



Wildwood Crest Police Department

Application for Employment

(Type or Print using Black Ink)

Date: _____

Class II:	<input type="checkbox"/>
Class I:	<input type="checkbox"/>
Parking Enforcement:	<input type="checkbox"/>
Communications Operator:	<input type="checkbox"/>

1. Name _____
Last First Middle in Full Nickname

2. Home Address _____
Number Street City State Zip

3. Length at Current Address (Years & Months) _____ Home Phone _____
Cell Phone _____

4. Previous Address: (If less than 3 Years) _____
Number Street City State Zip

5. Emergency Contact: _____
Full Name Address Phone Cellular

6. Local Address (During Employment) _____
Number Street City State Zip

7. Email Address: _____

8. Last available dates for full time duty _____ Available weekends after this? Yes No

9. Are you certified as an SLEO? Yes No If yes, SLEO I or SLEO II (circle one) and date completed _____

10. Personal Information:

Are you a citizen of the United States? Yes No _____
Date of Birth (mm/dd/yyyy) Age Sex Race

Social Security Number Marital Status Number of Dependents

11. Drivers License Information: _____
DL Number State Expiration Date

12. Spouse Information:

Is your spouse a citizen of the United States? Yes No

Name Date of Birth (mm/dd/yyyy) Sex Race Social Security Number

FOR DEPARTMENT USE ONLY:
DATE RECEIVED: _____
RECEIVED BY: _____
INTERVIEW: _____
STATUS: _____
APPLICANT ADVISED: _____

SLEO Applicants, check your availability for academy for:
 Summer Academy only
 Winter Academy only
 Both

13. Educational Data:

Type of School	Name of School and Location	Dates of Attendance	Graduate		Special Subjects and Degrees
Grade			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other School			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

14. Military Service and Experience:

Branch of Service	Date Entered	Date of Discharge	Type of Discharge
Detail any Special Training: _____			

15. Work History (Provide at minimum, the past (5) years, attach additional sheets if necessary)

Employer	Dates / Positions	Summary of Duties
Name	Employed From:	
	To:	
Address	Position Held:	
Reason for leaving above job		
Contact Person and Phone Number		
Employer	Dates / Positions	Summary of Duties
Name	Employed From:	
	To:	
Address	Position Held:	
Reason for leaving above job		
Contact Person and Phone Number		

16. **Previous Law Enforcement Experience or Training:**

17. **Violation/Criminal History:**

Has your Drivers License ever been suspended in this state or any other state? If YES, please explain: Yes No

Were you ever taken into custody or arrested, as an Adult or Juvenile anywhere in this State or elsewhere (including all expunged matters?) Yes No

Date	Violation / Incident	Location	Disposition	Police Agency Concerned	Your Age at Time

Were you ever issued a motor vehicle summons in this State or elsewhere (including all moving and non-moving violations?)

Yes No

Date	Offense	Location	Disposition	Police Agency Concerned	Your Age at Time

18. **Civil Actions:**

Have you ever been named as a party in any type of Civil Action? (If yes, describe when and where below) Yes No

Have you ever been served or been named in a domestic violence restraining order in this State or elsewhere?

(If yes, describe when and where below) Yes No

19. Have you ever been denied a firearms identification card or permit to purchase a firearm in this State or elsewhere?

(If yes, describe when and where below) Yes No

Date	Location	Reason for Denial	Police Agency Concerned

20. Do you read, write and / or speak the English language fluently? Yes No

21. Do you read, write and / or speak any other language than English fluently? (If yes, list below) Yes No

22. References (Do not list relatives **or** former employers)

Name	Address	Phone Number	Years Known
Name	Address	Phone Number	Years Known
Name	Address	Phone Number	Years Known

All prospective employees are subject to a thorough background check.

* **Note:** All questions must be answered completely. If an item is not applicable, indicate this on the application. Incomplete applications will not be considered. Failure to disclose any information or failure to answer truthfully will result in disqualification from hiring.

State of _____

County of _____

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

Applicant's Signature

Sworn and subscribed before me

This _____ day of _____, 20_____.

Notary Public of _____

My commission expires _____