

# SEASIDE PARK POLICE DEPARTMENT

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## Application Guide

Applicant:

Congratulations on taking your first step towards a career in Law Enforcement. This form will serve as your guide for the order of movement through the Application Process.

Along with this guide, there are four (4) additional sections of this application. They are as follows:

1. Police Application
2. Official Waiver of Liability Form
3. Physical Assessment Test Packet
4. Medical Release Form

Upon downloading and printing the necessary forms, follow the steps below to complete your Application Packet:

- Step 1: Complete in full the Police Application. Every question must be answered in handwritten form using black ink.
- Step 2: Complete the “Official Waiver of Liability”, the “Authorization and Release Acknowledgement” and the “Oath” forms in the presence of a Notary Public, and have said forms notarized accordingly.
- Step 3: Make an appointment with your health care provider for the purpose of obtaining medical clearance to participate in entry level law enforcement training. On the date of the appointment, bring with you the Physical Assessment Test Packet and the Medical Release Form. Have your doctor review the Physical Assessment Test Packet and indicate on the Medical Release Form whether or not you are medically eligible to participate.
- Step 4: Submit your completed Police Application, Medical Release Form and three (3) notarized forms at Seaside Park Police Headquarters between the hours of 8am and 4pm, Monday through Friday. At this time, you will also need to submit the required Application processing fee of \$20.00. This fee is acceptable in cash or money order form only.

**\*\*\*In addition to the application, all three notarized forms and the processing fee are required. Any incomplete or missing forms will result in your Application Packet being removed from further consideration\*\*\***

Further instruction will be provided for the Application Process upon submitting a complete Application Packet. Any questions or concerns regarding the application process should be directed to:

Sergeant Daniel Fitzgerald at 732-793-8000 or at [Sppd0016@optonline.net](mailto:Sppd0016@optonline.net)

Patrolman AJ Mantz at 732-793-8000 Ext 247 or at [amantz@seasideparknj.org](mailto:amantz@seasideparknj.org)

**\*\*\*APPLICATIONS MUST BE  
SUBMITTED PRIOR TO DECEMBER  
31<sup>ST</sup>\*\*\***

**SEASIDE PARK POLICE DEPARTMENT**

*Application for Police Officer*



## NOTICE

Seaside Park Police Department conducts background investigations of all applicants for public safety positions to decide their suitability for employment. We need information from you so that we may follow the laws that apply to selecting people for employment. If you do not answer these questions, we cannot process your application.

We must have your Social Security Number (SSN) to keep your records straight. Other people may have the same name and/or date of birth. The SSN has been used to keep records since 1943, at the direction of Executive Order 9397.

Seaside Park Police Department may also use your SSN to ask for information about you from employers, schools, banks, law enforcement agencies, credit agencies and others who know you. We will only use your SSN when the law allows it. Data we collect by using your SSN may also be given to federal, state or local agencies to check for violations, or for studies or statistics that will not identify you. We may also give information we have about you to federal, state or local agencies to conduct other lawful checks.

## NOTICE

If any of the following occurs during the time you are being investigated, you must notify the Detective Bureau in writing:

- 1 Name change
- 2 Address or telephone number change
- 3 Employer change
- 4 If you are arrested
- 5 If you receive a criminal summons
- 6 If you are sued
- 7 If you receive a traffic citation
- 8 If you are involved in a motor vehicle accident
- 9 If you become the subject of a disciplinary action at work
- 10 If you are terminated from any employment
- 11 Any other significant event that occurs in your life

Notify the Applicant Investigator at this address:

Seaside Park Police Department  
Attn: Detective Bureau  
6<sup>th</sup> & Central Avenues  
PO Box 56  
Seaside Park, NJ 08752

**NOTICE: N.J.S. 2C:28-3a** *A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.*

## **POLICE APPLICANT PERSONAL HISTORY QUESTIONNAIRE**

### **INSTRUCTIONS:**

- Read through the entire questionnaire before completing the required information. You are responsible for personally preparing the questionnaire and compiling all of the required documents. Answer every question and leave no blank spaces. If a question does not apply to you, write "N/A" in the space provided for the answer. All dates should include the month, day and year.

- The information you provide in this questionnaire and throughout the background investigation will be used in determining your suitability for the position being sought. Any falsification or omission of a material fact, or any deception shall be grounds for removal from the list and, if hired, may be grounds for termination at a later date. Answer all questions fully by providing specific details. If for any reason additional space is needed to answer a question, use the backside of the previous page, number the additional answer and utilize the check-off box at the bottom of the printed page. Questionnaires shall be clearly written in block lettering using blue or black ink. Questionnaires must be legible.

- The Seaside Park Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

- If you are qualified and are entitled to reasonable accommodations to assist you in completing this questionnaire or during any phase of the hiring process you must request an accommodation when needed to the Detective Bureau or as soon as possible.

- If you have any contact with a law enforcement agency or ANY information in your background changes contact the Detective Bureau immediately!

- If you have specific questions contact the Detective Chris Bonner or Detective Sergeant Matt Brady (732) 793-8000

**This background investigation and its result are strictly confidential and are the sole property of the Seaside Park Police Department. Copies of reports and documents may be forwarded to the Appointing Authority, its agents and CSC as needed. Information we collect about you and our reports may be provided to any federal, state, and local agencies regarding violations of law and for any other lawful purposes. All copies of documents provided by the candidate become the sole property of the Seaside Park Police Department and will not be returned. This questionnaire is NOT an offer for employment.**

**Application must be handwritten in ink  
Do not type this application.**

**YOU MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTS  
WHEN SUBMITTING THIS APPLICATION**

***DO NOT SUBMIT ORIGINAL DOCUMENTS***

- Birth certificate.
- High school diploma or certificate of high school equivalency. (High school equivalency certificate (e.g. GED report) must be accompanied by the test score report.)
- Official sealed and unopened high school and college or university transcripts. If the school will not give you the transcripts, have them mailed to: Seaside Park Police Department, Attn: Detective Bureau, 6<sup>th</sup> & Central PO Box 56, Seaside Park, NJ 08752
- DD Form 214, Certificate of Discharge from the Armed Forces, for each period of military service. The DD Form 214 must be the copy that reflects "Reentry Code".
- Marriage license(s).
- Naturalization certificate.
- Court orders or paper such as those listed below. Even if not listed below, if you fail to provide all civil or criminal court papers, we will terminate your interview:

- 1 Divorce decree (s)
- 2 Name change(s)
- 3 Adoption(s)
- 4 Civil or criminal court orders or dispositions
- 5 Bankruptcy order(s)
- 6 Ex Parte orders
- 7 Paternity suits

- Social Security card.
- Driver's license, any vehicle registration card(s) and proof of insurance.
- Copies of any motor vehicle accident reports.
- Selective Service card or letter from the Selective Service proving you registered (males only).
- State and federal income tax forms, to include W-2s, for the last two years.

**FAILURE TO PROVIDE THESE DOCUMENTS MAY RESULT  
IN DISQUALIFICATION**

## **Automatic Disqualifiers for Employment**

As part of the Background Investigation and the Hiring process for the Seaside Park Police Department, there are certain automatic disqualifiers which will result in the termination of the hiring process. This list includes the following:

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

**NOTICE: N.J.S. 2C:28-3a** *A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable*

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

**Signature of Applicant:** \_\_\_\_\_

## I. PERSONAL DATA & CITIZENSHIP INFORMATION

1. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle initial: \_\_\_\_\_
2. Maiden name: \_\_\_\_\_
3. Other names / nicknames / alias: \_\_\_\_\_
4. Explain other names, include dates when & where used: \_\_\_\_\_
5. DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(name of hospital / clinic & town, state)
6. SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
7. Address: \_\_\_\_\_  
\_\_\_\_\_
8. Height: \_\_\_\_\_ Weight: \_\_\_\_\_
9. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Blood type: \_\_\_\_\_
10. Which hand would you use to shoot a handgun? Left  Right
11. Distinguishing scars, marks, tattoos, piercings: \_\_\_\_\_  
Describe the significance of your, marks, tattoos, piercings: \_\_\_\_\_
12. NJ DL#: \_\_\_\_\_
13. Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_ (Current or Previous DL)
14. Other Drivers Licenses:  
State \_\_\_\_\_ Number \_\_\_\_\_
15. Have you ever obtained or possessed a falsified or fictitious driver's license or identification card? No  Yes   
If yes, explain in detail: \_\_\_\_\_
16. Are you a US Citizen? Yes  No   
If naturalized, provide a certified copy of Naturalization Papers.
17. Where are you registered to vote? (Town, County) \_\_\_\_\_



Explanation if not registered: \_\_\_\_\_

1. Have you ever been issued a Passport? No  Yes

2. If yes, list the following:

3. Date: \_\_\_\_\_ Country: \_\_\_\_\_ Passport #: \_\_\_\_\_

4. Date: \_\_\_\_\_ Country: \_\_\_\_\_ Passport #: \_\_\_\_\_

5. Date: \_\_\_\_\_ Country: \_\_\_\_\_ Passport #: \_\_\_\_\_

6. Have you ever been fingerprinted? No  Yes

If yes, list the date, reason, details & jurisdiction: \_\_\_\_\_

7. Have you ever applied with the Borough of Seaside Park? No  Yes

If yes, list the date, department, and results: \_\_\_\_\_

**8. Current address:**

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Primary Email address: \_\_\_\_\_ @ \_\_\_\_\_

Reside with:  parent(s)  other, name(s): \_\_\_\_\_

Own:  Rent: \*

(#30 continued)

Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Dates: from \_\_\_\_\_ until \_\_\_\_\_

\*Provide copy of rental / lease agreement.

