

Application for: _____ Dispatcher
_____ SLEO I
_____ Crossing Guard

PRINT ALL INFORMATION IN BLACK INK

NAME		Last (Suffix – Jr., Sr., III, Etc.)		First		Middle		
MAIDEN NAME								
HOME ADDRESS		Number & Street or R.D. Number			Apt. #		City or Town	
County				State		Zip Code		
HOME TELEPHONE NUMBER				CELL PHONE NUMBER				
E-MAIL ADDRESS			DRIVERS LICENSE NUMBER			STATE ISSUED		
DATE OF BIRTH		SOCIAL SECURITY NUMBER			SEX		RACE	

Have you ever been arrested? Yes or No _____ If yes, give details below.

Date	Location	Reason	Disposition

Please fill in information requested below on all motor vehicle tickets or summons you have received:

Date	Location	Violation Type	Ticket Number	Status

Name: _____

Phone: _____

	Yes	No
1. Have you ever been convicted of a 1 st , 2 nd , 3 rd or 4 th degree crime, or are you presently under indictment for same? (This applies to expunged convictions).....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of a disorderly persons or petty disorderly persons offense in the last 36 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of any domestic violence offense?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been convicted of two or more offenses of Driving While Intoxicated (DWI), or Refusal to Take a Breathalyzer Test?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been convicted of a DWI or Refusal Offense within the last 5 years?...	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently on probation or have you been on probation within the last 3 years?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently in default of any payments for alimony or child support?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your driving privilege revoked in New Jersey or in any other state?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been dishonorably discharged from any branch of the military or any law enforcement agency?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been adjudicated delinquent in the last 5 years? ("Adjudicated delinquent" means being found guilty of an indictable offense while you were a juvenile.).....	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you currently a fugitive from justice?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever renounced your citizenship of the United States?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a high school diploma or GED?.....	<input type="checkbox"/>	<input type="checkbox"/>



City of Long Branch Police Department

Records Release Authorization Form

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

I, _____, am making application for appointment to the Long Branch Police Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Long Branch Police Department or its representatives any and all information, documents or other records pertaining to me that they may request.

I do hereby release, discharge and exonerate the Long Branch Police Department, its agents and representatives, 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 Long Branch Police Department.

A photo static copy of this authorization will be considered as effective and valid as the original.

APPLICANT NAME: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

Signed and Sealed before me on this _____ day of _____ 20 _____

[Notary Public]



City of Long Branch Police Department

Criminal History Release Authorization

I, _____, hereby authorize that my fingerprints and name be checked by your department and the New Jersey State Police. I further authorize that a copy of my fingerprint record, if any, be forwarded to the Long Branch Police Department.

I hereby release and forgo any and all rights, remedies and or causes of action which I may have against the New Jersey State Police, the New Jersey Department of Law and Public Safety, their respective agents, officers and representatives, the City of Long Branch, the Long Branch Police Department and their respective agents, officers and representatives which may result from the searches and checks performed by any of these law enforcement agencies.

APPLICANT NAME: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

Signed and Sealed before me on this _____ day of _____ 20 _____

[Notary Public]