

**SOUTH PLAINFIELD POLICE DEPARTMENT
COMMUNICATIONS OPERATOR APPLICATION**

TO: CHIEF OF POLICE

Date: _____

FROM: _____

1. **APPLICANT INFORMATION:** Social Security # _____ Date of Birth: _____

A. Place of Birth: _____
City State County

1. Birth Certificate attached () Not attached ()
If not, explain _____

2. If naturalized: Papers attached () Not attached ()
If not, explain _____

B. White () Black () Hispanic () Other () _____

CITIZENSHIP

2. Are you a native born or naturalized citizen? _____

If you are of foreign birth or a naturalized citizen, fill in the following:

Country of birth: _____

Port or place of departure to the United States: _____ Date: _____

How were you transported to the United States? (Ship, Plane, Train, etc.) _____

Name of transport conveyance and/or company you arrived on: _____

Port or place of entry into the United States _____ Date: _____

If you are a naturalized citizen, name and address of person who sponsored you on arrival:

First address after arrival: _____

How did you obtain citizenship? (Give details) _____

Petition # _____ Date _____ Court _____

State _____ Certificate # _____

Initials: _____

11. How many times were you legally or voluntarily separated? _____
12. Were you ever divorced or had a marriage annulled? _____ How many times? _____
13. If ever Separated, Annulled or Divorced, indicate which below and fill in required information:

S/A/D	Date Issued	Judge	Where issued(County/State)	Offending Party Reason/Decreed by Law

14. Were you ever the parent of any children (include deceased)? _____

15. List below every child born to you, (include & specify adopted & step-children):

Name	Date of Birth	Place of Birth	With Whom and Where does Child Reside

16. Are you now supporting all children born to you, including adopted and step-children? _____
If no, state full details: _____

17. Have you ever been involved as a plaintiff or defendant in a paternity proceeding? _____
If yes, state full details: _____

18. If single, list name of (at least one) girlfriend/boyfriend:

Name	Address	DOB	Occupation	SS#	Telephone #
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19. List names of three (3) friends and/or associates other than Vouchers:

Name	DOB	SS#	Telephone #	Duration of Association
Full Address			Occupation	

Name	DOB	SS#	Telephone #	Duration of Association
Full Address			Occupation	

Name	DOB	SS#	Telephone #	Duration of Association
Full Address			Occupation	

Initials: _____

20. List names of Police Officers employed within the USA with whom you are socially/personally acquainted:

Name	Address (if known)	Department	Badge #

EDUCATION

21. List chronologically (earliest dates first) all schools, colleges & training courses you have attended.

School	Address		
From: Mo/Yr	To: Mo/Yr	Day/Evening	Last Grade or term

22. What college degree(s) or professional license(s) do you possess? _____

Majoring in _____ Grade point average (cumulative) _____

Total credits achieved towards degree: _____ Degree or Certification sought? _____

Degree or certification Received? _____ If not, why not? _____

23. Other than English, what language(s) do you speak? _____
Understand? _____

Initials: _____

29. Were you ever discharged or asked to resign from employment? No () Yes () If yes, how many times? _____
Give details of discharge or forced resignations below.

Employer	Employer's Address	Date	Supervisor	Reason for Leaving

30. Were you ever subjected to disciplinary action in connection with any employment? Yes () No ()
If yes, give details _____

31. Have you, your spouse, or any corporation or partnership of which he/she was an officer, director or partner, ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency? Yes () No () If yes, give details. _____

32. Have you or your spouse ever possessed a professional or occupational license, permit or certification? Yes () No () If yes, give details _____

33. Has any license or permit (excluding driver's license or learner's permit) issued by any city, state or federal agency ever been revoked, canceled, suspended or denied to you, your spouse or to any corporation or partnership of which you or your spouse was an officer, director or partner? Yes () No ()
If yes, give details _____

34. Have you ever sponsored, vouched for, served as character witness for, or made any recommendations for or concerning any person or premises to any municipal, state or federal agency in connection with the issuance, revocation or suspension of any license or permit or for any other reason? Yes () No ()
If yes, give details _____

Initials: _____

35. Have you ever been rejected by another police department for employment? Yes () No () If yes, list all below.

When	Where	Reason

36. Were you ever a member of a social, labor or fraternal organization? Yes () No ()
If yes, list below every such organization.

From	To	Name of Organization	Address	Type of Organization

37. Are you currently on an employment list, or have you taken any tests for potential employment with any law enforcement agency? Yes () No () If yes, what agency? When? _____

38. Have you ever received unemployment insurance or other federal, state or local benefits or assistance?
 Yes () No ()
 If yes, give details as to when, from whom, what kind, and for how long: _____

39. Have you ever received any public assistance to which you were not entitled? Yes () No ()
 If yes, explain: _____

GENERAL

40. Do you smoke cigarettes, cigars or pipes? Yes () No () If yes, how frequently? _____

41. Do you consume any alcoholic beverage? Yes () No () If yes, how frequently? _____
 Quantity? _____ How would you describe your use of alcoholic beverages? _____

Initials: _____

ARRESTS, SUMMONSES, ETC.