31. List below your current, immediate neighbors (to the sides and either above & below or front & rear). If you do not know your immediate neighbors, contact them and obtain this information.

Neighbor: Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Neighbor: Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Neighbor: Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Neighbor: Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

32. Personal Email Address(es): \_\_\_\_\_

List all within the past 5 years

\_\_\_\_\_

\_\_\_\_\_

33. Website(s) owned, operated,  
maintained, moderated or posted to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

34. List ALL web ID profiles, groups, blog accounts, mailboxes, addresses, personal web pages owned, operated, maintained (i.e. MySpace, Xawga, Facebook, YouTube, The World is Round etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34a. Are you aware of any videos posted about you?

Yes

No

**Previous Addresses:**

LIST ALL ADDRESSES YOU HAVE EVER LIVED, INCLUDE THE DATES. INCLUDE OFF-BASE MILITARY AND COLLEGE HOUSING. BEGIN WITH THE MOST RECENT.

**35.**

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reside with:  parent(s)  other, name(s): \_\_\_\_\_

Own:

Rent: \* Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Dates: from \_\_\_\_\_ until \_\_\_\_\_

\*Provide copy of rental / lease agreement.

Neighbor: Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**36.**

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reside with:  parent(s)  other, name(s): \_\_\_\_\_

Own:

Rent: \* Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Dates: from \_\_\_\_\_ until \_\_\_\_\_

\*Provide copy of rental / lease agreement.

Neighbor: Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**37.**

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reside with:  parent(s)  other, name(s): \_\_\_\_\_

Own:

Rent: \* Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Dates: from \_\_\_\_\_ until \_\_\_\_\_

\*Provide copy of rental / lease agreement.

Neighbor: Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**38.**

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reside with:  parent(s)  other, name(s): \_\_\_\_\_

Own:

Rent: \* Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Dates: from \_\_\_\_\_ until \_\_\_\_\_

\*Provide copy of rental / lease agreement.

Neighbor: Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

39. Have you ever been evicted or asked to leave a residence? Yes  No
40. Have you ever left a residence owing rent or utilities to the owner, a roommate or a company? Yes  No

If yes to #39 or #40, explain and provide name(s) address & details: \_\_\_\_\_

\_\_\_\_\_

**II. REFERENCES: List 6 People. DO NOT include members of this department, relatives, employers or housemates. List three business colleagues / professional associates AND three close personal references that have known you for a minimum of two (2) years.**

1.

Name: \_\_\_\_\_

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Association: \_\_\_\_\_ Email: \_\_\_\_\_

2.

Name: \_\_\_\_\_

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Association: \_\_\_\_\_ Email: \_\_\_\_\_

3.

Name: \_\_\_\_\_

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Association: \_\_\_\_\_ Email: \_\_\_\_\_

4.

Name: \_\_\_\_\_

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

5.

Name: \_\_\_\_\_

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

6.

Name: \_\_\_\_\_

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

### **III. RELATIONS: If deceased make a notation**

#### **1. Father**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Criminal Record? No  Yes  Age: \_\_\_\_\_

#### **2. Step-Father**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Criminal Record? No ( ) Yes ( ) Age: \_\_\_\_\_

**3. Mother**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address #: \_\_\_\_\_ Street: \_\_\_\_\_  
Apt: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Criminal Record? No  Yes  Age: \_\_\_\_\_

**4. Step-Mother**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address #: \_\_\_\_\_ Street: \_\_\_\_\_  
Apt: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Criminal Record? No  Yes  Age: \_\_\_\_\_

**List in order ALL siblings, including half-siblings, step-siblings, foster-siblings, etc.**

**5. Brother  Sister**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address #: \_\_\_\_\_ Street: \_\_\_\_\_  
Apt: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Criminal Record? No  Yes  Age: \_\_\_\_\_

**6. Brother  Sister**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address #: \_\_\_\_\_ Street: \_\_\_\_\_  
Apt: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Criminal Record? No  Yes  Age: \_\_\_\_\_



**7. Brother  Sister**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Criminal Record? No  Yes  Age: \_\_\_\_\_

**8. Brother  Sister**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Criminal Record? No  Yes  Age: \_\_\_\_\_

**9. Brother  Sister**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Criminal Record? No  Yes  Age: \_\_\_\_\_

**10. Spouse  or Common Law**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is your Spouse or Common Law employed? No  Yes   
(#10 continued)

If yes, Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Criminal Record? No  Yes  Age: \_\_\_\_\_

Have you ever been separated from your spouse or Common Law? No  Yes

If yes, explain & provide dates: \_\_\_\_\_  
\_\_\_\_\_

If married, maiden name of spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Location: \_\_\_\_\_

### 11. Father in Law

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Criminal Record? No  Yes  Age: \_\_\_\_\_

### 12. Mother in Law

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Criminal Record? No  Yes  Age: \_\_\_\_\_

**In the following sections list all your children, including natural, adopted, step and / or foster care or any other children who reside(d) with you. Provide the name and contact information of the custodial parent or guardian if other than you. If your children reside with a person other than yourself or ex-spouse, note the person's name & their relationship.**

**13. Dependants  Children**

Name: _____ Occupation: _____		
Address #: _____ Street: _____		
Apt: _____ City: _____		
State: _____ Zip: _____		Phone #: _____
Criminal / Juvenile Record? No <input type="checkbox"/> Yes <input type="checkbox"/>		Age: _____

**14. Dependants  Children**

Name: _____ Occupation: _____		
Address #: _____ Street: _____		
Apt: _____ City: _____		
State: _____ Zip: _____		Phone #: _____
Criminal / Juvenile Record? No <input type="checkbox"/> Yes <input type="checkbox"/>		Age: _____

**15. Dependants  Children**

Name: _____ Occupation: _____		
Address #: _____ Street: _____		
(#15 continued)		
Apt: _____ City: _____		
State: _____ Zip: _____		Phone #: _____
Criminal / Juvenile Record? No <input type="checkbox"/> Yes <input type="checkbox"/>		Age: _____

**16. Roommate  Previous Roommate**

Name: _____ Occupation: _____		
Address #: _____ Street: _____		
Apt: _____ City: _____		
State: _____ Zip: _____		Phone #: _____

Is roommate or was your previous roommate employed?

No

Yes

**16. Continued**

If yes, Employer \_\_\_\_\_

Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Criminal Record? No

Yes

Age: \_\_\_\_\_

**17. ALL Former spouse(s) / Domestic Partners**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates of marriage: \_\_\_\_\_ to \_\_\_\_\_

Date of divorce: \_\_\_\_\_ Court: \_\_\_\_\_

**\*\*Provide copy of each divorce complaint, settlement and decree\*\***

Former spouse's maiden name: \_\_\_\_\_

Criminal Record? No

Yes

Age: \_\_\_\_\_

**18. Most Recent Dating Partner / Intimate Relation (Not Applicable if more than 7 years ago)**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates of relationship: \_\_\_\_\_ to \_\_\_\_\_

Are they employed? No

Yes

If yes, Employer \_\_\_\_\_

Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Criminal Record? No

Yes

Age: \_\_\_\_\_

**19. List ALL Previous Dating Partner(s) / Intimate Relations  
(Not Applicable if more than 7 years ago)**

Name: _____	Occupation: _____	
Address #: _____	Street: _____	
Apt: _____	City: _____	
State: _____	Zip: _____	Phone #: _____
Dates of relationship: _____ to _____		
Are they employed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, Employer _____	Phone: _____	
Employer Address: _____		
Supervisor: _____		
Criminal Record? No <input type="checkbox"/>	Yes <input type="checkbox"/>	Age: _____

20. Has your spouse/ fiancée/ significant other/ current dating partner ever been arrested, interviewed, detained or convicted by any law enforcement agency? Yes  No

21. Has any former spouse/ fiancée/ significant other/ dating partner ever been arrested, interviewed, detained or convicted by any law enforcement agency? Yes  No

22. Were you raised (for any period of time) by anyone other than your parents, provide dates & information concerning those who raised you: Yes  No

If yes to questions in Section III, explain and provide completed details including name(s) and addresses:

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## IV. EDUCATION:

You will be required to furnish transcripts or other proof to support all your educational claims in a sealed facility envelope. If you are unable to attach them to this document it must be noted and the transcript(s) sent directly to the Seaside Park Police Department Detective Bureau.

