



Aberdeen Township Police Department



1 Aberdeen Square
Aberdeen, NJ 07747
Phone: (732) 583-4200 Fax: (732) 583-7058

Application for Employment

Provide Full Legal Name			
Last	First	Middle	
Current Address Where You Physically Reside			
Street			Apartment #
City	State	Zip	County
Mailing Address			
Street – PO Box			Apartment #
City	State	Zip	County
Phone Numbers		E-Mail Accounts	
Home Phone			
Cell Phone			
Work Phone			
Other Phone			
Driver's License Information			
Driver's License Number	State Issued	Expiration Date	DL Class/Endorsements
Are you authorized to work in the United States?		U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Naturalized Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>
Position applied for?			
Is there a minimum salary you will accept?		If yes, what is the minimum salary you will accept?	
Earliest date you could begin work?			
Do you presently have relatives employed with Aberdeen Township? (If yes, give name and Department)			

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High Schools / Vocational Schools			
Do you have a high school diploma? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>			
School			
Street			
City		State	Zip
Grades Attended:		From (Month / Year)	To (Month / Year)
Colleges / Universities (Including Trade Schools)			
Do you possess a college/university degree? Yes <input type="checkbox"/> No <input type="checkbox"/>		Type: Certificate <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Other:	
How many college credits / hours have you earned?		Did you receive any scholarship/grants? Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University/School			
Street			
City		State	Zip
Number of Credits/Hours Earned		Major	To (Month/Year)
From (Month/Year)		To (Month/Year)	
College/University/School			
Street			
City		State	Zip
Number of Credits/Hours Earned		Major	To (Month/Year)
From (Month/Year)		To (Month/Year)	
College/University/School			
Street			
City		State	Zip
Number of Credits/Hours Earned		Major	To (Month/Year)
From (Month/Year)		To (Month/Year)	
List any other job-related skills you possess			

Beginning with your most current employment, list every job, including military service. Account for all time periods since you began working. Make a copy of these pages if additional room is needed.

Do you object to our contacting your present employer(s)? Yes No

If yes, please explain.

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Employer:				From (Month/Year)		To (Month/Year)	
Street							
City			State		Zip		County
Phone		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/>					
Job title or position			Work Schedule			Salary	
Describe your duties							
Supervisor's Name and Title					Phone		
Reason for leaving							
Employer:				From (Month/Year)		To (Month/Year)	
Street							
City			State		Zip		County
Phone		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/>					
Job title or position			Work Schedule			Salary	
Describe your duties							
Supervisor's Name and Title					Phone		
Reason for leaving							
<p>When answering the following questions regarding criminal history, you must disclose all expunged records and conditional discharges for Criminal Justice Employment. Include all matters either as an adult or as a juvenile. Answering yes to these questions will not necessarily bar you from employment.</p>							
Have you ever been convicted of a crime other than a minor traffic violation?					Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, explain in detail giving date, reason, or other pertinent information							

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References

Please give names and addresses of four people, not relatives or former employers, who you have known for at least five years

Last		First		Middle	
Street				Apartment #	
City		State	Zip	County	
Length of Time Known	Occupation		Home Phone		Cell Phone
Last		First		Middle	
Street				Apartment #	
City		State	Zip	County	
Length of Time Known	Occupation		Home Phone		Cell Phone
Last		First		Middle	
Street				Apartment #	
City		State	Zip	County	
Length of Time Known	Occupation		Home Phone		Cell Phone
Last		First		Middle	
Street				Apartment #	
City		State	Zip	County	
Length of Time Known	Occupation		Home Phone		Cell Phone
Last		First		Middle	
Street				Apartment #	
City		State	Zip	County	
Length of Time Known	Occupation		Home Phone		Cell Phone

For Applicants Applying for the Position Police Officer

If you are applying for the position of Police Officer, are you over the age of 21?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are applying for the position of Police Officer, are you under the age of 35?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are over the age of 35, are you currently a member of the PFRS or PERS systems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you read, write and understand the English language well and intelligibly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you physically able to perform physical functions of duties which may be assigned?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of anything which may legally or otherwise make you ineligible to hold the position of Police Officer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing and capable of working shift work?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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I have read and understand the instructions provided. I certify that the facts set forth in this questionnaire are true and complete to the best of my knowledge. I acknowledge that any falsification, misrepresentation, or omission will cause rejection of this questionnaire, elimination from further consideration, removal of my name from eligibility, or discharge from employment.

I understand that neither this application nor an interview constitutes a contract of employment with Aberdeen Township. Should you be selected to continue on to the background investigation phase of the selection process, a thorough and detailed background questionnaire must be completed.

I further understand that applicants will be required to submit to the following selection process:

1. Verification of qualifying credentials;
2. Verification of a non-disqualifying criminal history;
3. Verification of at least three personal references;
4. A review of applicant's driving history;
5. A review of applicant's prior law enforcement experience, if any;
6. A review of applicant's prior work history;
7. A review of applicant's current and past credit history;
8. Oral interview.

Following a conditional offer of employment, applicants for law enforcement positions are required to submit to:

1. Physical examination;
2. Drug screening;
3. Psychological/psychiatric examination.
4. Successful applicants are required to attend a certified police academy and successfully complete a rigorous course of instruction. Failure to complete this course of instruction is cause for termination of employment.

SIGNATURE: _____ Date: _____

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