever possessed a Firearms Identification Card, Pistol Permit or Firearms Dealers License in this or any other state? Yes [] No []

If yes, detail date, permit number, type and issuing agency:

55. Has any agency ever refused you a firearms permit or license? Yes [] No []

If yes, give details:

56. Are you now, or have you ever been, a member of or supported any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes [] No []

If yes, explain fully:

57. An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or have been closely associated [including relatives and roommates] which might tend to reflect unfavorably on your reputation, morals, character, ability or qualifications? Yes [] No []

If yes, please attach a separate piece of paper, appropriately numbered, giving your version of this/these incident[s].

58. Do you have any knowledge or information in addition to that specifically called for in this application which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for participation in this program, including but not limited to your character, physical or mental condition, temperance, habits, employment, education, subversive affiliations, family, associations, criminal records, traffic violations, residence or otherwise?

Yes [] No []

If yes, please attach a separate piece of paper, appropriately numbered, giving your version of this/these incident[s].

VOUCHERS

(NOT TO BE SWORN MEMBERS OF THIS DEPARTMENT OR PERSONS LISTED IN ANY OTHER SECTION OF THIS APPLICATION)

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

The voucher should read carefully all statements made by the applicant **BEFORE SIGNING**. 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, I have **PERSONALLY** known the applicant for at least one year, and I am not related in any way to the applicant. Please write a brief statement about your knowledge of the applicants' character and qualifications for the position of **PUBLIC SAFETY TELECOMMUNICATOR TRAINEE**.

I will, upon request, give further facts concerning the applicant as I may possess.

CERTIFICATION

I, _____, certify that I have personally read, and printed by hand, answers to each and every question. I further certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I also understand that any intentional false statements or omissions will be automatic grounds for my disqualification from further participation in the program. Further, I authorize the Lincoln Park Police Department, or their representatives to verify any and all information contained herein, and to review my criminal, military, employment and educational records, and I authorize the release of these records.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ have applied to the Lincoln Park Police Department for the position of **PUBLIC SAFETY TELECOMMUNICATOR TRAINEE**.

As such, a background investigation into my character and qualifications will be conducted.

I therefore respectfully request and authorize you to furnish representative of the Lincoln Park Police Department any and all information and copies of records that you may have concerning my employment, work record, school record, military record, reputation, financial and credit status, medical record, mental health records and reports including information of a confidential or privileged nature.

This information is to be utilized to assist the Lincoln Park Police Department in determining my qualifications and fitness for the position of **PUBLIC SAFETY TELECOMMUNICATOR TRAINEE**.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

A photocopy of this waiver shall be considered a valid original.

Signature of Applicant

Date

Address

City

State

Zip

Date of Birth: _____

Social Security No.: ____/____/____

AFFIDAVIT

STATE OF NEW JERSEY
COUNTY OF MORRIS

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this _____ day of _____, 201____.

Notary Public

My Commission Expires: