

# BOROUGH OF COLLINGSWOOD

## POLICE DEPARTMENT EMPLOYMENT APPLICATION



COLLINGSWOOD POLICE DEPARTMENT  
735 NORTH ATLANTIC AVENUE | COLLINGSWOOD, NJ 08108  
(856) 854-1901

SLEO-I OFFICER \_\_\_\_\_

SLEO-II OFFICER \_\_\_\_\_

FULL TIME OFFICER \_\_\_\_\_

Control # \_\_\_\_\_



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

Insert Photograph Here

Full Name: \_\_\_\_\_

### Instructions to the Applicant

The information you provide in this Application will be used in the background investigation to assist in determining your suitability for the position of **Police Officer**, in accordance with NJ PTC.

- Include a photograph in the space provided above.
- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.

### Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

**BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.**

### Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA) applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

**I have read and I understand the above instructions.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 1: PERSONAL

1. YOUR FULL NAME					
LAST		FIRST		MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)					<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE					
NUMBER / STREET				APT / UNIT	
CITY			STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)					
5. CONTACT NUMBERS					
HOME ( )		WORK ( )		EXT	OTHER ( ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP					
Are you a U.S. citizen?.....					<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? .....					<input type="checkbox"/> Yes <input type="checkbox"/> No
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)					
10. BIRTHDATE (MM/DD/YYYY)		11. SOCIAL SECURITY NUMBER		12. DRIVER'S LICENSE	
		- -		NUMBER:	STATE: EXPIRES:
13. PHYSICAL DESCRIPTION					
HEIGHT:		WEIGHT:		HAIR COLOR:	EYE COLOR:

### SECTION 2: RELATIVES AND REFERENCES

#### 14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "Deceased," if appropriate.
- Mark "N/A" if a category is not applicable.
- If more space is needed, continue on page 27 – reference corresponding numbers.

14.A Spouse / Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)				Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
14.B Former Spouse / Former Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 2: RELATIVES AND REFERENCES (continued)

#### 14.C Parents / Guardians

List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

<b>14.C.1 Parent / Guardian:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased					
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )	CELL PHONE (    )	EMAIL			

<b>14.C.2 Parent / Guardian:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased					
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )	CELL PHONE (    )	email			

<b>14.C.3 Parent / Guardian:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased					
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )	CELL PHONE (    )	email			

<b>14.C.4 Parent / Guardian:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> In-law <input type="checkbox"/> Other: _____ <input type="checkbox"/> Deceased					
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )	CELL PHONE (    )	email			

#### 14.D Brothers / Sisters ☐ N/A

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

<b>14.D.1 Sibling:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )	CELL PHONE (    )	email			

<b>14.D.2 Sibling:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE (    )		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE (    )	CELL PHONE (    )	email			



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 2: RELATIVES AND REFERENCES (continued)

14.D.3 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____					
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	email		
14.D.4 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____					
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ( )		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP
WORK PHONE ( )		CELL PHONE ( )	email		

14.E Children <input type="checkbox"/>	<input type="checkbox"/> N/A
--	------------------------------

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP
CONTACT NUMBER ( )			email		
14.E.2 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP
CONTACT NUMBER ( )			email		
14.E.3 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP
CONTACT NUMBER ( )			email		
14.E.4 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
ADDRESS (NUMBER / STREET / APT)			CITY	STATE	ZIP
CONTACT NUMBER ( )			email		



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 2: RELATIVES AND REFERENCES (continued)

#### 15. LIST OF REFERENCES

- List 7 –10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.5	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.6	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 2: RELATIVES AND REFERENCES (continued)

15.7	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.8	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.9	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.10	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE (   )	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE (   )	CELL PHONE (   )	EMAIL		
	HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		

### SECTION 3: EDUCATION

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 27.*

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
	<input type="checkbox"/> HIGH SCHOOL DIPLOMA: /	<input type="checkbox"/> GED: /	<input type="checkbox"/> NEW JERSEY HIGH SCHOOL PROFICIENCY CERTIFICATE: /
17. LIST HIGH SCHOOL(S) ATTENDED			
17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 3: EDUCATION (continued)

#### 18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM

ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
CITY			STATE	ZIP
MAJOR / AREA OF STUDY				

18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM

ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
CITY			STATE	ZIP
MAJOR / AREA OF STUDY				

18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM

ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
CITY			STATE	ZIP
MAJOR / AREA OF STUDY				

18.4	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM

ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
CITY			STATE	ZIP
MAJOR / AREA OF STUDY				

#### 19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> No

CITY		STATE	TYPE OF SCHOOL OR TRAINING

19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> No

CITY		STATE	TYPE OF SCHOOL OR TRAINING





# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 3: EDUCATION (continued)

20. Have you ever attended a NJPTC Academy: Regular, Specialized Investigators', or SLEO? ☐ Yes ☐ No  
IF YES, provide the following information:

20.1	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )
20.2	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				( )

21. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or NJPTC academy? ☐ Yes ☐ No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or NJPTC academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

### SECTION 4: RESIDENCE HISTORY

#### 22. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on page 27.

22.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	<b>PRESENT</b>
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
	CITY	STATE	ZIP	EMAIL	
	Name(s) of those with whom you live:				
22.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				( )	
	CITY	STATE	ZIP	EMAIL	
	Name(s) of those with whom you lived:				
	Reason for moving:				



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 4: RESIDENCE HISTORY (continued)

22.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
			( )		
CITY			STATE	ZIP	EMAIL
Name(s) of those with whom you lived:					
Reason for moving:					

22.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
			( )		
CITY			STATE	ZIP	EMAIL
Name(s) of those with whom you lived:					
Reason for moving:					

22.5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
			( )		
CITY			STATE	ZIP	EMAIL
Name(s) of those with whom you lived:					
Reason for moving:					

### 23. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.

*If more space is needed, continue your response on page 27.*

23.1	NAME OF HOUSEMATE			CONTACT NUMBER		
				( )		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL			



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 4: RESIDENCES (continued)

23.2	NAME OF HOUSEMATE		CONTACT NUMBER	
			( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	
23.3	NAME OF HOUSEMATE		CONTACT NUMBER	
			( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	
23.4	NAME OF HOUSEMATE		CONTACT NUMBER	
			( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	
23.5	NAME OF HOUSEMATE		CONTACT NUMBER	
			( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	
23.6	NAME OF HOUSEMATE		CONTACT NUMBER	
			( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	
23.7	NAME OF HOUSEMATE		CONTACT NUMBER	
			( )	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL	

24.	Have you ever been evicted or asked to leave a residence?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Have you ever left a residence owing rent, utilities, or other household expenses?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to <b>Questions 24 and/or 25</b> , explain (include when, where, and circumstances):	



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 5: EXPERIENCE AND EMPLOYMENT

#### 26. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**.
- If more space is needed, continue your response on page 27.

26.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)		TO (MM/YYYY)	
					/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR			
	CITY			STATE	ZIP	CONTACT NUMBER		EXT
						( )		
	JOB TITLE / RANK				EMAIL			
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer				
NAMES OF CO-WORKERS				REASON FOR WANTING TO LEAVE				
1)				2)				
Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No								
IF YES, explain:								

26.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)		TO (MM/YYYY)	
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/		/	

26.3	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)		TO (MM/YYYY)	
					/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR			
	CITY			STATE	ZIP	CONTACT NUMBER		EXT
						( )		
	JOB TITLE / RANK				EMAIL			
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer				
NAMES OF CO-WORKERS				REASON FOR LEAVING				
1)				2)				

26.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)		TO (MM/YYYY)	
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/		/	



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 5: EXPERIENCE AND EMPLOYMENT *(continued)*

26.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

26.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

26.7	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

26.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

26.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

26.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 5: EXPERIENCE AND EMPLOYMENT (continued)

26.11	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				( )		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

26.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

26.13	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				( )		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

26.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

26.15	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				( )		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

26.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 5: EXPERIENCE AND EMPLOYMENT (continued)

26.17	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

26.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

26.19	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				( )	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

26.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Have you ever quit without giving notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 5: EXPERIENCE AND EMPLOYMENT (continued)

35. Did you ever receive an unsatisfactory performance review?..... ☐ Yes ☐ No

36. Have you ever sold, released, or given away legally confidential information? ..... ☐ Yes ☐ No

37. Have you ever called in sick when you were neither sick nor caring for a sick family member? ..... ☐ Yes ☐ No

IF YES, how many sick days have you used in the past five years which were not due to illness? \_\_\_\_\_ Days

38. If you answered "YES" to any of **Questions 27–37**, explain (include when, where, and circumstances – *reference corresponding numbers*).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. In the **past three years**, have you missed days or been late to work due to drug or alcohol consumption?..... ☐ Yes ☐ No

IF YES, how often? \_\_\_\_\_

40. Has your work performance ever been affected by your use of alcohol or drugs?..... ☐ Yes ☐ No

IF YES, WHEN? \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

41. In the **past three years**, have you been warned by an employer about your drinking or drug habits and their impact on your performance?..... ☐ Yes ☐ No

IF YES, WHEN? \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

42. Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)? ..... ☐ Yes ☐ No

- If you answered "YES" to **Question 42**, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 27.*

42.1	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER (     )	EXT
	POSITION APPLIED FOR			EMAIL	
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CHIEF'S ORAL <input type="checkbox"/> CONDITIONAL OFFER					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED					





# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

42.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY		STATE	ZIP	CONTACT NUMBER (    )	EXT
	POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CHIEF'S ORAL <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						
42.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY		STATE	ZIP	CONTACT NUMBER (    )	EXT
	POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CHIEF'S ORAL <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						
42.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY		STATE	ZIP	CONTACT NUMBER (    )	EXT
	POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CHIEF'S ORAL <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						
42.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY		STATE	ZIP	CONTACT NUMBER (    )	EXT
	POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CHIEF'S ORAL <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 5: EXPERIENCE AND EMPLOYMENT (continued)

42.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
			( )			
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CHIEF'S ORAL <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						

42.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
			( )			
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: <input type="checkbox"/> APPLICATION <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> ORAL <input type="checkbox"/> POLYGRAPH/CVSA <input type="checkbox"/> BACKGROUND <input type="checkbox"/> CHIEF'S ORAL <input type="checkbox"/> CONDITIONAL OFFER						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DISQUALIFIED <input type="checkbox"/> LIST EXPIRED						

### SECTION 6: MILITARY EXPERIENCE

43.	Are you required to register for the Selective Service? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF YES, have you registered? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF NO, explain: _____		

44.	Have you ever served in the military? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	---	------------------------------	-----------------------------

45. If you answered "YES" to Question 44, include the following service information:			
BRANCH OF SERVICE		FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
TYPE OF DISCHARGE			
<input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTH (OTHER THAN HONORABLE) <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE			
RE-ENTRY CODE (1-4) IF APPLICABLE - REFER TO YOUR DD-214: _____			

46.	Are you currently participating in one of the following?
	<input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

47.	Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	--	------------------------------	-----------------------------

48.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	--	------------------------------	-----------------------------

49.	Have you ever taken military property without permission for personal use, to sell, or to give away? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	--	------------------------------	-----------------------------



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

If you answered "YES" to any of **Questions 47–49**, explain (include dates and circumstances).

---

---

---

---

### SECTION 7: FINANCIAL

#### 50. INCOME AND EXPENSES

- For each of the following questions (**50A, B, C**), fill in the amounts to the nearest dollar.
- For **Question 50C**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) From your employer(s), what is your take-home monthly income? ..... \$ \_\_\_\_\_ per month

B) Do you have other sources of income? (IF YES, fill in amount and explain.) ..... ☐ Yes ☐ No \$ \_\_\_\_\_ per month

Explain: \_\_\_\_\_

C) How much do you spend each month? ..... \$ \_\_\_\_\_ per month

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 52. Have any of your bills ever been turned over to a collection agency? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 53. Have you ever had purchased goods repossessed? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 54. Have your wages ever been garnished? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 55. Have you ever been delinquent on income or other tax payments? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 56. Have you ever failed to file income tax or cheated/lied on an income tax form? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 57. Have you ever had an employment bond refused? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 58. Have you ever avoided paying any lawful debt by moving away? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 59. Have you ever defaulted on (failed to pay) a loan? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 60. Have you ever borrowed money to pay for a gambling debt? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IF YES, do you currently have any outstanding debts as a result of gambling? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 63. Have you written three or more bad checks in a one-year period? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "YES" to any of **Questions 51–63**, explain (include when, where, and why – *reference corresponding numbers*).

---

---

---



## ► Disclosure of Arrests and Convictions

64. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ..... ☐ Yes ☐ No

64.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	

70. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ..... ☐ Yes ☐ No



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 8: LEGAL (continued)

71.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74.	Have you ever filed a false insurance or workers' compensation claim? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of **Questions 65–74**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).


### ► Involvement in Criminal Acts – Part 1

75. Have you committed any of the following acts *within the past 10 years*? (You do NOT have to report any acts committed *prior to age 15*.)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.
- **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

75.1	Animal abuse and/or neglect .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.3	Battery (use of force or violence upon another).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.4	Brandishing a weapon (any type of weapon).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.5	Carrying a concealed weapon without a permit .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.6	Contributing to the delinquency of a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.8	Driving under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.10	Filing a false police report .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.11	Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.12	Illegal gambling.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 8: LEGAL (continued)

75.14	Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.15	Indecent exposure and/or lewd or obscene conduct .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.16	Intentionally writing a bad check .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.17	Joyriding (using a car or other vehicle without owner's permission).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.20	Possession of alcohol as a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.24	Reckless driving .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.26	Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.28	Any other act amounting to a misdemeanor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 75**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
- *If more space is needed, continue your response on page 27.*

---

---

---

---

---

---

### ► Involvement in Criminal Acts – Part 2

76. *At any time in your life*, have you **EVER** committed any of the following acts?

**NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

76.1	Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.3	Blackmail or extortion .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 8: LEGAL (continued)

76.4	Burglary (entering a structure or vehicle to commit theft or other crime) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.6	Elder abuse and/or neglect (physical and/or financial) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.7	Embezzlement (theft of money or other valuables entrusted to you) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.8	Felony drunk driving (involving injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.9	Forcible rape .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.12	Grand theft (value of over \$950, or any firearm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.13	Hit & run (with injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.14	Hate crime .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.15	Illegal sex acts .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.16	Insurance fraud .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.17	Murder, homicide, or attempted murder .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.18	Perjury (lying under oath) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.19	Possession of an explosive/destructive device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.20	Robbery (theft from another person using a weapon, force, or fear) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.21	Stalking .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.22	Theft of a vehicle and/or vehicle parts .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.23	Viewing and/or possessing child pornography .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.24	Any other act amounting to a felony .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered “YES” to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation.*
- *If more space is needed, continue your response on page 27.*



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 8: LEGAL (continued)

#### ► Illegal Use of Drugs

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:

- |  |   |
|--|---|
| ► Amphetamines / Methamphetamines ( <i>Uppers, Speed, Crank, etc</i> ) | ► Marijuana ( <i>with or without a prescription</i> ) |
| ► Barbiturates ( <i>Downers</i> )                                      | ► Mescaline   |
| ► Cocaine / Crack Cocaine  | ► Morphine  |
| ► Designer Drugs ( <i>Ecstasy, Synthetic Heroin, etc.</i> )            | ► PCP / Angel Dust                                    |
| ► GHB ( <i>Date Rape Drug</i> )  | ► Quaaludes   |
| ► Hallucinogens ( <i>Peyote, LSD, Mushrooms</i> )                      | ► Steroids  |
| ► Hashish / Hashish Oil  | ► Tetrahydrocannabinol (THC)                          |
| ► Heroin / Opium   | ► Glue, paint, or any substance containing toluene    |

77. **Within the past six months**, have you used any drug(s) as indicated above? ..... ☐ Yes ☐ No

IF YES, give details including **drug(s) used, most recent date used, and circumstances**:

---

---

78. **Prior to the past six months**:

☐ I have **never** used any drug recreationally.

☐ I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used, and circumstances**:

---

---

79. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances**.

---

---

80. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? ..... ☐ Yes ☐ No

IF YES, explain:

---

---





# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 9: MOTOR VEHICLE INFORMATION

81. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

82. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

83. Have you ever been refused a driver's license by any state? ..... ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

84. Has your driver's license ever been suspended or revoked? ..... ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

85. List your current liability insurance on your vehicle(s).

85.1	TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ( )	
85.2	TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ( )	
85.3	TYPE OF COVERAGE <input type="checkbox"/> INSURED <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ( )	



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 9: MOTOR VEHICLE OPERATION (continued)

86. List all traffic citations, excluding parking citations, you have received *within the past seven years*.

86.1	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED MONTH: YEAR:	ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> DISMISSED		
86.2	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED MONTH: YEAR:	ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> DISMISSED		
86.3	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED MONTH: YEAR:	ACTION TAKEN <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> FINED <input type="checkbox"/> TRAFFIC SCHOOL <input type="checkbox"/> DISMISSED		

87. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

☐ Failed to Appear ☐ Failed to Complete Traffic School ☐ Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

88. Have you been involved as the driver in a motor vehicle accident *within the past seven years*? ..... ☐ Yes ☐ No

IF YES, give details below.

88.1	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE ACCIDENT? <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
88.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE ACCIDENT? <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
88.3	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE ACCIDENT? <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

89. Have you ever driven a vehicle without auto insurance, as required by law? ..... ☐ Yes ☐ No

IF YES, GIVE REASON	FROM (MM/YYYY) /	TO (MM/YYYY) /
---------------------	---------------------	-------------------

90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ..... ☐ Yes ☐ No

IF YES, GIVE REASON	DATE (MM/YYYY) /
INSURANCE COMPANY	



# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

### SECTION 10: OTHER TOPICS

91. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... ☐ Yes ☐ No
92. Have you ever hit or physically overpowered a spouse or romantic partner? ..... ☐ Yes ☐ No
93. *Since the age of 15*, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ..... ☐ Yes ☐ No
94. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... ☐ Yes ☐ No

95. If you answered "YES" to any of **Questions 91–94**, give details including dates and circumstances – *reference corresponding numbers*).

---

---

---

---

---

---

---

---

---

---

### SECTION 11: CERTIFICATION

96. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date:

Use the following page to continue any of your responses.  
Be sure to reference corresponding numbers.

# COLLINGSWOOD POLICE DEPARTMENT

## EMPLOYMENT APPLICATION

---

### ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.

# **Appendix A**

Release Authorization



## COLLINGSWOOD POLICE DEPARTMENT AUTHORIZATION RELEASE OF INFORMATION

		-	-			/	/
Last Name	First Name	Middle Name	SSN	Sex	Race	Date of Birth	
Place of Birth		County		State		Country	

This release, when presented by a duly authorized representative of the Borough of Collingswood Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Borough of Collingswood Police Department: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Centers.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Borough of Collingswood Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Borough of Collingswood Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Borough of Collingswood Police Department. I understand that all materials pertaining to this background investigation become the property of the Borough of Collingswood Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

State of \_\_\_\_\_;

County/City of \_\_\_\_\_; to wit:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_  
(Signature of Notary)

# **Appendix B**

## Essential Job Functions



## COLLINGSWOOD POLICE DEPARTMENT ESSENTIAL FUNCTIONS FOR POLICE EMPLOYEE

---

In accordance with the American with Disabilities Act (ADA), the following list of essential functions is established as criteria for qualification to receive confirmed offers of employment as a Police Officer with the Borough of Collingswood Police Department.

**GENERAL SUMMARY:** The work of the Police Officer involves responsibility for the protection of life and property, prevention of crime, apprehension of criminals and the general enforcement of laws and ordinances. Duties normally consist of routine patrol, preliminary investigation and traffic regulation. Police Officers also may be assigned duties as detectives, court security officers, crime prevention officers, Department training officers, evidence technicians, field training officers, accident investigators, firearms instructors, hostage negotiators, dog handlers, special response team officers or be on loan to another agency. Work involves an element of personal danger. The employee must be able to exercise sound independent judgment under stress. Assignments may include work on special tasks, which call upon specialized abilities and knowledge possessed by the officer. Work assignments can be general or specific and instructions are received from a supervisor who reviews work methods and results through reports, personal inspection and discussion.

