



Ocean Township Police Department

Committed to Serving and Protecting the Citizens of Ocean Township

50 Railroad Avenue Waretown, New Jersey 08758
Telephone (609)693-4007 • Fax: (609)693-8392

Michal J. Rogalski
Chief of Police

Initial Employee Application Packet

Instructions for proper completion of Initial Employee Application Packet

1. Please fill out all fields to the best of your knowledge. Any area that do not apply please enter N/A into that area (Do Not Leave Any Areas Blank)
2. Make sure the application is printed or typed neatly in BLACK ink.
3. On the EMPLOYMENT INFORMATION area of the application the first area reads "Position for which you area applying," in the area fill in one of the following:

Law Enforcement Officer
Dispatcher
Clerical

4. Please attach the following information:

Copy of:

High School Diploma or Equivalent Degree
Military Discharge (Form DD-214) if applicable
Driver's License
Social Security Card

Any Certificates, Diplomas, Certification Cards or other pertinent documents for the position which you are applying for.

APPLICATION FOR EMPLOYMENT

*Print or type in black ink only. Please answer all fields. Any fields that do not apply enter N/A
(DO NOT LEAVE ANY FIELDS BLANK)*

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if different: _____

DOB (mm-dd-yy): _____ Social Security No: _____

Drivers License No: _____ Issuing State: _____

Home Phone: _____ Cellular Phone: _____

Email Address: _____

Position you are applying for: _____

How did you learn about the position? _____

On what date would you be available for your first day of work (*mm-dd-yy*): _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restrictions? Yes No

Besides English are there any other languages you speak fluently? Yes No
If yes, list languages and if you can read, speak, understand, or all three:

If selected for employment, are you willing to submit to a pre-employment drug screening test?
 Yes No

Is there any other information that you would like to advise this department that you feel may affect your appointment with this agency. [] Yes [] No
 If yes, please describe circumstances:

EDUCATION (most recent first)				
School Name	Location (city, state)	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

Briefly explain why you wish to seek employment with this department:

List other information you feel is pertinent to the employment you are seeking:

CHARACTER REFERENCES <i>(Please list four person not related to you that you have know for at least one year)</i>				
<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years known</u>	<u>Occupation</u>

EMPLOYMENT HISTORY *(most recent first)*

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Supervisor: _____ Supervisor's Title: _____

Your Position: _____ Your Job Title: _____

Dates Employed: _____ to _____

Duties Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Supervisor: _____ Supervisor's Title: _____

Your Position: _____ Your Job Title: _____

Dates Employed: _____ to _____

Duties Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Supervisor: _____ Supervisor's Title: _____

Your Position: _____ Your Job Title: _____

Dates Employed: _____ to _____

Duties Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Supervisor: _____ Supervisor's Title: _____

Your Position: _____ Your Job Title: _____

Dates Employed: _____ to _____

Duties Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Supervisor: _____ Supervisor's Title: _____

Your Position: _____ Your Job Title: _____

Dates Employed: _____ to _____

Duties Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Supervisor: _____ Supervisor's Title: _____

Your Position: _____ Your Job Title: _____

Dates Employed: _____ to _____

Duties Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Supervisor: _____ Supervisor's Title: _____

Your Position: _____ Your Job Title: _____

Dates Employed: _____ to _____

Duties Performed: _____

Reason for Leaving: _____

MILITARY SERVICE

(please attach a copy of DD-214 Form to the back of this application, if applicable)

Are you currently serving in the U.S. Military? [] Yes [] No

If yes, what branch of Service? _____

Are you a veteran of the U.S. Military? [] Yes [] No

If yes, beginning date and ending date of active duty (mm-yy) From: _____ To: _____

On what grounds were you discharged (write exactly as it appears on discharge form):

Were you ever court marshaled or convicted of a crime in a military court? [] Yes [] No

If yes, please describe outcome and offense:

ACKNOWLEDGEMENT AND AUTHORIZATION

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statement contacted in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

The Township of Ocean is committed to the principle of equal employment opportunity and anti-discrimination pursuant to Title VII of the 1964 Civil Rights Act as amended by the Equal Opportunity Act of 1972 and the New Jersey Law Against Discrimination (LAD). Under no circumstances will the Township of Ocean discriminate on the basis of sex, race, creed, color, religion, national origin, ancestry, age, marital or political status, affectional or sexual orientation, domestic partnership status, civil union status, atypical heredity, cellular or blood trait, genetic information, disability (including AIDS or HIV infection), liability for service in the United States armed forces, gender identity or expression, and/or any other characteristic protected by law.

Note: This is not a contract or offer of employment.