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# CRANFORD POLICE DEPARTMENT

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Ryan J. Greco  
Chief of Police  
police@cranfordnj.org  
www.cranfordnj.org

8 Springfield Avenue  
Cranford, NJ 07016  
908-272-2222

## **Application for Employment – Communications Officer**

The Cranford Police Department conducts background investigations on all potential employees to determine their suitability for employment. The information requested in this application is necessary to complete these background investigations. The information you provide is confidential and will be used for employment purposes only; however, if necessary, your information may be shared with other entities as it relates to your background investigation.

The Cranford Police Department is committed to a policy of equal opportunity for all prospective and current employees and does not discriminate regardless of race, creed, color, religion, sex, age, national origin, or disability.

The completion and submission of this application is an important step in a thorough and lengthy employment selection process. These steps may include a written examination, oral review board, and comprehensive background investigation. Finalists will be required to take a full medical physical exam and drug test.

All questions in this application must be completed honestly, accurately, and thoroughly. The information that you provide will be carefully analyzed and evaluated to determine your suitability for employment. Do not withhold any information, whether you think it is important or not. The Cranford Police Department will determine the importance of information you provide. The deliberate omission of information and/or any deception will not be tolerated and will be justification for disqualification. It is your responsibility to provide complete and accurate information to all the questions.

# Cranford Police Department – Application for Employment

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## READ CAREFULLY PRIOR TO COMPLETING APPLICATION

These instructions are provided as a guide to assist you in properly completing your application for employment for the position of Communications Officer. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

Applications must be completed and delivered to the Cranford Police Department at the address below. Any alterations to this application or delays in returning it will void your status. **Application and fee must be delivered to the Cranford Police Department by Friday, June 29, 2018 at 4:00 p.m.**

Chief of Police  
Cranford Police Department  
8 Springfield Avenue  
Cranford, NJ 07016

1. Application for employment must be PRINTED legibly in ink or typed.
2. Answer all questions to the best of your ability. You must answer all questions that pertain to you.
3. Use N/A (Not Applicable) for those questions that do not apply to you. **Leave no blank spaces.**
4. Avoid errors by reading the directions carefully before making any entries on the application. Be sure your information is correct and in the proper sequence before you begin. All time periods in your background must be accounted for.
5. You are responsible for obtaining correct addresses.
6. An accurate/complete application will help expedite your investigation.
7. If you require additional room to answer question(s), utilize the Additional Information Section pages of this application. Remember to indicate on these pages which questions your answer pertains to.
8. Be sure to sign and date each and every individual page of this application in the space provided.
9. Candidates with valid CPR, Basic Telecommunicator Class (BTC), and Emergency Medical Dispatch (EMD) certifications will be given priority.
10. The \$20.00 non-refundable application fee (certified or cashier's check or money order) must be submitted with the application. No cash will be accepted.
11. Once the application is submitted, correspondences between the Cranford Police Department and all applicants will be done through e-mail. Therefore, you must provide a current/valid email address.
12. You will be contacted via e-mail as to the time and location of the next phase of the application process.
13. Current updates on the application process will also be posted on the Cranford Police Department Facebook page at [www.facebook.com/CranfordPD](http://www.facebook.com/CranfordPD). Applicants shall be responsible for visiting this site or checking their email regularly for all important updates.

By my signature affixed hereto, I attest that I have read all of the above and understand the instructions and warnings.

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Signature of Applicant

Date

Page 2

# Cranford Police Department – Application for Employment

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## PERSONAL DOCUMENTS CHECKLIST

The following documents must be presented as part of the pre-employment process. If you cannot obtain any of these documents you must state in the section provided for additional information what documents you were unable to provide and the reason(s). This would include college transcripts. A lack of sufficient explanation for the missing document(s) will void your application.

Initial the appropriate space next to each document indicating that a copy of the required document has been supplied. If the document does not apply, indicate by N/A in the space provided. Missing documents will delay the application process. DO NOT INCLUDE ORIGINALS.

- Birth Certificate
- New Jersey Driver's License
- Out of State Driver's License(s)
- High School Diploma or GED Certificate
- College Diploma
- Military Service Records (DD Form 214) and Discharge
- Voter Registration Card
- Social Security Card
- U.S. Citizenship (Naturalization) Papers
- Professional Certificates, Awards, Commendations, etc. related to employment as dispatcher
- Current Resume
- Recent Photograph of Yourself

**NOTICE TO APPLICANT**

*Any candidate who makes a false statement, purposeful omission, misrepresentation or concealment of a material fact, or who practices, attempts to practice any deception or fraud in securing eligibility for appointment, or any candidate who provides answers contrary to official records, will be rejected from the application process and will be disqualified for employment eligibility.*

*By your signature below and on each page you acknowledge that you have read and understand that all information provided by you is true, complete, and accurate.*

# Cranford Police Department – Application for Employment

## PERSONAL DATA

1. \_\_\_\_\_  

Last Name
First Name
Middle Name
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Place of Birth: \_\_\_\_\_  

Month
Day
Year
3. Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. United State Citizen:     YES     NO
  - a. If the answer to Question 7 is No, are you a Naturalized Citizen?     YES     NO
  - b. By what means did you obtain Naturalized Citizenship?     Self     Spouse     Parents
7. Has your name ever been changed for any reason?     YES     NO

- a. If the answer to Question 8 is Yes, please provide the following information:

Previous Name: Last, First, Middle

8. Starting with your present address and listing them in reverse chronological order, list all places where you have lived for the last 5 years. If additional space is needed, utilize the Additional Information section.

From: Month/Year	To: Month/Year	Street Address	City, State, Zip Code

9. List all immediate family members, including parents, siblings, children, and current/former spouses and domestic partners:

Name (Last, First, MI)	Relationship	Complete Address

# Cranford Police Department – Application for Employment

## EDUCATIONAL DATA

10. Have you earned a high school diploma or G.E.D. certificate? \_\_\_\_YES \_\_\_\_NO Year: \_\_\_\_\_

11. List in reverse chronological order all schools and colleges that you have attended starting with your most recent:

From Month/Year	To Month/Year	Name of School	City & State	Degree Attained

12. Major(s): \_\_\_\_\_ GPA: \_\_\_\_\_

13. Total Credits Achieved Towards Degree: \_\_\_\_\_

14. What College Degree(s) or Professional License(s) do you possess? \_\_\_\_\_

# Cranford Police Department – Application for Employment

## MILITARY SERVICE

15. Have you ever served in any branch of the United States Military or related organization? \_\_\_YES \_\_\_NO

If yes, From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Branch: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Rank Upon Discharge: \_\_\_\_\_ Job/MOS: \_\_\_\_\_

Type of Discharge (Be specific): \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

*(If you had more than one commission/enlistment, explain in the Additional Information Section.)*

16. Has your discharge or separation ever been changed, upgraded, downgraded, or corrected? \_\_\_YES \_\_\_NO

If Yes, changed from \_\_\_\_\_ to \_\_\_\_\_

Authority: \_\_\_\_\_ Who requested the change: \_\_\_\_\_

Reason for the change: \_\_\_\_\_

17. List all medals and decorations awarded to you as a member of the armed forces: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Were you ever reprimanded, disciplined, tried, punished, demoted, attended Captain's Mast, received an Article 15, Court Martial, etc. for any infraction of military rule, law, or regulations? \_\_\_YES \_\_\_NO

If yes, complete the table below:

Date	Charge/Proceeding	Disposition	Penalty

# Cranford Police Department – Application for Employment

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19. Are you now or have you ever been an active member of any branch of the United States Military Reserve or State National Guard? \_\_\_\_YES \_\_\_\_NO If yes, provide the information below:

If yes, From:\_\_\_\_/\_\_\_\_/\_\_\_\_ To:\_\_\_\_/\_\_\_\_/\_\_\_\_

Branch:\_\_\_\_\_ Serial Number:\_\_\_\_\_

Rank Upon Discharge:\_\_\_\_\_ Job/MOS:\_\_\_\_\_

Type of Discharge (Be specific):\_\_\_\_\_

Reason for Discharge:\_\_\_\_\_

20. Have you ever served in any military organization of any foreign government? \_\_\_\_YES \_\_\_\_NO

If yes, provide details:\_\_\_\_\_

\_\_\_\_\_

21. Have you ever been denied/refused entry into the United States Military, Military Reserve, or National Guard? \_\_\_\_YES \_\_\_\_NO

If yes, explain the basis of denial below **(EXCEPT IF FOR MEDICAL REASONS)**

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

## SELECTIVE SERVICE

22. How many selective service classifications have you had?\_\_\_\_\_

23. Were you ever classified 4-F? \_\_\_\_YES \_\_\_\_NO If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

24. Selective Service Number:\_\_\_\_\_ Local Board:\_\_\_\_\_

25. Last Classification:\_\_\_\_\_ Date Classified:\_\_\_\_\_



# Cranford Police Department – Application for Employment

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## COMMUNICATIONS OFFICER EXPERIENCE

26. Are you presently a CPR certified? \_\_\_\_YES \_\_\_\_NO
27. Are you presently Basic Telecommunicator (BTC) Certified? \_\_\_\_YES \_\_\_\_NO
28. Are you presently Emergency Medical Dispatch (EMD) Certified? \_\_\_\_YES \_\_\_\_NO
29. Are you currently employed as a Communications Officer? \_\_\_\_YES \_\_\_\_NO  
\_\_\_\_\_Department
30. Have you ever been the subject of any internal affairs investigation or citizen complaint in the last five years?  
\_\_\_\_YES \_\_\_\_NO If yes, explain below and include dispositions:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
31. Have you ever been suspended from duty, with or without pay, for any reason, except for medical reasons?  
\_\_\_\_YES \_\_\_\_NO If yes, explain below:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
32. Have you ever been subject to any departmental disciplinary actions? \_\_\_\_YES \_\_\_\_NO If yes, explain:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Cranford Police Department – Application for Employment

## EMPLOYMENT BACKGROUND

33. Have you ever been fired, terminated, asked to leave, laid off, or resign or quit under questionable circumstances; or has any form of disciplinary action ever been taken against you by an employer:

\_\_\_\_ YES \_\_\_\_ NO If yes, provide details below:

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34. List all current and former employers (full-time, part-time, and seasonal) since the age of 18. List in reverse chronological order starting with your present employer and work backwards.

- Employer #1: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Full Time \_\_\_\_ Part Time

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

- Employer #2: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Full Time \_\_\_\_ Part Time

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# Cranford Police Department – Application for Employment

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- Employer #3: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Full Time \_\_\_\_ Part Time  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
  
- Employer #4: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Full Time \_\_\_\_ Part Time  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
  
- Employer #5: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Full Time \_\_\_\_ Part Time  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

# Cranford Police Department – Application for Employment

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- Employer #6: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Full Time \_\_\_\_ Part Time  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
  
- Employer #7: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Full Time \_\_\_\_ Part Time  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
  
- Employer #8: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Full Time \_\_\_\_ Part Time  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

# Cranford Police Department – Application for Employment

## ARRESTS & SUMMONSES

35. Have you ever been arrested for any crime, disorderly person offense, petty disorderly person offense, administrative code, or violation of local ordinance?

YES  NO If yes, provide details below:

Date	Violation	Disposition	Police Agency Involved

36. Do you possess a valid New Jersey Driver’s License?  YES  NO

Driver’s License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

37. Have your driving or registration privileges ever been suspended or revoked?  YES  NO

State	Date From	Date To	Reason

38. Have you ever received a summons for a violation of the Motor Vehicle Laws in this state or any other state (excluding parking violations)?  YES  NO If yes, provide details below:

Date	Violation	Disposition	Police Agency

39. Do you currently have any penalty points on your driver’s license?  YES  NO Quantity \_\_\_\_\_

40. List all motor vehicles that are registered in your name:

Make	Model	License Plate / State

# Cranford Police Department – Application for Employment

## DRUG EXPERIMENTATION & HISTORY

41. Have you ever smoked, experimented with, tasted, ingested, used, injected, sniffed, etc. any of the following?

Substance (circle each as applicable)	Yes	No	Month/Year	# of Times Used
Marijuana / Hashish				
Cocaine / Powder				
Cocaine / Crack				
Opium Derivative (Heroin, Morphine, Codeine, etc.)				
Amphetamines (Speed)				
Barbiturates (Reds/Downers)				
Inhalants (Glue, Solvents, Aerosols, Whippit, etc.)				
Anabolic Steroids				
Hallucinogenic (LSD, PCP, Mushrooms, Ecstasy)				
Quaaludes, Valium, Darvocet, Dilaudid, Percocet, etc.				
Club Drugs				
Have you ever purchased/bought any of the above listed substances?				