### 1. High School- List most recent first

Transcript Attached  Yes  No  Being Sent

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Graduated  Yes  No

Name: \_\_\_\_\_

Overall GPA \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

List Address if attended high school more than 10 years ago:

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Closest High School Friend: (Last Known Information)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

1a. How many days were you absent from school each year? \_\_\_\_\_

### 2. Previous High School

Transcript Attached  Yes  No  Being Sent

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_

Overall GPA \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

List Address if attended high school more than 10 years ago:

**2. Continued**

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Closest High School Friend: (Last Known Information)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**2a. How many days were you absent from school each year?** \_\_\_\_\_

**Colleges or Trade schools- Full address / major/ dates graduated. List most recent first.**

**\*\* List college residence(s) above in previous residences \*\***

**3. College / Higher Education School- #1** Transcript Attached  Yes  No  Being Sent

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ **Graduated**  Yes  No

Degree / Major \_\_\_\_\_ Credits Earned: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4. Previous College / Higher Education School #2** Transcript Attached  Yes  No  Being Sent

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ **Graduated**  Yes  No

Degree / Major \_\_\_\_\_ Credits Earned: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**5. Previous College / Higher Education School #3** Transcript Attached  Yes  No  Being Sent

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ **Graduated**  Yes  No  
Degree / Major \_\_\_\_\_ Credits Earned: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address #: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**6. If your major was not Criminal Justice/Law Enforcement, list how many public administration / criminal justice courses you have taken?**

\_\_\_\_\_  
\_\_\_\_\_

**7. Have you ever been awarded a scholarship or grant?** Yes  No

**8. Have you ever had a scholarship or grant suspended, rescinded or revoked? (i.e. failing to meet requirements (i.e., not maintaining required GPA, etc.)?)** Yes  No

**9. Have you ever been disciplined from any secondary level school or educational facility?** Yes  No

**10. Have you ever been suspended, expelled or placed on academic probation from any secondary level school (high school, college, university) or educational facility?** Yes  No

**11. Have you ever been interviewed, cited, detained, disciplined or had any other contact with any college police / security agency?** Yes  No

If yes to questions in Section IV, explain and provide completed details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\* Criminal charges must be listed under LEGAL / CRIMINAL HISTORY Section \*\*





**V. PROFESSIONAL LICENSES / REGISTRATIONS / CERTIFICATIONS / SPECIALIZED SKILLS / TRAINING**

1. Have you, or any corporation or partnership of which you are / were an officer, director or partner, ever possessed a license or permit issued by any governmental agency (excluding driver's license)?

Yes  No

2. Has any license or permit issued by any governmental agency (excluding driver's license) ever been denied to you, your spouse or any corporation, partnership or other business of which you are / were an officer, director or partner?

Yes  No

3. Have you ever acted as a sponsor, voucher, character reference, or made recommendations for or concerning any person or premises to any municipal, state, federal agency in connection with the issuance, revocation, or suspension of any license or permit, or for any other reason, for any person or premises?

Yes  No

4. List any license(s) you have or were issued (i.e. Law, Real Estate, Beautician, Nursing, Alarm)

<u>License</u>	<u>License #</u>	<u>Date</u>	<u>Licensing Board</u>	<u>Expiration</u>
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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

5. List any specialized skills, training or certifications you have or were issued.

<u>Skill/Certification</u>	<u>Date</u>	<u>Training Center/Facility</u>
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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

6. List all hobbies and special interests you have: \_\_\_\_\_

7. Have you ever received a Pilot's License from the FAA or any other organization?

Yes  No

**VI. ACHIEVEMENTS / AWARDS**

1. List any major achievements or awards you have received, include the date and organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VII. DISCIPLINE

1. List any school / training / license problems including absenteeism, tardiness, failing grades, discipline and suspensions:

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## VIII. MILITARY SERVICE

1. Selective Service Number: \_\_\_\_\_ Not Required to Register

2. Have you ever been refused entry into any branch of the armed services, a military academy or a program?  
No  Yes

3. Have you ever served in the armed forces? No  Yes

If yes, Branch(s) of Service:

Army  Navy  Marines  Air Force  Coast Guard

If yes, list the following information begin with the most recent. If military housing off-base, list residence(s) above in Previous Addresses.

4.  
Dates Assigned: \_\_\_\_\_ to \_\_\_\_\_ Job / Skill \_\_\_\_\_  
Post / Base/ Ship: \_\_\_\_\_ Rank: \_\_\_\_\_  
Commander's Name: \_\_\_\_\_  
Address #: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

5.  
Dates Assigned: \_\_\_\_\_ to \_\_\_\_\_ Job / Skill \_\_\_\_\_  
Post / Base/ Ship: \_\_\_\_\_ Rank: \_\_\_\_\_  
Commander's Name: \_\_\_\_\_  
**5. Continued**  
Address #: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

6.  
Dates Assigned: \_\_\_\_\_ to \_\_\_\_\_ Job / Skill \_\_\_\_\_  
Post / Base/ Ship: \_\_\_\_\_ Rank: \_\_\_\_\_  
Commander's Name: \_\_\_\_\_  
Address #: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

7.  
Dates Assigned: \_\_\_\_\_ to \_\_\_\_\_ Job / Skill \_\_\_\_\_  
Post / Base/ Ship: \_\_\_\_\_ Rank: \_\_\_\_\_  
Commander's Name: \_\_\_\_\_  
Address #: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

8. Dates of Service: \_\_\_\_\_

9. Final Rank: \_\_\_\_\_

10. Have you reenlisted? \_\_\_\_\_ 11. How many times? \_\_\_\_\_

12. Type(s) of Discharge(s): \_\_\_\_\_

13. How many DD214s do you possess? \_\_\_\_\_

Other than Honorable discharge explain: \_\_\_\_\_

14. Are you currently in the National Guard, Military Reserve or subject to military activation?

No

Yes

If yes:

Date obligation ends: \_\_\_\_\_

Post / Base/ Ship: \_\_\_\_\_ Rank: \_\_\_\_\_

Commander's Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

15. Have you ever been recalled to military duty in the past? Explain status and include dates.

No  Yes

16. What was your security clearance? \_\_\_\_\_

17. Have you ever been denied a security clearance? No  Yes

18. What is your highest medal / decoration? \_\_\_\_\_

19. Have you ever faced any non-judicial disciplinary action while in the military, including but not limited to a Courts Martial, Article 15, LOR, Captains Mast, or Brig Time? No  Yes

20. Have you ever been reduced in rank, demoted or received company punishment? No  Yes

21. Have you ever been AWOL? No  Yes

22. Have you ever served in any militia, military organization or armed forces of any organization or government? No  Yes

If yes to questions #2, #12, #14, #16, #18 through #21 provide the details of the incident: \_\_\_\_\_

23. Lists the posts/bases/or ships you served on, their mailing address, and your commanders at that time

24. Date: _____ Disciplinary Action: _____ Post / Base/ Ship: _____ Rank: _____ Commander's Name: _____ Address #: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone #: _____
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25. Date: _____ Disciplinary Action: _____ Post / Base/ Ship: _____ Rank: _____ Commander's Name: _____ Address #: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone #: _____
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## IX. EXPERIENCE & EMPLOYMENT

Beginning with your most recent employment, list ALL jobs you have held since the age of 18. Include ALL full-time, part-time, self-employment & volunteer work. List dates employed, employer, your duties and Supervisors Name and phone.

List ALL periods of unemployment in excess of 30 days as "UNEMPLOYED" listing the dates of unemployment and explain reason (student, travel etc.).

### 1. Current / Most Recent

Dates: \_\_\_\_\_ to \_\_\_\_\_ Fulltime  Part-time

Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Your Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

1. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

2. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

Would there be a problem if we contact your current employer? Yes  No

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason Left Most Recent Employment: \_\_\_\_\_

### 2. Previous Employer

Dates: \_\_\_\_\_ to \_\_\_\_\_ Fulltime  Part-time

Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Continued**

Phone #: \_\_\_\_\_

Your Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

1. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

2. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason Left Employment: \_\_\_\_\_

**3. Previous Employer**

Dates: \_\_\_\_\_ to \_\_\_\_\_ Fulltime  Part-time

Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Your Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

1. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

2. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason Left Employment: \_\_\_\_\_

**4. Previous Employer**

Dates: \_\_\_\_\_ to \_\_\_\_\_ Fulltime  Part-time

Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

**4. Continued**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Your Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

1. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

2. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason Left Employment: \_\_\_\_\_

**5. Previous Employer**

Dates: \_\_\_\_\_ to \_\_\_\_\_ Fulltime  Part-time

Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Your Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

1. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

2. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason Left Employment: \_\_\_\_\_

**6. Previous Employer**

Dates: \_\_\_\_\_ to \_\_\_\_\_ Fulltime  Part-time

Employer: \_\_\_\_\_

**6. Continued**

Supervisor's Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Your Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

1. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

2. Coworker's Full Name: \_\_\_\_\_ Their Position: \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason Left Employment: \_\_\_\_\_

7. Do you have experience as a sworn law enforcement officer in any capacity? No  Yes

8. Do you have experience in private or corporate security? No  Yes

9. Do you have experience as a paid or volunteer member of any fire department, rescue squad, ambulance corps, or other emergency response agency? No  Yes

10. Have you ever had any extended work absences for reasons other than medical or earned vacations? No  Yes

11. Have you ever called in sick when you were neither sick nor calling in because of a family member? No  Yes

12. In the past five years have you missed work or been in late due to drug or alcohol consumption? No  Yes

13. In the past five years have you been warned by an employer about alcohol or drugs impacting on your job performance? No  Yes

14. Have you ever received any sort of disciplinary action against you in your current or previous jobs? (Including job performance counseling i.e. tardiness, absences, demeanor) No  Yes

15. Have you ever been the subject of a written complaint? No  Yes

16. Have you ever been terminated, discharged, fired or laid off from any job? No  Yes

17. Have you ever been asked to resign from a job or position? No  Yes



19. Have you resigned or quit while anticipating that your employer intended to discharge (fire) you or take any disciplinary action against you for any reason? No  Yes

19. Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct? No  Yes

20. Have you ever walked off (left/quit) a job without giving proper notice? No  Yes

21. Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance? No  Yes

22. Have you ever been involved in a physical altercation with a supervisor, co-worker or customer? No  Yes

23. Have you ever stolen or taken anything (without authorization) from any of your employers? No  Yes

24. Have you ever had your salary / wages garnished? No  Yes

25. Have you ever had problems or been alleged to have had problems dealing with persons of another race, ethnic origin, religious groups, gender or sexual orientations? No  Yes

26. Have you ever subjected or been alleged to have subjected others to harassment, discrimination or a hostile work environment? No  Yes

27. Have you ever used illegal drugs or alcohol while working on any job? No  Yes

28. Have you ever committed any other crimes or offenses (even ones which went undetected) while working on any job you ever held? No  Yes

29. Have you ever received unemployment benefits or insurance or other federal, state, county or local benefits or assistance? No  Yes

If yes to questions in Section IX, state employer/date/location/reason, submit any documentation, state how many days you missed or were late, state how many days you have used in the past five years which were not due to illness.

