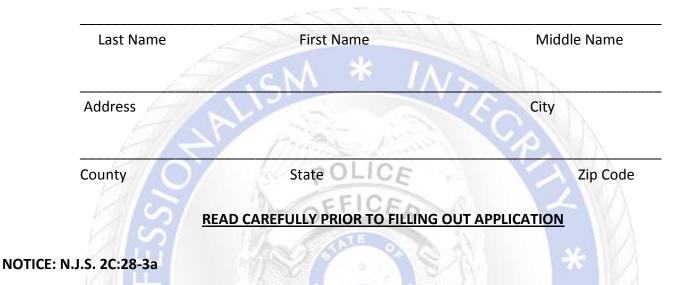


Riverside Township Police 1 West Scott Street Riverside, NJ 08075 (856) 461-8820



APPLICATION FOR EMPLOYMENT



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.

INSTRUCTIONS: Read every question carefully. Answer every question, and leave no blank spaces. If a question does not apply to you, notate as such. *A candidate who intentionally makes a false statement of a material fact or practiced, or attempted to practice any deception or fraud in this application, in any examination, or in securing eligibility for appointment will be removed from the hiring process*. The candidate shall personally prepare this application. All entries, except the signature must be PRINTED legibly. Entries must be made in blue ink. If space available for answering question is insufficient, use a separate sheet of paper, attach it to the corresponding page and precede each answer with the corresponding page number and section of the question being answered.

Upon completion, place this application in a sealed envelope addressed to the Chief of Police and deliver in person to the Riverside Township Police.

Below Dates to be Filled Out by Background Investigator Only
Date Filled out by Applicant: ______Date/Time Turned in by the Applicant: ______



Riverside Township Police 1 West Scott Street Riverside, NJ 08075 (856) 461-8820



Section I. PERSONAL

Last Name		First Name	Mid	ldle Name
Give any other names you h	ave used or hav	ve been known by (nicknam	nes, maiden name,	etc), and explain:
Date of Birth:	A		Age:	Sex:
	Month	Day Year	NP.	
Height: Weig	ght:	Eye Color:	_ Hair Color:	
Current Home Address:	107	OFFICER		
	1963	ADTE ON	1	
Home Phone:	Cell:	Work:	Other: _	*
Email Address(es):				
	1271	JERO	VA I	\sim
Place of birth:	City	State C	÷	
Birth Certificate:	City	V State STV		
	Number	City or Town	State	Country
Social Security Number:		Issuing S	itate:	B
Driver's License Number:	YO)	State:	Expiration	1
Are you a U. S. citizen?	Voumu	ut ha a U.S. Citizan If hiro	d applicant may be	a required to cube
of citizenship.	- Fournu		u, applicant may be	e required to subi

Section II. RESIDENCE

	Number	St	reet/ Avenue	
City	County	State	Zip Code	Telephone Number

Section III. EDUCATION

What is your highest level of educati	on completed?		
General Equivalency Diploma	1000		
High School:	177 De Linner	P	
School:	POLICE	to	
Concentration/Major:	GPA:	Rank:	Year
Undergraduate Degree:		*	
School:	from	to	
Concentration/Major:	GPA:	r Month Rank:	Year
Masters Degree:	NJP	1-012	
School:	from	to	
Concentration/Major:	Month Year GPA:	Rank:	Year
Doctorate:			
School:	from	to	
Concentration/Major:	Month Year GPA:	r Month Rank:	Year
Other			

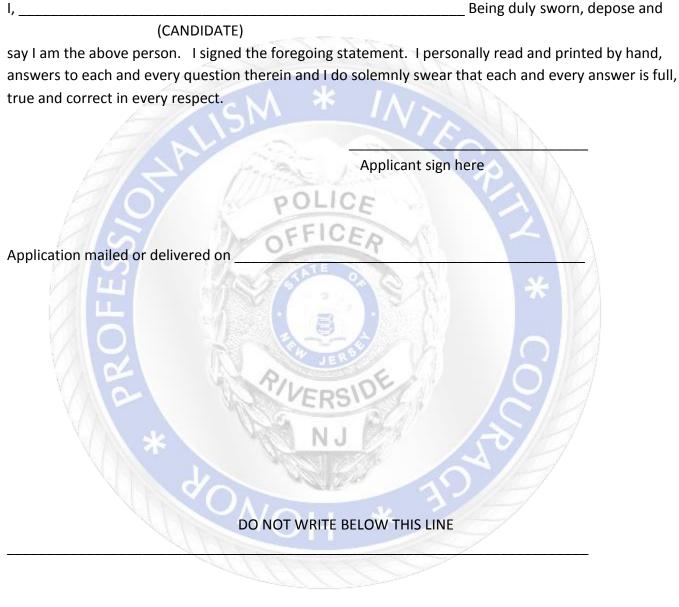
Section IV. EMPLOYMENT

	#:
Date hired: Job Title: Duties:	
Duties:	
Duties:	TAN
Have you ever been fired or terminated from any employment? Explain:	Tr
	Col A
POLICE	
ection V. MILITARY SERVICE	
Branch of service: Rank held: S	
How many periods of active military service have you had (enlistment	s or recalls)
Give periods or period of active service:	
	to
From to from From to from	

Have you or	your spouse/pa	rtner ever been referred to Child Protective Services or the Department of Children and
Families? Ye	es or No	f Yes, provide details (include names/dates/locations):

Have you ever been arrest	ed or charged with a crime? Yes or No	If Yes, explain:
		100
	SM * IN	The
E.	1. NY ADALAN	
	w Enforcement Examination? Yes or No	PI
Date of Exam:	Score: Score:	
List over law enforcement	FFICE	
List every law enforcemen	t agency to which you ve applied for employmen	
Agoney Namo:	Date of Application:	Pocult
Agency Name:	Date of Application:	Result:
Agency Name:	Date of Application:	Result:
Agency Name:	Date of Application:	Result:
Agency Name:	Date of Application:	Result:
Agency Name:	Date of Application:	Result:
Agency Name:	Date of Application:	Result:
Agency Name:	Date of Application:	Result:
Agency Name:	Date of Application:	Result:
Agency Name:	Date of Application:	Result:

STATE OF NEW JERSEY COUNTY OF BURLINGTON TOWNSHIP OF RIVERSIDE



DATE _____

Signature of Investigation Officer