42. Have you ever been investigated, arrested, or charged with any type of drug/narcotic related violation?  
 \_\_\_\_ YES \_\_\_\_ NO

43. Have you ever used prescription medication that was prescribed to another person and not you?  
 \_\_\_\_ YES \_\_\_\_ NO

44. Have you ever sold, distributed, or provided any person with or without their permission or consent any type of illegal drug/narcotic? \_\_\_\_ YES \_\_\_\_ NO

45. Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage, or handling of any illegal drugs/narcotics for yourself or anyone else? \_\_\_\_ YES \_\_\_\_ NO

46. Have you ever made money or profit in any way from your involvement in drugs/narcotics? \_\_\_\_ YES \_\_\_\_ NO

# Cranford Police Department – Application for Employment

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## MISCELLANEOUS INFORMATION

47. Have you ever been a member of any organized crime enterprise, street gang, or motorcycle gang or crew?  
\_\_\_\_ YES \_\_\_\_ NO If yes, provide details below:

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48. Do you have any foreign language skills? \_\_\_\_ YES \_\_\_\_ NO  
If yes, explain what language(s) and level of fluency (Read / Write / Speak):

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49. Do you have any experience as an intern, volunteer, cadet, or explorer with this agency or any other law enforcement agency? \_\_\_\_ YES \_\_\_\_ NO If yes, provide details below:

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50. Do you have any experience as a member (paid or volunteer) of any fire department?  
\_\_\_\_ YES \_\_\_\_ NO If yes, provide details below:

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51. Do you have any experience as a member (paid or volunteer) of any rescue squad?  
\_\_\_\_ YES \_\_\_\_ NO If yes, provide details below:

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52. Do you have any computer skills or experience? \_\_\_\_ YES \_\_\_\_ NO If yes, explain below:

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# Cranford Police Department – Application for Employment

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## REFERENCES

53. List three friends or associates as references.

- Reference #1: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_
  
- Reference #2: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_
  
- Reference #3: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_





# Cranford Police Department – Application for Employment

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## RELEASE AUTHORIZATION

To all courts, probation departments, selective boards, physicians, hospitals, employers, educational and other institutions and agencies without exception.

I \_\_\_\_\_, am making an application for appointment to the Cranford Police Department. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Cranford Police Department or its representatives any and all information, documentary or otherwise, pertaining to me that they may request.

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

DATE \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

# Cranford Police Department – Application for Employment

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## DRUG SCREENING THROUGH URINALYSIS APPLICANT CONSENT

I, \_\_\_\_\_, understand that as part of the pre-employment process, the Cranford Police Department will conduct a comprehensive background investigation in an effort to determine my sustainability to fill the position for which I have applied. I further understand that as a part of the pre-employment process, I will be required to submit to and perform certain medical and physical examinations. In accordance with efforts to the Cranford Police Department to select only those most qualified candidates, I do hereby consent to the sampling and submission for testing of my urine for the purpose of drug screening. I understand that a negative result is a condition of employment.

I also understand that refusing to supply the required samples or producing a positive continued test result for the presence of illegal drugs will result in the rejection of my application for employment. I understand that in the case of a positive result, my name will be forwarded to the central registry maintained by the Division of State Police and will be made available only upon court order or as a part of a background investigation for law enforcement position. I understand that a confirmed positive test result indicating the presence of illegal drugs will bar me from securing future law enforcement employment for a period of two (2) years. I understand that after this two (2) year period, a positive test result may be considered in evaluating my fitness for future law enforcement employment.

I understand that the results of the urinalysis will be provided to me as soon as possible after receipt by the Cranford Police Department.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Cranford Police Department – Application for Employment

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## PERSONAL HISTORY STATEMENT AFFIRMATION



I hereby affirm that this Application/Personal History Statement is true and accurate and contains no misrepresentations, falsifications, omissions of material facts or concealment of material facts. Additionally the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

I am cognizant that statements made by me on this Application/Personal History Statement are subject to later investigation. Additionally, I realize that should any investigation disclose any misrepresentation, misstatement, falsification, omission or concealment of material fact, my application for the position is subject to rejection and my name may be removed from the eligibility list. If I have been already appointed to the position, I may be subject to dismissal.

I further understand that if there are any changes in my application answers from the date of my original application to the Cranford Police Department and to the date of any scheduled appointment, I will notify the Cranford Police Department of those changes, and if I fail to do so, I realize it is grounds for non-selection or dismissal from my position.

***By my signature below and on the bottom of each page, I state that I have read and understood the above warning, and all information provided by me is true, complete, and accurate.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date