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## X. GENERAL QUESTIONS

1. Are you currently holding or running for an elected position? No  Yes
2. Have you traveled or vacationed outside of the United States? No  Yes
3. Have you ever been involved in a personal relationship in which you threatened, assaulted or harassed another, or where another person sought a domestic violence complaint, temporary restraining order or final restraining order against you? No  Yes
4. Have you ever been involved in a personal relationship in which you were threatened, assaulted or harassed by another, or where you sought a domestic violence complaint, temporary restraining order or final restraining order entered against another? No  Yes
5. Have you ever been charged with or accused of violating the civil rights of another person? No  Yes
6. To your knowledge, has any law enforcement agency ever been called, or responded to any home, residence, room in which you resided, occupied or on you at any location for any reason? No  Yes
7. Do you have any affiliations (including as an officer or member) or made a contribution to any organization(s) that advocate the commission of acts of violence to deny others their constitutional rights, or overthrow the government of the United States, or any other government agencies? No  Yes
8. Have you ever engaged in any act or activities designed to overthrow the United States Government by force? No  Yes
9. Have you ever been involved in or attended any school, camp, class, or forum sponsored by any subversive organization? No  Yes
10. Have you ever been involved in or participated in any parade, picket line, delegation, demonstration affair forum, information distribution activity sponsored by any subversive organization? No  Yes
11. Have you ever been involved or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization? No  Yes
12. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state or federal agency, committee, investigative body or court? No  Yes
13. Have you ever been held as a material witness? No  Yes
14. Have you ever been stopped, questioned or held as a suspicious person or investigated by any law enforcement agency or private or corporate security for any reason? No  Yes

15. Have you ever lied or committed perjury in court or other judicial proceeding? No  Yes
16. Have you ever lied to anyone of authority? No  Yes
17. Have you ever entered or remained in any building, business, dwelling, or house without permission? No  Yes
18. Have you ever intentionally or unintentionally injured anyone as a result of a fight? No  Yes
19. Have you intentionally damaged another person's property include tagging / graffiti? No  Yes
20. Have you ever cheated a restaurant or food establishment by walking out on a check? No  Yes
21. Have you ever helped anyone steal anything? No  Yes
22. Have you ever committed a theft or shoplifted, including receiving stolen property (regardless of value)? No  Yes
23. Have you ever taken a vehicle or remove vehicle parts from another person's vehicle without permission? No  Yes
24. Have you ever misappropriated money or valuables entrusted to you? No  Yes
25. Have you ever pressured or scammed money or valuables from someone? No  Yes
26. Have you ever falsified or lied on an employment application? No  Yes
27. Have you ever provided anyone a discount at your place of employment without permission? No  Yes
28. Have you ever conspired with anyone to commit an illegal act or crime of any kind? No  Yes
29. Have you ever given anything to anyone that was not yours to give away? No  Yes
30. Have you ever committed or been questioned, accused of or arrested for elder abuse? No  Yes
31. Have you ever committed or been questioned, accused of or arrested for any act of child abuse? No  Yes

32. Have you ever slapped, pushed or struck your current or former dating partner, wife, ex-wife, husband, ex-husband, girlfriend, boyfriend, or significant other or social companion? No  Yes
33. Have you ever been a lookout or driver for someone else while they committed a crime or criminal act of any kind? No  Yes
34. Have you ever used a weapon of any kind during a fight/altercation? No  Yes
35. Have you ever injured anyone with any type of weapon or object? No  Yes
36. Have you ever displayed or brandished a weapon of any type or carried a concealed weapon without a permit? No  Yes
37. Have you ever told or implied to anyone that you were a law enforcement officer when you were not? No  Yes
38. Have you, as an adult, ever had a physical fight / altercation with anyone? No  Yes
39. Have you ever falsely reported a crime or filed a report, or knowingly given erroneous / misleading information to a police officer from this or any other law enforcement agency? No  Yes
40. Have you ever used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason? No  Yes
41. Have you ever allowed your property or vehicle to be used in the commission of a criminal act? No  Yes
42. Have you ever committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing or modifying)? No  Yes
43. Have you ever been a member of or associated / affiliated with a person promoting criminal activity, any criminal group, or any Criminal Street Gang as defined in N.J.S.A. 2C:44-3? No  Yes
44. Do you know any individuals, including relatives, who you know or have reason to believe are or have been members of any organization listed above in question 43? No  Yes
45. Have you ever engaged in any of the following activities of any organization of the type described above? Contribution(s) to, attendance at, or participation in any organizations, social or other activities of said organizations / member, or of any projects sponsored by them, the sale, gift, or distribution of any written, printed, electronic, or other matter, prepared, reproduced or published, by them or any of their agents or instrumentality's? No  Yes
46. Do you presently know, have you known or do you associate with any person convicted of a criminal offense / felony? No  Yes

45. Have you ever been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being or attempt or planning? No  Yes
46. Have you ever been present at, witness to, or involved in any way in any crime? No  Yes
47. Have you ever been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb, molotov cocktail, explosive or other incendiary device? No  Yes
48. Have you ever filed a false/fraudulent insurance claim with any insurance company regarding a traffic accident, theft, or other monetary or property loss? No  Yes
49. As an adult, have you ever had sexual contact, committed a sex or other unlawful act with a child or person under the age of 16? No  Yes
50. As an adult, have you ever attempted to solicit any sex act involving a juvenile? No  Yes
51. Have you ever engaged in any sexual act without the consent of the other person? No  Yes
52. Have you ever been involved or accused of using illegal force during sex or a date rape? No  Yes
53. As an adult, have you ever attempted to solicit any type of sex over the Internet including chat rooms or other forums? No  Yes
54. Have you ever committed an act of indecent exposure including flashing or mooning? No  Yes
55. Have you ever entered a house of prostitution for any reason? No  Yes
56. Have you ever patronized a prostitute? No  Yes
57. Have you ever promoted or been involved in the act of prostitution? No  Yes
58. Have you ever accessed, downloaded or viewed child pornography? No  Yes
59. Have you ever been bonded? No  Yes
60. Have you ever been rejected or refused a bond upon application? No  Yes
61. Have you ever been involved in any college/fraternity hazing/initiation incident/ ritual/program? No  Yes
62. Have you ever tortured, mutilated or killed an animal? No  Yes

63. Have you ever been pardoned for any crime? No  Yes

64. Have you ever been involved in setting a fire, an accidental or reckless fire, burning / damaging any property or similar conduct? No  Yes

65. Have you ever called in a false alarm, fire or bomb threat? No  Yes

66. Have you ever committed or received a summons for any gaming, hunting or fishing violations? No  Yes

67. Have you ever resisted arrest or interfered with an officer performing their job, including running from the police? No  Yes

68. Have you ever annoyed, harassed, threatened anyone, or made an obscene gesture using a telephone, the Internet or other electronic communications device? No  Yes

69. Have you ever committed an act of stalking or peeping tom? No  Yes

70. Do you gamble? No  Yes

If yes, how often do you gamble?

\_\_\_\_\_ times a week, \_\_\_\_\_ times a month, \_\_\_\_\_ times a year.

If yes, on what explain: \_\_\_\_\_

71. Have you ever used a bookie? No  Yes

72. Have you ever placed a wager/bet by telephone or made a hand-to-hand transaction with bookmaker (bookie or numbers man) on the results of a professional or collegiate sports event, other than a legitimate lottery, or other legalized gambling event? No  Yes

73. Have you ever been "paid off" while or after playing any illegal slot machine, video games or other device? No  Yes

74. Have you ever worked for a bookie? No  Yes

75. Do you currently have any outstanding gambling debts? No  Yes

76. Have you ever borrowed money to gamble? No  Yes

77. Have you ever used an employer's money to gamble? No  Yes

78. Have you ever stolen money with which to gamble? No  Yes

79. Have you ever possessed alcohol while under the legal age? No  Yes

80. Have you ever been incapacitated due to alcohol in a public place? No  Yes

81. Have you ever purchased alcohol for a minor? No  Yes

82. As an adult, have you ever contributed to the delinquency of a minor? No  Yes

83. Have you ever driven a vehicle while your license was suspended /revoked? No  Yes

84. Have you ever driven any vehicle without insurance? No  Yes

85. Do you have any relatives who are current or past members of a law enforcement agency?  
No  Yes

86. Do you personally know or associate with any members of the Seaside Park Police Department?  
No  Yes

87. Which members of this department have you dealt with in an official capacity as a member of a community organization or group? This does not include officers that have responded to your call(s) for service or assistance:

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88. Have you ever been the victim of a crime? No  Yes

89. Have you ever without authorization, or in excess of authorization accessed any data, data base, computer storage medium, computer program, computer software, computer equipment, computer, computer system or computer network? No  Yes