42. Have you ever been arrested for or charged with Juvenile Delinquency? Yes () No ()
If yes, list all offenses and give information below:

Date	Age	Violation	Location	Court disposition	Police Agency Concerned

43. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any Municipal, State or Federal agency, committee or other investigative body? Yes () No ()
If yes, give details _____

44. Have you ever received a summons for any violation of the Fish and Game Laws? Yes () No ()
If yes, list all & give information below.

Date	Violation	Location	Disposition	Age	Police Agency concerned

45. Have you ever been arrested for, or charged with, a violation of the disorderly persons act or city ordinance?
Yes () No () If yes, list all & give information below.

Date	Violation	Location	Disposition	Age	Police Agency concerned

46. Have you ever been arrested, indicted or convicted for any violation of the Criminal Law?
Yes () No () If yes, list all & give information below.

Date	Violation	Location	Disposition	Age	Police Agency concerned

47. Have you ever had a criminal or arrest record expunged? Yes () No () If yes, give complete details:

Initials: _____

48. Have you ever been held as a material witness? Yes () No () If yes, list all & give information below.

Date	Violation	Location	Disposition	Age	Police Agency concerned

49. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason? Yes () No () If yes, give information below.

Date	Violation	Location	Disposition	Age	Police Agency concerned

50. Have you ever been fingerprinted? (Exclude only present application with this department) Yes () No () If yes, give information below.

When	Where	Purpose

SUBVERSIVE AFFILIATIONS

51. Are you now, or have you ever been, a member of any subversive organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means? Yes () No ()

52. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in Question #94? Yes () No ()

Initials: _____

53. Are you now associating with, or have you ever associated with, any individuals including relatives, who you know or have reason to believe are, or have been, members or any organization or groups described in Question #94? Yes () No ()

54. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in Question #94, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organizations or groups described in Question #94? Yes () No ()

55. Have you ever participated in any of the following activities:

A) Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum or project sponsored or organized by any organization or group described in Question #94? Yes () No ()

B) Payment or collection of any money, dues, contributions, or donations to any organization or group described in Question #94? Yes () No ()

C) Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in Question #94 or by any of its agents? Yes () No ()

D) Purchased or subscribed to any publication or periodical prepared, reproduced or published by a group or organization described in Question #94 or any of its agents? Yes () No ()

56. If your answer is YES to any of the above questions, explain. _____

VOUCHERS

Upon completion of this form, the applicant must obtain three (3) reputable citizens who will vouch for the honesty, reputation and ability of the applicant. (NOT TO BE SWORN MEMBERS OF THIS DEPARTMENT OR PERSONS LISTED IN ANY OTHER SECTION OF THIS APPLICATION). ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL. The voucher should read carefully all statements made by the applicant BEFORE SIGNING. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

Initials: _____

VOUCHER #1
(please print)

I, the undersigned, declare that I am over eighteen (18) years of age, that I have personally known the applicant for at least one (1) year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant. I will, upon request, give further facts concerning the applicant as I may possess.

Name _____ Date of Birth _____
Address _____ Social Security # (optional) _____
City/State/Zip _____ Telephone # _____
Occupation _____ Business Address _____
How long have you known applicant? _____ Is applicant of good character and reputation? _____
Signature _____ Present Date _____

VOUCHER #2
(please print)

I, the undersigned, declare that I am over eighteen (18) years of age, that I have personally known the applicant for at least one (1) year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant. I will, upon request, give further facts concerning the applicant as I may possess.

Name _____ Date of Birth _____
Address _____ Social Security # (optional) _____
City/State/Zip _____ Telephone # _____
Occupation _____ Business Address _____
How long have you known applicant? _____ Is applicant of good character and reputation? _____
Signature _____ Present Date _____

VOUCHER #3
(please print)

I, the undersigned, declare that I am over eighteen (18) years of age, that I have personally known the applicant for at least one (1) year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant. I will, upon request, give further facts concerning the applicant as I may possess.

Name _____ Date of Birth _____
Address _____ Social Security # (optional) _____
City/State/Zip _____ Telephone # _____
Occupation _____ Business Address _____
How long have you known applicant? _____ Is applicant of good character and reputation? _____
Signature _____ Present Date _____

Initials: _____

NOTIFICATION OF DRUG TESTING

As part of the pre-employment process, you will be required to undergo drug testing via urinalysis. A negative result is a condition of employment. A positive result will:

- a. result in you being dropped from consideration for employment;
- b. cause your name to be reported to the Central Drug Registry maintained by the Division of State Police; and
- c. preclude you from being considered for future law enforcement employment for a period of two (2) years.

If you are currently employed by another agency as a sworn law enforcement officer and you test positive for illegal drug use, your employing agency will be notified of the test results and you will be terminated from employment and permanently barred from future law enforcement employment in New Jersey.

I hereby acknowledge that I have read and understand the above statement titled, "Notification of Drug Testing".

Signed: _____ Date: _____

STATE OF NEW JERSEY)
)SS
 COUNTY OF MIDDLESEX)

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, answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every aspect.

(Applicant's signature)

Sworn to before me this _____
day of _____ 20____.

(Notary Public or Commissioner of Deeds)

Application mailed or delivered on _____

****DO NOT WRITE BELOW THIS LINE****

Signature of applicant made in presence of investigator

Date

Signature of Investigating Officer

Initials: _____