



BERKELEY HEIGHTS POLICE DEPARTMENT

POSITION AVAILABLE

The Berkeley Heights Police Department is accepting applications for the position of **Full-Time Police Officer**. **Applicants must possess a current NJ Police Training Commission certification or be currently enrolled as an alternate route candidate at an accredited police academy.** Applicants must also be eligible as per Berkeley Heights township ordinance as follows:

2.100.040 - Qualifications for appointment

To be eligible for appointment to the police division, an applicant must be a citizen of the United States of America and a resident of the state of New Jersey, must be of good moral character, never be convicted of a crime or offense involving moral turpitude, and meet all other tests and qualifications established by N.J.S.A. 40A:14-122, et seq., this chapter and the rules and regulations of the police division. All such applicants must be in good health, sound in body and mind and certified by the police physician to be physically capable of performing the duties required of a police officer. All applicants must meet the statutory age requirements. No applicant shall be eligible for appointment to the police division unless he or she has earned a bachelor's or higher degree awarded by a bachelor's degree-granting college or university. An applicant who has earned 1) an associate's degree awarded by an associate's degree granting college or university or has completed sixty (60) credits awarded by a bachelor's degree-granting college or university and 2) has successfully completed the Police Training Commission Alternate Route Program and has, or will be receiving Certification therefrom, shall be eligible for appointment. A degree or concentration in criminal justice is preferred. Qualified veterans, as defined by the New Jersey Department of Military and Veterans Affairs, who have not earned a bachelor's or higher degree awarded by a bachelor's degree-granting college or university, can substitute a combination of two years of full-time, active military service and an associate's degree awarded by a degree-granting college or university to satisfy the education requirement. If a qualified veteran, as defined herein, can substitute four years of full-time, active military service the education requirement may be waived.

- **Applications will be available beginning: January 16, 2023 at 9:00 am and must be returned *no later than* February 16, 2023 at 6:00 pm**
- **Individuals who have applied previously MUST APPLY AGAIN at this time to be considered.**

Applicants will be subjected to a thorough police background check which will include criminal history, motor vehicle violations, previous employment and both personal and professional references. Candidates who successfully pass the application phase will be subject to oral interviews and *may* be subjected to physical fitness testing. Candidates given a conditional offer of employment will be required to pass a medical examination, psychological evaluation, and drug screening.

Application Pickup Mon-Fri 9am – 4pm at:

Berkeley Heights Police Department
29 Park Avenue
Berkeley Heights, NJ
07922

Attach to your completed application:

1 passport-sized color photo
1 photocopy of your birth certificate
1 photocopy of your driver's license
1 educational and employment career resume
1 copy of High School diploma or GED

Applications will also be available on www.berkeleyheightstwpnj.gov



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LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER			
ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME						HOME PHONE:			
						CELL PHONE:			
						Email:			
PRESENT ADDRESS: NUMBER, STREET, PO OR RFD, CITY, STATE, ZIP CODE									
DATE OF BIRTH: (MONTH/DAY/YEAR)				PLACE OF BIRTH: (PROVIDE PROOF OF BIRTH)					
HEIGHT		WEIGHT		EYE COLOR		HAIR COLOR		SCARS, MARKS, TATTOOS	
U. S. CITIZEN		NATIVE		IF NATURALIZED, CERTIFICATE NO.					
Yes () NO ()		Yes () NO ()							
GENDER		RACE		ETHNICITY		SEXUAL ORIENTATION : LGBTQ+ () NOT LGBTQ+ ()			
DATE, PLACE AND COURT									

MILITARY STATUS:			
Have you ever served in the U.S. Armed Forces? Yes. () No. ()			
IF YES WHAT BRANCH:		(Attach a copy of Discharge or DD Form 214.)	
A. While in the military service were you ever arrested for an offense which resulted in office hours, summary, special or general court-martial? If yes, give date, place law enforcing authority or type of court-martial charge and action taken for each incident, using separate sheet to record this information.			
B. Are you presently a member of a U.S. Reserve or National Guard Unit? Yes. () No. () If yes, complete the following:			
GRADE AND SERVICE NO.		SERVICE AND COMPONENT	
ORGANIZATION AND STATION OR UNIT AND LOCATION		ACTIVE INACTIVE STANDBY	
SELECTIVE SERVICE NUMBER:		CURRENT CLASSIFICATION	DATE CLASSIFIED
TECHNICAL MILITARY SCHOOLS OR SKILLS ATTENDED OR ACQUIRED:			



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EDUCATION:

List all elementary, junior high, and high schools attended. (Provide High School Diploma)

NAME OF SCHOOL	LOCATION	DATES ATTENDED	YEARS COMPLETED	GRADUATED?	
				YES	NO

HIGHER EDUCATION: List below all colleges or universities attended.(Provide Transcripts/Diploma)

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED		CREDIT HOURS SEMESTER QUARTER	DEGREE RECEIVED	YEAR RECEIVED
	FROM	TO			

MAJOR AND MINOR COLLEGE COURSES TAKEN:

--

OTHER SCHOOLS / SPECIALIZED TRAINING OR CERTIFICATIONS (MILITARY, POLICE, BUSINESS, TRADE).

--

FOREIGN LANGUAGE(S):

Enter foreign language and indicate your fluency.

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	EXC. - GOOD - FAIR	EXC. - GOOD - FAIR	EXC. - GOOD - FAIR	EXC. - GOOD - FAIR

FOREIGN TRAVEL: Exclude trips of less than 30 days to Canada or Mexico and foreign travel as a direct result of U.S. Military duties.

DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM	TO		



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REFERENCES:

CREDIT AND CHARACTER REFERENCES: (Do not include relatives, former employers, or persons living outside the United States or its Territories) List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. **Only two of your references may be from Law Enforcement.** Do not repeat names of supervisors. Credit references are lenders/banks etc.

CHARACTER REFERENCES: List (5) Five.

	NAME	YEARS KNOWN	ADDRESS: (Business Address Preferred)		
			STREET	CITY	STATE
1.					
2.					
3.					
4.					
5.					

CREDIT REFERENCES: List (3) Three.

1.		
2.		
3.		

VEHICLE OPERATOR'S LICENSE

Give the following information concerning any vehicle operator's license you have held or now hold from any state.

LICENSE NUMBER	STATE OF ISSUE	DATE OF EXPIRATION	RESTRICTIONS

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked for any reason?

Yes. () No. ()

If yes, explain fully;



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AUTOMOBILE INSURANCE:

Give name and address of the insurance company with whom you now have automobile insurance. Policy Number:

SPECIAL QUALIFICATIONS AND SKILLS:

Indicate special skills you possess such as computer or typing knowledge, radio or pilot licenses with dates issued, or any other special interest that you believe would enhance your value to the police department.

FAMILY:

List in the order given, showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, and sisters, even though deceased. Include any others you have resided with or with whom a close relationship existed or exists.

RELATIONSHIP	NAME	PRESENT ADDRESS, IF LIVING
FATHER		
MOTHER (Maiden Name)		



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EMPLOYMENT:			
Begin with your most recent job and list your work history for the past ten (10) years, including part-time, temporary or seasonal employment, and all periods of unemployment.			
FROM DATE	PRESENT EMPLOYER	WHY WOULD YOU LEAVE	BUSINESS PHONE #
TO PRESENT		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE #
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE #
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE #
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE #
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	



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EMPLOYMENT: Continued...			
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE #
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE #
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE #
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE #
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	
FROM DATE	NAME AND ADDRESS OF EMPLOYER	WHY DID YOU LEAVE	BUSINESS PHONE #
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	
HAVE YOU EVER BEEN DISCHARGED, ASKED TO RESIGN, FURLOUGHED, OR PUT ON INACTIVE STATUS FOR CAUSE, OR SUBJECTED TO DISCIPLINARY ACTION WHILE IN ANY POSITION? Yes. () No. ()			
If yes, state circumstances below:			
HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? Yes. () No. ()			
If yes, state circumstances below:			



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SUBSTANCE USE:		
Do you drink alcoholic beverages? How often?	Yes. ()	No. ()
Have you ever used illegal drugs or substances? If you answered yes, please describe:	Yes. ()	No. ()
Have you ever taken prescription medication not prescribed to you?	Yes. ()	No. ()

PAST OR PRESENT MEMBERSHIP IN ORGANIZATIONS:				
NAME AND ADDRESS	TYPE (Social, Fraternal)	OFFICE HELD	MEMBERSHIP	
			From	To

HOBBIES AND SPORTS		
TYPES OF SPORT/ HOBBY	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

ARREST, DETENTION, AND LITIGATION
A. Have you ever been detained or arrested by a law enforcement agency? YES. () NO. ()
If yes to above, describe circumstances giving dates and locations



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COURT ACTION - CIVIL OR CRIMINAL:

A. Have you, or your spouse, been involved in any court action, civil or criminal? Include all traffic violations in NJ and elsewhere.

YES. () NO. ()

If yes to above, describe circumstances giving dates and locations:

B. Have you, or your spouse, ever been the target of a police investigation in NJ or elsewhere?

YES. () NO. ()

If yes to above, describe circumstances giving dates and locations:

FINGERPRINTING:

A. Have you ever been fingerprinted for any reason? Include any arrests, job applications or security clearances.

YES. () NO. ()

If yes to above, describe circumstances giving dates and locations:

FINANCIAL STATUS:

A. Do you derive income from any other source other than your principal occupation? Yes. () No. () How much?

What is the source?

B. Do you own any bonds, government or other? Yes. () No. ()

Value:

C. Do you own any stocks? Yes. () No. ()

Value:

D. Do you have a bank account? Savings () Checking ()

Approximate amount:

Name of Bank:

E.. Do you own any real property? Yes. () No. ()

Value:

Location:



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FINANCIAL OBLIGATIONS:		
GIVE NAMES AND ADDRESSES OF THE INDIVIDUAL, COMPANIES, OR OTHERS TO WHOM YOU ARE INDEBTED AND THE EXTENT OF YOUR DEBT. (INCLUDING ANY LOANS ON WHICH YOU ARE THE CO-MAKER).		
NAME AND ADDRESS OF CREDITOR	TYPE OF DEBT (Loan, Credit, Mortgage etc)	AMOUNT

SUBVERSIVE ORGANIZATIONS:		
If YES to any of the answers below, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of the below organizations, specify the nature and extent of the association. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.		
YES	NO	
		Are you now or have you ever been a member of any type of subversive group or organization.
		Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?
		Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employer?
		Have you ever donated to or participated with any of the above organizations?



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OTHER AGENCIES:

Have you ever applied for a position with any other governmental agency?

YES. () NO. () If yes, give details below:

Have you submitted any other applications for employment with other police agencies?

YES. ()

NO. ()

What is the status of your application(s) Describe:

LIST ALL SOCIAL NETWORKING SITES YOU PARTICIPATE IN: (Facebook, Twitter, Instagram, Tik Tok, or any others)

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

I FURTHER AGREE AND CONSENT IN ADVANCE TO BEING SUMMARILY DISCHARGED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

(Signature of Applicant)

(Date)