90. Have you ever without authorization, or in excess of authorization altered, damaged or destroyed any data, data base, computer, computer storage medium, computer program, computer software, computer system or computer network, or denied, disrupted or impaired computer services, including access to any part of the Internet, that are available to any other user of the computer services? No  Yes

91. Have you ever without authorization, or in excess of authorization accessed or attempted to access any data, data base, computer, computer storage medium, computer program, computer software, computer equipment, computer system or computer network for the purpose of executing a scheme to defraud, or to obtain services, property, personal identifying information, or money, from the owner of a computer or any third party? No  Yes

92. Have you ever without authorization, or in excess of authorization obtained, taken, copied or used any data, data base, personal identifying information, or other information stored in a computer, computer network, computer system, computer equipment or computer storage medium? No  Yes

93. Have you ever without authorization, or in excess of authorization accessed and recklessly altered, damaged or destroyed any data, data base, computer, computer storage medium, computer program, computer software, computer equipment, computer system or computer network? No  Yes

If yes to questions in Section X, explain and provide completed details including name(s), dates and locations:

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## **XI. OTHER INFORMATION**

Have you ever experimented with, smoked, tasted, ingested, used, injected, sniffed, purchased, transported or been exposed to Controlled Dangerous Substances (illegal drugs, narcotics, etc.):

- |                          |                             |                              |
|--------------------------|-----------------------------|------------------------------|
| 1. Within the last year? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 2. Within the 3 years?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 3. Within the 10 years?  | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 4. Within your lifetime? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

---

5. Have you ever used prescription medication prescribed to another person? No  Yes

6. Have you ever sold, distributed, or provided any individual with or without their permission or consent any type of Controlled Dangerous Substance? No  Yes

7. Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage or handling of Controlled Dangerous Substances for yourself or for anyone else? No  Yes

8. Have you ever made any money or profit in any way from involvement with Controlled Dangerous Substances? No  Yes

9. Have you ever experimented with, inhaled, used, tried, tasted, injected or had anything else to do with any drugs/narcotic, other than what you have already listed in this application? No  Yes



If yes to any questions in Section XI, explain and provide completed details including name(s), dates locations and reasons tested:

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**XII. LAW ENFORCEMENT APPLICATIONS (If Applicable)**

1. Have you ever attended a law enforcement academy? No  Yes

If yes, explain and provide completed details including name(s), dates and locations:

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2. Have you ever taken a test for or applied to, or are you currently on any employment list for any other law enforcement agency? No  Yes

If yes complete the following start with the most recent application (list all applications):

Explain Application Status: i.e. Hired, On List, Withdrawn, Disqualified, Pending, and Declined.  
Explain the steps completed: Application, Written, Oral, and Physical etc.

3.  
Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Current Application Status: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4.  
Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Current Application Status: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

5.  
Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Current Application Status: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6.  
Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Current Application Status: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

7.  
Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Current Application Status: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

8.  
Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Current Application Status: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_  
Investigator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

9. Have you ever been rejected or not hired?

No

Yes

If so where, when and why? \_\_\_\_\_

**List all rejections for any reason.**

Date: _____	Agency: _____ (Town& State)	Reason: _____
Date: _____	Agency: _____ (Town& State)	Reason: _____
Date: _____	Agency: _____ (Town& State)	Reason: _____

**10. Have you ever withdrawn an application or withdrawn from a selection process?**

No

Yes

**If so where, when and why? List all withdrawals for any reason.**

Date: _____	Agency: _____ (Town& State)	Reason: _____
Date: _____	Agency: _____ (Town& State)	Reason: _____
Date: _____	Agency: _____ (Town& State)	Reason: _____
Date: _____	Agency: _____ (Town& State)	Reason: _____
Date: _____	Agency: _____ (Town& State)	Reason: _____

**XIII. COMMUNITY GROUPS & VOLUNTEER SERVICE EXPERIENCES**

**Organization      Dates of Service      Position      Contact Person      Phone #**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**XIV. FIREARMS ID CARD / PISTOL PURCHASE PERMITS**

1. Have you ever applied for a NJ Firearms ID Card? No  Yes

2. Have you ever applied for a NJ Pistol Purchase Permit? No  Yes

3. Have you ever been denied a NJ Firearms ID Card or Pistol Purchase Permit, or a permit or license to purchase, carry or hunt with a handgun or any other weapon? No  Yes

If yes to questions #1, #2 or #3, list the date, details & jurisdiction: \_\_\_\_\_

\_\_\_\_\_

4. Would you be prohibited from or unable to obtain a Firearms ID Card or Pistol Purchase Permit? No  Yes

If yes, explain and provide reasons: \_\_\_\_\_

5. Have you ever purchased a firearm in another state? No  Yes

If yes, list the date, details & jurisdiction: \_\_\_\_\_

\_\_\_\_\_

6. Have you ever purchased a firearm for another person? No  Yes

If yes, explain and provide reasons: \_\_\_\_\_

\_\_\_\_\_

7. List all firearms that you own or owned in the past 10 years.

	<u>Make</u>	<u>Model</u>	<u>Caliber / Gauge</u>	<u>Serial Number</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

8. Have you ever had a firearm stolen or taken away or seized? No  Yes

If yes, list the date, details, jurisdiction and reasons: \_\_\_\_\_

\_\_\_\_\_

## **XV. LEGAL / CRIMINAL HISTORY INFORMATION**

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Have you ever been arrested, indicted, charged with or convicted of a criminal or an offense in this state or in any other jurisdiction? (For the purpose of this question, the words “arrested” or “indicted” etc., include any detaining or taking into custody by any police or other law enforcement authorities). This does not apply for motor vehicle / traffic / parking tickets or summonses which will be listed in another section.

**Please read the following:**

*Since you are applying for a public safety position, you must list all arrests, convictions, expungements, even though you may have been advised by your attorney, a judge, prosecutor or other official that there is no record. Juvenile or expunged records are sealed and most employers will not have access to them. Law enforcement agencies, such as this department, do have access to these records. All juvenile arrests, convictions and expungements will surface during the background investigation. NOTE: Failure to disclose the required information may result in your name being removed from our list of eligibles for falsifying your application, or it may cause a serious delay in completing pre-employment processing.*

*Also, if you were arrested and found not guilty, your arrest will always appear on your record. Remember the question states **LIST ALL ARRESTS**. Arrests are different from convictions. A “conviction,” a “not guilty” or a dismissal” is the result of the arrest and should be listed as the Disposition.*

*You must list the original chargeable offense for which you were arrested along with any and all charges from the arrest. For example “June 10, 1994 ABC County Police Dept. New Jersey”, “Aggravated Assault” and “Disorderly Conduct” then convicted of assault. The original arrest in this case was for aggravated assault and disorderly conduct. You must list both “Aggravated Assault” and “Disorderly Conduct” not “assault” as the charge. The simple assault conviction is the result of the downgraded charge and must be listed as the “Guilty Simple Assault” disposition. Explain all fines, penalties or conditions as the result of the court appearance.*

*Dates and names of arresting authorities must be accurate. Do not abbreviate. If you are not certain of any of the arrest, charge or conviction dates or specifics, mark “not sure” in the appropriate place below. The correct information must be provided in writing within 10 working days of submitting this application.*

*If you have further questions, please contact your background investigations officer.*

*I have read the above and acknowledge that all the information has been explained to me by a member of the Seaside Park Police Department. I fully understand what information is required of me and that failure to supply accurate information will be considered willful falsification of my application, which is adequate cause for removal from the Seaside Park Police Department eligible list.*

\_\_\_\_\_  
*Candidate’s Signature*

\_\_\_\_\_  
*Date*

1.  No, I do not have any criminal history.
2.  Yes, I have a criminal history. If yes, fill out the following:

**3. List ALL past and any pending criminal / civil charges in this state or any other jurisdiction**

Date	Agency	Charge(s)	Disposition Date	Disposition
Date	Agency	Charge(s)	Disposition Date	Disposition
Date	Agency	Charge(s)	Disposition Date	Disposition
Date	Agency	Charge(s)	Disposition Date	Disposition
Date	Agency	Charge(s)	Disposition Date	Disposition
Date	Agency	Charge(s)	Disposition Date	Disposition
Date	Agency	Charge(s)	Disposition Date	Disposition
Date	Agency	Charge(s)	Disposition Date	Disposition
Date	Agency	Charge(s)	Disposition Date	Disposition
Date	Agency	Charge(s)	Disposition Date	Disposition
Date	Agency	Charge(s)	Disposition Date	Disposition

**4. Have you ever been interviewed by any law enforcement agency or department regarding any criminal investigation? Also include if you were interviewed as a subject or witness to any crime or offense.**

No  Yes

**5. Are you now or have you ever been released on bail / personal recognizance / other conditional release for any reason?**

No  Yes

**6. Are you now or have you ever been on probation or parole of any type of release program?**

No  Yes

**7. Have you ever been questioned, arrested or charged for committing any alcohol related violations?**

No  Yes

**8. Have you ever been issued any type of civil/criminal citation for any type of alcohol related violation?**

No  Yes

9. Have you ever been issued a Municipal / Borough / City / County / District ordinance violation (other than parking)? No  Yes

10. Are you aware of any outstanding criminal/civil summons or warrants for your arrest? No  Yes

11. Has a criminal warrant / bench warrant ever been issued for your arrest? No  Yes

12. Have you ever committed any crime or offense, include those which may not have been detected? No  Yes

13. Have you ever been required to appear before a juvenile court or conference for an act, which would have been a crime or offense if committed as an adult? No  Yes

14. Have you ever committed an act as a juvenile which if committed by an adult would have been a crime or offense? No  Yes

15. Have you ever been subjected to a criminal drug test? No  Yes

16. Have you ever tested positive on a criminal drug test? No  Yes

If yes to questions in Section XV, explain by provide full details including dates, agencies, charges etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XVI. Legal / Regulatory / Administrative Investigation**

1. To your knowledge, are you presently under investigation for possible violation of any agency for a violation of any by Federal, State, County or City / Municipal law, rule / regulation, ordinance or code?

