



Berkeley Heights Police Department Employment Application

The purpose of this Application is to provide the information necessary to conduct a Confidential Background Investigation Security Clearance which is required for the position you are seeking.

In this regard, for the purposes of the Application, you are also required, pursuant to N.J.S. 2C:52-27(c), to reveal whether you have ever had a court record expunged or sealed as well as the contents of any expunged or sealed record. Similarly, pursuant to N.J.S. 2A:4A-60, law enforcement agencies are exempted from the general prohibition regarding disclosure of juvenile records. Therefore, you are required to answer all questions concerning expunged or sealed records regarding adult criminal and/or juvenile proceedings.

Also, please find attached to this Application, the Affidavit and Certification of Applicant form, and a Authorization and Release form. Please read all of these materials and execute before a Notary Public or an Attorney-At-Law of New Jersey and return to the Berkeley Heights Police Department, Office of the Chief of Police, 29 Park Avenue, New Jersey 07922.

It is understood that all information submitted herewith is confidential. Also, be sure to print or type this Application and answer all questions as thoroughly and completely as possible. Use and attach additional sheets of paper whenever necessary referencing the question by section and page number of the Application to which it pertains.

If you have any questions concerning the completion of this Application, its attachments or its utilization in the employment process, please contact the Administrative Sergeant at (908) 771-2065.

APPLICATION INSTRUCTIONS

Read carefully prior to filling out Application.

These instructions are provided to you as a guide for properly completing this Confidential Background Investigation Security Clearance Application. It is essential that the information entered on this Application be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment in the Berkeley Heights Police Department.

1. Complete this Application by printing legibly in ink or typeset. Naturally, where your signature is called for, you would "sign" in those areas as directed.
2. If a question is not applicable to you, enter "N/A" in the space provided. Leave no blank spaces.
3. Avoid errors by reading the directions carefully before making any entries on the Application form. Be sure your information is correct and in proper sequence before you begin. Account for all time periods in your background.
4. You are responsible for obtaining correct addresses, telephone numbers, dates, etc. If you are not sure of an address, telephone number or date, it is your responsibility to find it out, by personal verification wherever necessary and appropriate. Your local library may have a directory service or copies of local telephone directories.
5. An accurate and complete form will help expedite your background investigation. Conversely, deliberate omissions or falsifications may result in your disqualification or removal from employment. Failure to return this Application, properly completed, within the time period directed may result in the removal of your name from further participation.

UPON COMPLETION, THIS APPLICATION MUST BE NOTORIZED.



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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:	
PRESENT ADDRESS: NUMBER, STREET, PO OR RFD, CITY, STATE, ZIP CODE						Email:		
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 ()		IF DERIVED, PARENTS CERT. NO.
GENDER		RACE		ETHNICITY		SEXUAL ORIENTATION : LGBTQ+ () NOT LGBTQ+ ()		
PETITION NUMBER, DATE, STATE, 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:				
NAME OF HIGH SCHOOL	LOCATION	DATES	YEARS	GRADUATED?
		ATTENDED	COMPLETED	YES NO

Upon my receipt of this application, I will immediately forward transcripts from all colleges attended to:

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

(Proper fee must be forwarded to the college(s) by the applicant.) Date Completed: _____

HIGHER EDUCATION: List below all colleges or universities attended.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED		CREDIT HOURS SEMESTER	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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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.				
DATE OF BIRTH:	CELL PHONE:	OCCUPATION:		
2.				
DATE OF BIRTH:	CELL PHONE:	OCCUPATION:		
3.				
DATE OF BIRTH:	CELL PHONE:	OCCUPATION:		
4.				
DATE OF BIRTH:	CELL PHONE:	OCCUPATION:		
5.				
DATE OF BIRTH:	CELL PHONE:	OCCUPATION:		

CREDIT REFERENCES: List (3) Three.

	YEARS	ADDRESS:	
		CITY	STATE
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		
CELL PHONE:	OCCUPATION:	
MOTHER (Maiden Name)		
CELL PHONE:	OCCUPATION:	
CELL PHONE:	OCCUPATION:	
CELL PHONE:	OCCUPATION:	
CELL PHONE:	OCCUPATION:	
CELL PHONE:	OCCUPATION:	



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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	
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 :
NOTICE: Expungement and conditional discharges must be disclosed on this application
A. Have you ever been detained or arrested by a law enforcement agency, to include Juvenile Delinquency? YES. () NO. ()
If yes to above, describe circumstances, charges, disposition, dates, and Police Department,



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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. () How much? 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(s):



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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 YOUR SOCIAL NETWORKING SITES AND USERNAMES: (Facebook, Twitter, Instagram, Tik Tok, or any others)



AUTHORIZATION AND RELEASE FORM

I, _____ do hereby authorize a review and full disclosure of all records and information concerning myself to any duly
 First, middle and last name
 authorized agent or representative of the Berkeley Heights Police Department, whether the said records or information are of a public, private, or confidential nature, or include
 I hereby request and authorize the Department of the _____ to furnish to the Woodcliff Lake Police Department the record of each
 (Army, Navy, Air Force, etc.)
 period of my service therein, and to furnish the character or service rendered for each period. My serial number (social security number) was _____.
 (supply Form DD 2 14)

I understand that any information obtained by a confidential background investigation which is developed directly or indirectly, in whole or in part, upon this Authorization and Release will be considered in determining my suitability for employment in the Berkeley Heights Police Department.

I hereby release, discharge and exonerate the Berkeley Heights Police Department, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Berkeley Heights Police Department.

A photocopy of this Authorization and Release Form will be valid as an original thereof, even though the said photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization and Release.

AFFIDAVIT AND CERTIFICATION OF APPLICANT

I WILL ASSIST, IN ANY WAY THAT I AM ABLE, TO OBTAIN ANY AND ALL DOCUMENTS AND INFORMATION REQUESTED BY THE BERKELEY HEIGHTS POLICE DEPARTMENT.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I AM AWARE THAT ANY MISREPRESENTATION OF INFORMATION SUPPLIED BY ME WILL RESULT IN MY DISQUALIFICATION FROM THE SELECTION PROCESS. FURTHER, I AUTHORIZE THE BERKELEY HEIGHTS POLICE DEPARTMENT OR ITS DESIGNATED AGENT TO VERIFY ANY AND ALL INFORMATION CONTAINED HEREIN AND TO REVIEW MY MEDICAL HISTORY AND INFORMATION FROM ANY SOURCE AS NOTED IN THE DULY EXECUTED AUTHORIZATION RELEASE FORM.

I HAVE READ THIS CERTIFICATION, AND I UNDERSTAND AND AGREE TO THE CONDITIONS IMPOSED HEREIN.

 (Signature of Applicant)

 (Date)

 (Printed name of Applicant)

Sworn to and subscribed before me this

_____ day of _____

 Print Name and Title

 Signature of Notary Public (sign in ink)

My Commission Expires : _____