

**NORTH PLAINFIELD POLICE DEPARTMENT**

**PRELIMINARY EMPLOYMENT APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL ADDRESS (INCLUDING ZIP CODE): \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FEDERAL LAW DOES NOT REQUIRE APPLICANTS TO FURNISH SOCIAL SECURITY NUMBER AND DATE OF BIRTH. WE ARE REQUESTING THEM FOR THE PURPOSE OF IDENTIFICATION AND COMPLIANCE WITH WAGE AND PENSION LAWS.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE & PLACE OF BIRTH: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ # OF DEPENDENTS: \_\_\_\_\_

DESIRED WAGE: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

HAVE YOU EVER SUFFERED A SERIOUS INJURY? \_\_\_\_\_

\_\_\_\_\_

(IF YES, GIVE DATE AND NATURE OF INJURY)

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_

\_\_\_\_\_

(IF YES TO EITHER, PROVIDE CIRCUMSTANCES )

EDUCATION: \_\_\_\_\_

(HIGH SCHOOL NAME AND DATE OF GRADUATION)

\_\_\_\_\_

(COLLEGE NAME, DEGREE RECEIVED, DATE OF GRADUATION)

DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? \_\_\_\_\_

IF YES, INDICATE WHAT LANGUAGE(S). \_\_\_\_\_

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#### REFERENCES:

- 1- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(NAME) (ADDRESS) (PHONE)
- 2- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(NAME) (ADDRESS) (PHONE)
- 3- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(NAME) (ADDRESS) (PHONE)

#### PREVIOUS EMPLOYMENT RECORD:

- 1- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(NAME AND PHONE NUMBER) (DATE OF EMPLOY) (REASON FOR LEAVING)
- 2- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(NAME AND PHONE NUMBER) (DATE OF EMPLOY) (REASON FOR LEAVING)

ARE YOU CERTIFIED BY THE N.J. POLICE TRAINING  
COMMISSION?

\_\_\_\_\_  
(IF YES, NAME OF ACADEMY AND GRADUATION DATE)

DRIVERS LICENSE NUMBER/STATE: \_\_\_\_\_

I HEREBY CERTIFY THAT ALL QUESTIONS ON THIS APPLICATION HAVE BEEN ANSWERED CORRECTLY. I UNDERSTAND THAT MY EMPLOYMENT IS SUBJECT TO INVESTIGATION AND HEREBY AUTHORIZE THE RELEASE OF INFORMATION AND RECORDS HELD BY ANY AGENCY OR INDIVIDUAL FOR USE BY THE NORTH PLAINFIELD, NEW JERSEY, POLICE DEPARTMENT.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)