No  Yes

If yes, supply the following information:

<u>Date</u>	<u>Court</u>	<u>Reason</u>	<u>Disposition</u>
1. _____			
2. _____			
3. _____			

2. Have you or your spouse / partner ever been referred to Division of Youth & Family Services or other type agency? No  Yes

If yes to questions in Section XVI, explain and provide dates and details: \_\_\_\_\_

## **XVII. Legal / Civil History Information**

1. Have you ever been or are you currently a party to a civil suit?

No

Yes

If yes, supply the following information:

<u>Date</u>	<u>Court</u>	<u>Reason</u>	<u>Disposition</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

2. Have you ever been named in a paternity proceeding?

No

Yes

If yes to questions in Section XVII, explain and provide dates and details: \_\_\_\_\_

## **XVIII. Legal / Motor Vehicle History Information**

1. List EVERY license suspension / revocation. List ALL motor vehicle summonses, mail-in-fine, appearance tickets you have received in the last 10 years. Do not include parking tickets:

<u>Date</u>	<u>Agency</u>	<u>Charge/Reason</u>	<u>Disposition</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

2. To the best of your knowledge, how many points are currently on your driver's license? \_\_\_\_\_



3. Have you ever driven a vehicle while under the influence of alcohol and or drugs?

No  Yes

4. Have you ever been detained, arrested or charged, with Driving While Intoxicated / Impaired (DWI) or Driving While Under the Influence (DUI) in this state or any other jurisdiction?

No  Yes

If yes, explain in detail supplying, date, location, arresting agency, disposition, etc. \_\_\_\_\_

5. Have you ever received a "Warning Letter" from the Motor Vehicle Services of this state or any state that your driver's license, or vehicle registration, could or would be canceled, suspended or revoked?

No  Yes

If yes, explain in detail supplying reason, dates, agency, disposition, etc. \_\_\_\_\_

6. Have you ever had your driver's license privileges restored?

No  Yes

7. Do you currently have any outstanding parking tickets in this state or any other state that have not been paid?

No  Yes

8. List ALL unpaid / pending parking tickets. List ALL parking tickets you have received in the last 4 years:

<u>Date</u>	<u>Agency</u>	<u>Charge/Reason</u>	<u>Disposition</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

9. Has a traffic warrant ever been issued for your arrest?

No  Yes

10. List all vehicles, which you have owned, leased or regularly driven in the last 5 years:

Plate \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

If not owned by you or your spouse list the vehicle owner \_\_\_\_\_

Plate \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

If not owned by you or your spouse list the vehicle owner \_\_\_\_\_

Plate \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

If not owned by you or your spouse list the vehicle owner \_\_\_\_\_

Plate \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

If not owned by you or your spouse list the vehicle owner \_\_\_\_\_

11. List ALL, including unreported, motor vehicle accidents you have been involved in within the last 5 years or accidents resulting in a summons, criminal charge or a lawsuit as either a plaintiff or defendant. Note who was at fault. Include copies of the accident reports and attach them to the back of this application.

<u>Date</u>	<u>Location/Agency</u>	<u>Report #</u>	<u>Fault</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

12. Have you ever been involved in or witness to a motor vehicle collision fatality? No  Yes

13. Have you ever been involved in any personal injury motor vehicle collision? No  Yes

14. Have you ever been involved in a "Hit & Run" motor vehicle collision? No  Yes

15. Has your motor vehicle insurance cancelled within the past 10 years? No  Yes

16. Have you ever been denied automobile insurance in this state or any other state for non-medical reasons? No  Yes

17. Has your vehicle registration ever been canceled, refused, revoked or suspended for any non-medical reason? No  Yes

18. In the past seven years how many times have you been stopped by a law enforcement agency for a violation without receiving a summons, violation or written warning? No  Yes

If yes to questions in Section XVIII, explain and provide completed details including name(s), dates, summons numbers, locations and reasons:

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## **XIX. SOCIAL ORGANIZATIONS**

1. List any social, professional, or fraternal organizations that you have been involved in within the past 10 years.

<u>Dates</u>	<u>Organization</u>	<u>Address</u>	<u>Phone</u>	<u>Contact</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

## **XX. FINANCIAL**

1. Have you had liens, judgments or civil litigation placed against you? No  Yes
2. Have you settled any civil suit in which you, your insurance company or anyone else on your behalf was required to make payment to another party? No  Yes
3. Have you ever been notified by any taxing authority concerning an audit or examination of your tax returns or filings? No  Yes
4. Have you ever been found to be delinquent on income or any other tax payments? No  Yes
5. Have you ever been divorced? No  Yes   
If yes, provide a copy of the divorce decree, property settlement.
6. Do you have a financial obligation as a result of a divorce / separation? No  Yes
7. Are you failing to, in default or behind on providing child support for all children born to you, including adopted and stepchildren? No  Yes

8. Are you failing to, in default or behind on providing spousal support, alimony or other obligated support for any spouse or dependant? No  Yes
9. Do you currently have any outstanding debts including any college (deferred loans include the number of deferments, tuition, grants, parking citations, lab costs, etc.)? No  Yes
10. Did you ever default on a loan or financial obligation, or are you now, or have you been in arrears more than 60 days on scheduled payments? No  Yes
11. Have any of your bills been turned over to a collection agency? No  Yes
12. Have any of your accounts been written-off, charged-off or closed by the creditor with a pending balance? No  Yes
13. Have you had any checks returned by a bank or other party? No  Yes
14. Have you ever received any public assistance or benefits to which you were not entitled? No  Yes
15. Have you ever been the victim of Identity Theft? If yes, did you report it? Where and when? No  Yes

**16a. State Taxes**

List by year the last three times you filed state income tax returns (Provide copy of your return with attachments: W-2s, 1099, tax schedules etc.). If claimed as a dependant, indicate such.

1. \_\_\_\_\_ Claimed as a dependant by: \_\_\_\_\_
2. \_\_\_\_\_ Claimed as a dependant by: \_\_\_\_\_
3. \_\_\_\_\_ Claimed as a dependant by: \_\_\_\_\_

**16b. FEDERAL TAXES**

List by year the last three times you filed federal income tax returns (Provide copy of your return with attachments: W-2s, 1099, tax schedules etc.). If claimed as a dependant, indicate such.

1. \_\_\_\_\_ Claimed as a dependant by: \_\_\_\_\_
2. \_\_\_\_\_ Claimed as a dependant by: \_\_\_\_\_
3. \_\_\_\_\_ Claimed as a dependant by: \_\_\_\_\_

**17. Assets: List current accounts (include CD's, bank certificates, all investments, credit unions etc.)**

Account Type & Name	Bank Name	Balance
1.		
2.		
3.		
4.		
5.		

**18. Have you ever failed to file income tax returns, been delinquent on income or other tax payments?**

No  Yes

**19. Debts- List current obligations monthly payment and account balance**

	Monthly Payment	Acct. Balance
1. Rent / Mortgage	\$ _____	\$ _____
2. Car Payment	\$ _____	\$ _____
3. Phone	\$ _____	\$ _____
4. Utilities	\$ _____	\$ _____
5. Credit Cards	\$ _____	\$ _____
6. Child Support	\$ _____	\$ _____
7. Insurance	\$ _____	\$ _____
8. Student Loans	\$ _____	\$ _____
9. Other Loans	\$ _____	\$ _____
10. Other Expenses _____	\$ _____	\$ _____
11. Other Expenses _____	\$ _____	\$ _____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>	

**Income (Monthly)**

Salary of Candidate	\$ _____
Salary of Spouse / Roommate	\$ _____
Other Income (Identify Source _____)	\$ _____
Other Income (Identify Source _____)	\$ _____
Other Income (Identify Source _____)	\$ _____
Other Income (Identify Source _____)	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>

20. Do you have any private loans of financial obligations not listed? No  Yes

List any obligations below:

	<u>Date</u>	<u>Creditor/ Person</u>	<u>Amount</u>	<u>Purpose</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Explain the loan / obligation: \_\_\_\_\_

21. Do you own any businesses or have any partnerships? No  Yes

List any business interests or partnerships you have:

	<u>Business Name</u>	<u>Address</u>	<u>Partner's Name</u>	<u>Type of Business</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

22. Do you own or have ANY financial interest in ANY real estate? No  Yes

List ALL real estate owned by you or in which you have ANY financial interest (besides your primary residence previously listed):

	<u>Address</u>	<u>Type of Property</u>	<u>Partner/Partnership Name</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

23. Have you co-signed any loans with or for another party? No  Yes

List any outstanding loans that you have co-signed:

	<u>Lender</u>	<u>Address</u>	<u>Partner's Name</u>	<u>Type of Loan</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**24. Have you filed for or declared bankruptcy?**

No

Yes

List any bankruptcies you have filed:

	<u>Date</u>	<u>Court</u>	<u>Creditor</u>	<u>Amount</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Explain the reason for filing for bankruptcy: \_\_\_\_\_

If yes to questions in Section XXI, explain and provide completed details including name(s), dates, locations, amounts and reasons:

\_\_\_\_\_

\_\_\_\_\_

**XXI. FULL DISCLOSURE**

**1. Is there anything that would prevent you from taking an Oath of Office, supporting and defending the Constitution of the United States and the State of New Jersey?** No  Yes

**2. Is there anything that would prevent you from using force or taking of a life in the line of duty?** (For Police Officer/Special Police Officer Applicants) No  Yes

**3. Have you been a member of any organization and / or adhere to any belief which would in any way:**

- A. Limit or prohibit your use of weapons or firearms?
- B. Restrict or prohibit you from working on particular days or hours?
- C. Restrict you from conforming to departmental standards of appearance and / or grooming?