- Walk, sometimes for long periods of time, in extreme weather conditions, in physically hazardous locations.
- Run, sometimes sprinting at a high rate of speed for a short distance, in extreme weather conditions, in physically hazardous locations.
- Ascent or descent stairs.
- Climb over, pull up over, and jump over obstacles.
- Jump down from elevated surfaces or areas.
- Climb or crawl through openings.
- Crawl under obstructions or in confined areas.
- Balance on uneven or narrow surfaces.
- Use body force to gain entrance or break through barriers.
- Push objects, vehicles, or persons.
- Pull objects or persons.
- Lift and carry objects or persons.
- Drag objects or persons.
- Sit or stand for extended periods of time.
- Employ defensive tactics, using balance, leverage, concentration of power, and opponent's power.
- Swim.
- Operate a motor vehicle, during the day or at night, in emergency situations, at high rates of speed, on the open road or in congested traffic, in unsafe conditions caused by factors such as fog, smoke, rain, ice, or snow.
- Detain individuals.
- Stop suspicious individuals and vehicles.
- Pursue fleeing suspects, in a vehicle or on foot.



- Disarm persons.
- Restrain or subdue resisting suspects.
- Effectuate a full physical custody arrest, forcibly if necessary, using handcuffs and other restraints.
- Conduct visual and audio surveillance.
- Perform law enforcement patrol functions, on foot or in a vehicle.
- Issue Summonses.
- Direct traffic, sometimes for long periods of time, using hand signals, flares, barricades, etc.
- Observe, record, recall and report incidents and information.
- Operate radar equipment.
- Administer field sobriety tests.
- Operate a fire extinguisher.
- Fingerprint, photograph and videotape individuals, objects and scenes.
- Transport citizens, prisoners and committed mental patients, using handcuffs and other restraints, when appropriate.
- Work rotating shifts and adapt to irregular working conditions.
- Maintain mental alertness and readiness to act, even during periods of calm and inactivity.
- Identify, collect, label and preserve evidence.
- Secure the scene of a crime, emergency or disaster.
- Stand guard at the scene of a crime, emergency or disaster to prevent damage, loss or injury.
- Control crowds.
- Secure and evacuate persons from particular areas, using either verbal commands or the appropriate degree of physical force.
- Perform rescue and support functions at the scenes of accidents, emergencies and disasters.
- Administer emergency first aid.
- Physically check buildings, including doors and windows, to insure that they are secure.
- Remedy hazardous conditions by direct action or through notification of the appropriate authority or agency.
- Perform searches of people, vehicles, buildings and large outdoor areas, which may involve seeing, feeling and detecting objects, and walking for long periods of time.
- Search for missing, wanted or lost persons and evidence.
- Load, unload, aim and fire a handgun and shotgun in day and night conditions from a variety of body positions at the proficiency level required by qualification standards.
- Process arrested persons, which includes examining documents, communicating verbally, and eliciting and recording information.
- Understand and follow orders, policies and procedures.
- Accept direction and function cooperatively as one member of a unit.
- Communicate effectively verbally and in writing, detailing incidents and activities of those

involved.

- Prepare written investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
- Read and comprehend legal and non-legal documents, including the preparation and processing of documents such as summonses, affidavits and warrants.
- Communicate effectively and coherently over telephone, walkie-talkie or radio, initiating or responding to verbal communications.
- Communicate effectively in court and in other formal settings.
- Communicate effectively with people, including juveniles, by giving information and direction, by eliciting information, and by advising of rights, processes and procedures.
- Communicate effectively with individuals in an agitated or distraught condition.
- Integrate individual activities and goals with the efforts of other members of the law enforcement community for the promotion of common goals and objectives.
- Mediate disputes and confrontations with hostile and potentially violent individuals.
- Gather information by observation of behavior, visual inspection and oral communication; determine what information is significant; assess a situation based on that information; and exercise independent judgment to make decisions concerning choice of action and equipment.
- Perform a variety of tasks, involving different and sometimes contrasting skills in rapid succession during a short period of time.
- Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and/or arrest, and when force may be used and to what degree.
- Endure verbal, mental and physical abuse, including threats, taunts and insults to self, family and fellow officers.
- Withstand exposure to and deal appropriately with stress involved in dealing with hostile views, opinions and behavior in antagonistic settings; with crime victims, accident victims, disaster victims and their families; with incidents of suicide and domestic violence.