

POLICE DEPARTMENT OF RIVERSIDE TOWNSHIP
APPLICATION FOR DOMESTIC VIOLENCE VICTIM RESPONSE TEAM

Print	Last Name	First	Middle
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APPLICATION NUMBER _____

DATE OF APPLICATION _____

INVESTIGATOR ASSIGNED _____

Municipality of Riverside Township

NOTICE: Application must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications that are not complete and legible will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL HISTORY

1. _____ - ____ - ____
Full name: Last, First, Middle Social Security Number
2. List all names you have used including nicknames. If your name has been legally changed, give date, place and court. Explain use of different names.
- _____
- _____
- _____
- _____
3. Date of birth: ____ / ____ / ____ Place of birth: _____
Month, Day, Year City, State
4. Sex: _____ Eye Color _____ Hair Color _____

RESIDENCE AND CONTACT INFORMATION

5. Present Address: _____
(Street, City, State, Zip Code)
6. Home Phone Number: (____) ____ - ____ Cell: (____) ____ - ____
7. Email Address: (all caps please) _____

AVAILABILITY & SKILLS OF APPLICANT

8. Earliest date available for position? ____/____/____
9. What educational degree(s) or professional license(s) do you possess?

10. Do you speak any other languages other than English? _____YES
_____NO
If yes, please list
languages _____

EMPLOYMENT

11. List your last or current place of employment. Dates of employment _____

Employer _____
Address _____
Phone _____

COURT RECORD

12. Have you ever been arrested or charged with any criminal violation?
YES _____ NO _____ If "yes", give date, place, charge, disposition and details:

13. Do you have any prior involvement or experience with Domestic Violence, either as a victim or an accused? YES _____ NO _____ If "yes", please give specific details:

_____ (attach additional pages if needed)

DRIVING RECORD

14. Current Driver's License Number: _____ State _____

15. Has your driver's license or vehicle registration ever been suspended, revoked, or have you ever been refused a driver's license in this State or any other State or Territory? If "yes", explain:

REASON FOR APPLYING FOR VOLUNTEERING

16. What, if any, has been your personal experience in Domestic Violence?

17. Please tell us briefly your reasons for applying as a volunteer to the Police Department's Domestic Violence Victim Response Team.

REFERENCES

18. Give three (3) references (not relatives) who are responsible adults such as, former or present employers, fellow employees or school teachers, who has known you well for at least five (5) years, preferably those who have known you during the past five (5) years. If reference is retired, give former occupation.

(1) Complete Name: _____

Number of Years Acquainted: _____ Occupation: _____

Residence Address:

Business Address:

Home Phone Number : (_____) _____ - _____ Work Number : (_____) _____ - _____

(2) Complete Name: _____

Number of Years Acquainted: _____ Occupation: _____

Residence Address:

Business Address:

Home Phone Number : (_____) _____ - _____ Work Number : (_____) _____ - _____

(3) Complete Name: _____

Number of Years Acquainted: _____ Occupation: _____

Residence Address:

Business Address:

Home Phone Number : (_____) _____ - _____ Work Number : (_____) _____ - _____

SIGNATURES AND AUTHORIZATIONS

I understand that any appointment tendered me will be contingent upon the results of my complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the _____ Police Department's Domestic Violence Victim Response Team. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant

Date

Domestic violence Response Team **Release Authorization**

To: All Courts, Probation Departments, Selective Service Boards, Hospitals, Employers, Educational, and other Institutions and Agencies without exception.

I, _____, am making application for appointment to the Burlington County Domestic Violence Response Team. As a result, an investigation is being conducted to determine my eligibility. Therefore, I hereby authorize you to release to the _____ Police Department or its representative any and all information, documentary or otherwise pertaining to me that they may request.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature

Date