No  Yes

**4. You have been provided with a list of essential functions for the position sought. You are to read those and if you have any questions concerning any of them you are to contact the Seaside Park Police Department Detective Bureau. Having read the essential functions, and having had all your questions answered, do you believe that you can perform satisfactorily all of those essential functions once you receive basic training at a Police Training Commission approved academy (if applicable)?**

No

Yes

5. Did anyone prepare this application or any part on your behalf? No  Yes

If yes, who: \_\_\_\_\_

6. Did anyone provide advice, guidance or other assistance to you in regards to the completion of this confidential application? No  Yes

If yes, who: \_\_\_\_\_

7. Is there anything in your past or present, the nondisclosure of which to the department would embarrass you or this department so as to possibly cause you to compromise the discharge of your duties should you be hired for the position sought? No  Yes

8. Do you have any other knowledge or information, in addition to that specifically asked in this questionnaire, which is or may be relevant; directly or indirectly in connection with an investigation of your eligibility for the position sought including but not limited to: your character, physical or mental condition, temperance, habits, employment, education, subversive affiliations or activities, affiliation with any person or group advocating prejudice or hatred toward any minority family or associations; or facts concerning criminal records, traffic violations, residence or other? No   
Yes

If yes to questions in Section XXII, supply the additional relevant information, completely explain and provide specific details including name(s), addresses dates, associations, and reasons.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# SEASIDE PARK POLICE DEPARTMENT

Chief Francis P. Larkin

1 Municipal Plaza

Seaside Park, New Jersey 08752

732-793-8000

## Authorization and Release of Information

\_\_\_\_\_

(Print Full Name)

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Seaside Park Police Department, weather the said records or information are of a public, private or confidential nature to include information contained in any expunged or sealed records. I also authorize and request every person, firm, company, organization, government agency, be they municipal, county, state or federal court, financial or medical institution or any other organization having control of any documents, records and other information pertaining to me, to furnish to the Borough of Seaside Park any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Borough of Seaside Park or any of its agents or representatives to inspect and make copies of such documents, records and other information. I also authorize the New Jersey Division of Taxation to obtain and provide to the Borough of Seaside Park any and all records pertaining to the filing of state, federal and out of state tax returns.

### Military Records Release

I hereby request and authorize the Department of \_\_\_\_\_ (*Army, Navy, Air Force*) to furnish to the Borough of Seaside Park the record of each period of my service therein, and to furnish the character and service rendered for each period. My serial number (*Social Security Number*) is \_\_\_\_\_ (supply from DD 214). [ ] **Check box if never in the military.**

\_\_\_\_\_

- I understand that any information obtained by a confidential background investigation which is developed directly or indirectly, in whole or part, upon this Authorization and Release will be considered in determining my suitability for employment by the Borough of Seaside Park.
- I hereby release, discharge and exonerate the Borough of Seaside Park, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Seaside Park Police Department.
- A photo copy of this Authorization and Release from will be valid as a original thereof, even though the said photo copy does not contain an original writing of my signature.

**I have read and fully understand the contents of this Authorization and Release.** \_\_\_\_\_ (*Initials*)

*Sworn to and subscribed before*

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Print Name and Title)

(Affix Notary Seal)

\_\_\_\_\_

Signature – (Include maiden name)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**This page must be completed in the presence of a notary public**

**\*\*OATH must be completed in the presence of a notary public \*\***

**NOTICE: N.J.S. 2C:28-3a**

*A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.*

I, \_\_\_\_\_, a candidate for the position of \_\_\_\_\_  
\_\_\_\_\_ for the Seaside Park Police Department, N.J.; being duly  
sworn, depose and say that I am the above named person; I have read and answered each  
and every question contained in the foregoing pages honestly and completely. I have  
reviewed the contents of my answers on each page, and have personally initialed each page  
on the bottom to indicate such.

I fully understand that any deception, misstatement of fact or record, or omissions made  
which in any manner or way may affect my eligibility for the position sought may result in  
the automatic removal of my name from eligibility and subject to penalty under the law.

\_\_\_\_\_ sworn before me this  
Candidate's signature \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Staple 2"x2"  
color  
passport type  
photo  
here

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Officer Receiving Date & Time

# Waiver of Liability and Release of All Claims

**Instructions:** Read this form carefully and completely. Sign and date the form at the bottom of the page only after reading the entire page carefully and completely. Initial each section after reading the section carefully and completely.

I declare and represent that I received a written description entitled "Class I Physical Assessment Test Packet" and am aware of what this test entails. I have read completely and fully understand the "Class I Physical Assessment Packet" and understand the nature of the physical fitness events comprising the Physical Assessment Test. I understand that certain aspects of the Physical Assessment Test present a risk of possible physical or psychological injury, however, I choose to voluntarily participate in this Physical Assessment Test. I further declare and represent that I am now in good health, that I am familiar with and understand the nature of the Physical Assessment Test, that I am physically and medically fit to participate in the tests, and that my personal attire is safe and fit for participation in the test. I personally assume any and all risks of injury with respect to all matters pertaining to my participation in the test, including death, damage, or loss which I may sustain as a result of participating in any activities associated with the test. I hereby consent and agree to all of the following terms and conditions.

\_\_\_\_\_  
Initial

**Acknowledgment of Risk** As a voluntary participant in the Physical Assessment Test, I recognize and acknowledge that there are certain risks of physical injury inherent in the Physical Assessment Test. I agree to assume the full risk of any injury, including death, damage or loss which I may sustain as a result of my voluntary participation in any and all activities connected with or associated with the test.

\_\_\_\_\_  
Initial

**Waiver of Liability and Release of All Claims** I do hereby for myself, heirs, executors and administrators, and other parties claiming under or through me, fully waive, relinquish, release, and forever quit-claim and discharge the Seaside Park Police Department and all its elected officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related in any way to any loss, damage, medical expense, or injury (including death) that may be sustained by me while participating in the Physical Assessment Test, or upon the premises where the test is begin conducted, whether the loss, damage, medical expense injury, or death results from the negligence of the Seaside Park Police Department or its elected officials, trainers, officers, agents, employees, servants, monitors, or examiners, or is otherwise caused.

\_\_\_\_\_  
Initial

**Indemnity and Defense** I do hereby agree, for myself, heirs, executors, and administrators, and other parties claiming under or through me, to indemnify and hold harmless and defend the Seaside Park Police Department and its elected officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all claims, suits or demands, actions, or causes of action whatsoever arising out of or related in any way to loss, damage, or injury (including death) that may be sustained by me while participating in the Physical Assessment Test, or upon the premises where the test is being conducted.

\_\_\_\_\_  
Initial

**Other** I understand that the test administration staff may remove me from the test if they believe I might endanger myself or be an endangerment to others.

\_\_\_\_\_  
Initial

**Other** I understand that my participation in the Physical Assessment Test is entirely voluntary and that I may stop participating in the Physical Assessment Test at any time.

\_\_\_\_\_  
Initial

**In signing below, I hereby certify and declare that I fully understand and agree to the foregoing terms, conditions, and declarations.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

**Subscribed and Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_, NOTARY PUBLIC

# Class I Physical Assessment Test Packet

## CONTENTS

Intro

Physical Assessment Test Protocols

Waiver of Liability and Release of All Claims

Medical Release

## INTRODUCTION

The purpose of this test is to ensure the candidate is in sufficient physical condition to safely participate and/or avoid unnecessary injury during continued law enforcement training and to ensure the candidate meets the minimum physical demands required of a Class I Police Officer in order to individually and collectively better insure the health, safety and welfare of the citizens of this State. For purposes of this guide, the physical assessment test will be referred to as the "PAT."

## DEVELOPMENT

A content-oriented strategy was used to develop a valid physical ability examination designed to measure the basic physical skills necessary to safely complete the physical demands of a Class I Police Officer in the Seaside Park Police Department. The entire examination is composed of training-related physical skills. Only those skills which do not require prior training to become proficient are assessed. This means the exam is equally valid for assessing the physical skills of candidates who have and have not had prior law enforcement training and/or education.

## PACKET GUIDE

This manual includes a description of the events included in the PAT so as to orient and prepare the candidate for the physical activities included in the PAT. It includes a list of what candidates must wear and do to prepare for the test and a list of all materials necessary to conduct the test. This guide addresses testing procedures and includes a description of each event that comprises the PAT. The guide **does not** explain the criteria for successfully passing the PAT. Please take particular note of the following forms that were included with this packet and that **all participants are required to submit these forms prior to the day of the PAT:**

(X) Medical Release Form – Completed and Signed

(X) Waiver of Liability and Release of All Claims Form – Completed and Signed

## MEDICAL RELEASE

All candidates must, prior to participating in the PAT, obtain a medical release signed by a physician stating that the candidate is physically capable and medically able to safely participate in the PAT. **Candidates will not be allowed to participate in the test without a signed medical release.** A copy of the medical release form shall be included with this packet. Candidates must bring the Physical Assessment Test Protocols to their Physician on the date of their medical exam.

## WAIVER OF LIABILITY

All participants must, prior to participating in the PAT, read and sign a Waiver of Liability and Release of All Claims form ("Waiver Form"). **Candidates will not be allowed to participate in the PAT without a signed Waiver Form.** A copy of the Waiver Form shall be included with this packet.

## TEST ADMINISTRATION

The PAT will be administered at the Seaside Park Elementary School and will continue to various locations throughout the municipality, including, but not limited to, roadways, sidewalks, beaches, boardwalks, etc. Only one testing date will be available per year, and is generally held in the month of January following the deadline for admission of applications. In the event of inclement weather, candidates will be notified of a rain date.

## WHAT CANDIDATES SHOULD WEAR DURING THE TEST

Candidates should wear the following during the test:

- Tennis shoes (sport shoes or sneakers) are recommended.
- Candidates taking the test are encouraged to wear sweat pants, t-shirt, sweatshirt and winter hat, and any other weather-appropriate attire.
- Candidates should NOT wear watches, rings or other items which could harm them while taking the test. These items should be removed before testing for safety purposes.

**WHAT CANDIDATES SHOULD DO PRIOR TO TAKING THE TEST**

Just prior to taking the test, candidates should consider jogging lightly, performing some jumping jacks to get their blood flowing, and stretching to prepare themselves for the physical activities in which they are about to engage.

**ENVIRONMENTAL CONDITIONS**

The PAT is to be administered indoors and outdoors; therefore it can take place during any weather conditions. All effort should be taken by candidate to be properly clothed for the outdoor portions of the examination.

**All candidates are encouraged to retain a copy of all materials.**

**IMPORTANT:**

***CANDIDATES WHO DO NOT SUBMIT A SIGNED MEDICAL RELEASE AND WAIVER OF LIABILITY WILL NOT BE ALLOWED TO PARTICIPATE. BE SURE TO BRING BOTH COMPLETED FORMS ON THE DAY OF THE PHYSICAL ASSESSMENT TEST. NO EXCEPTIONS WILL BE PERMITTED.***

## PHYSICAL ASSESSMENT TEST (“PAT”) PROTOCOLS

### A. One Mile Run

**PURPOSE:** The best field test of cardiovascular-respiratory function is the 1.0 mile run. This test is designed to measure cardio-respiratory endurance (aerobic capacity). This is important for performing tasks involving stamina and endurance, such as sustained foot pursuits, prolonged use of force situations, etc.

**EQUIPMENT:** Stopwatch, marked course with a minimum of view obstructions

**MOVEMENT:** The candidate shall line up behind the start line. At the “GO” signal, the candidate shall run/walk the 1.0 mile distance. The subject shall pass to the outside of any cones or markers. Failure to do so results in immediate disqualification for “cutting the course”. Any combination of running or walking is allowed to complete the test. The subjects shall not run to exhaustion, especially since their total score on the physical assessment test is not based on this test alone. This portion of the PAT will be conducted on the boardwalk or roadway.

**SCORING:** The time the candidate properly finishes the course will correlate to the score.

### B. One Minute Push Up Test

**PURPOSE:** This test measures the muscular strength/endurance of the upper body muscles in the shoulders, chest, and triceps. This test will measure muscular strength and anaerobic power needed for pushing, lifting, carrying, dragging and pulling. Job specific activities include, but are not limited to, the essential functions of a police officer.

**EQUIPMENT:** Mat, stopwatch, partner

**MOVEMENT:** The subject assumes a push-up position on the floor: Body rigid and straight, supported on toes with hands shoulder-width apart and arms straight and locked. The subject must lower him/herself until the chest is within 4 inches of the floor’s surface. The upper arms must be parallel to the ground. The back must remain straight and rigid throughout the movement. The participant will return to the starting position by straightening their arms. If rest is needed, it must be in the up position only, with the elbows slightly bent.

**SCORING:** Score is scaled on the number of correct push-ups until exhaustion or one minute is completed. Exhaustion is called if any part of the body hits the ground or if the subject fails to rest in the “up” position. If the subject fails to keep their body in a straight line or fails to touch the chest to a fist or nerf ball, warning will be issued. After one warning, incorrect repetitions will not count.

### C. Two Minute Sit-Up Test

**PURPOSE:** This test measures the muscular strength / endurance of the abdominal muscles. This test will measure muscular strength and anaerobic power needed for pushing, lifting, carrying, dragging and pulling. Job specific activities include, but are not limited to, the essential functions of a police officer. Further, these muscles are important for performing tasks that maintain posture and minimize lower back problems.

**EQUIPMENT:** Mat, stopwatch, partner

**MOVEMENT:** The participant will lie on his or her back, knees bent, heels flat on the floor. Hands will be held behind the head with elbows out to the sides. A partner holds the feet and counts the repetitions. The participant will then perform as many correct sit-ups as possible in one minute.

In the up position, the subject must touch the elbows to the knees and then return to the lying position before starting the next sit-up. The score is the number of correct sit-ups after one minute. The hands will remain interlocked behind the head. The knees will remain at a 90 degree angle throughout the exercise. The buttocks must remain in contact with the floor at all times. Any resting must be done in the “up” position. It is important that the buttocks remain on the floor through the entire movement. To complete the movement, the shoulders/upper back must re-contact the floor.

**SCORING:** The score on this test is scaled on the number of correctly-performed repetitions in two minutes.

#### **D. Pull Ups**

**PURPOSE:** This test measures the muscular strength/endurance of the upper body muscles in the back, lats, and biceps. This test will measure muscular and anaerobic power needed for pulling, lifting, carrying, dragging and pushing. Job specific activities include, but are not limited to, the essential functions of a police officer.

**EQUIPMENT:** Chin-Up Bar

**MOVEMENT:** Candidates will hang from a chin-up bar with arms fully extended, hand position is slightly wider than shoulders, grip is with palms either facing forward or facing the candidate. Pull up until your chin breaks the horizontal plane of the bar. Lower yourself to the starting position. Repeat as many times as possible with correct form. Pull ups must be done in one fluid motion. Candidates swinging their body and/or legs or attempting to “cheat” their way over the bar will not be given credit for that pull up attempt.

**SCORING:** Score is scaled on the number of correct pull ups until exhaustion.

#### **E. One Minute Squat Thrust**

**PURPOSE:** This test measures the muscular strength of entire body, as well as cardio-respiratory endurance (aerobic capacity). This is important for performing tasks involving stamina and endurance, such as sustained foot pursuits, prolonged use of force situation, etc.

**EQUIPMENT:** Floor

**MOVEMENT:** The candidates will begin in the standing position with their arms straight at their sides. The repetition consists of four distinct movements. 1) The candidate must bend at the knees and place both hands flat on the ground to the outside of their feet. 2) The candidate must next, while keeping their feet parallel, kick their legs back out into a push-up position. 3) The candidate must then, while keeping their feet parallel, spring both feet back to the #1 position. 4) The candidate must return to the starting upright position with the legs and back **straight**. Squat thrusts repetitions are not counted due to improper performance typically more than all other exercises combined. Candidates must strive to be precise in all four movements of the exercise. The most common reason for failure to be credited for the repetition is failing to stand up straight at the end of one repetition before beginning the next.

**SCORING:** Score is scaled on the number of correct squat thrusts until exhaustion or one minute is completed.

The order in which events are completed shall be at the discretion of the Seaside Park Police Dept.

# MEDICAL RELEASE

## PHYSICIAN RELEASE

Patient's Name: \_\_\_\_\_

I CERTIFY THAT I HAVE BEEN PROVIDED A DESCRIPTION OF THE ACTIVITIES OF THE PHYSICAL ASSESSMENT TEST IN WHICH MY PATIENT WILL BE INVOLVED (1 mile run, push ups, sit ups, pull ups, squat thrusts). I UNDERSTAND THAT HE/SHE WILL BE ENGAGED IN THE STRESSFUL AND RIGOROUS ACTIVITIES OF LAW ENFORCEMENT TRAINING. THE CANDIDATE NAMED ABOVE IS MY PATIENT AND I AM FAMILIAR WITH HIS/HER MEDICAL CONDITIONS AND PHYSICAL CAPABILITIES. BASED ON MY KNOWLEDGE AND EVALUATION OF \_\_\_\_\_, I CERTIFY THAT:

\_\_\_\_\_ The above individual **is capable** of performing the essential physical tasks comprising the Physical Assessment Test. The applicant named above **is** physically qualified and capable of performing all of the above-described physical tasks.

\_\_\_\_\_ **It is not recommended** that the individual participate. The applicant named above **is not** physically qualified and capable of performing all of the above described physical tasks pertaining to the Physical Assessment Test.

\_\_\_\_\_  
Printed Name of Treating Physician

\_\_\_\_\_  
Signature of Treating Physician

\_\_\_\_\_  
Treating Physician ID Number

\_\_\_\_\_  
Treating Physician Contact Phone

\_\_\_\_\_  
Date

Seaside Park Police Department  
Class I Physical Assessment Test