

## CRANFORD POLICE DEPARTMENT



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

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

### **Application for Employment – Police 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. Please also be advised that as of January 2024, the New Jersey Police Training Commission (NJ PTC) has issued definitive disqualifying factors barring individuals from being licensed to be a police officer. Prior to submitting this application, we urge applicants to ensure that they are not disqualified from becoming licensed in the State of New Jersey. If an applicant does not satisfy the basic licensing requirements, they cannot be licensed and therefore will not be hired by the Township of Cranford as a police officer.

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 include a written examination, physical fitness test, oral review board, and comprehensive background investigation. Finalists will be required to take a full medical physical exam, drug test, and psychological examination. All NJ PTC standards for pre-admission physical training testing shall be followed, and non-PTC applicants must satisfy the components of pre-admission testing as a condition of employment.

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

#### **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 Police 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. Refer to the NJ PTC Licensing Standards to ensure that you are eligible for a police license in the State of New Jersey, which is a mandatory condition of employment as of January 2024.

Applications must be completed and delivered to the Cranford Police Department, 8 Springfield Avenue, Cranford, NJ 07016. Any alterations to this application or delays in returning it will void your status. <u>Application and fee must be delivered to</u> <u>the Cranford Police Department by Friday, December 1st, 2023 at 4:00 p.m. with a non-refundable \$25.00</u> <u>certified/cashier's check or money order made out to the Township of Cranford. NO EXCEPTIONS!</u>

- 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. Use N/A (Not Applicable) for those questions that do not apply to you. Leave no blank spaces.
- 3. 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.
- 4. You are responsible for obtaining correct addresses.
- 5. An accurate/complete application will help expedite your investigation.
- 6. 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.
- 7. Be sure to sign and date each and every individual page of this application in the space provided.
- 8. Three (3) letters of reference must be emailed to the Chief of Police at <u>police@cranfordnj.org</u> and received by December 1st, 2023.
- 9. The \$25.00 non-refundable application fee made out to the Township of Cranford (certified or cashier's check or money order) must be submitted with the application.
- 10. 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.
- 11. The written test is tentatively scheduled to be conducted on December 22nd, 2023 at the Cranford Community Center, 220 Walnut Avenue, Cranford, NJ 07016. For those that successfully pass the written exam, the physical fitness test will be held at the Memorial Field Complex and Cranford Recreation Center on January 8<sup>th</sup>, 2024. Parking is located at 401 Centennial Avenue, Cranford.
- 12. Current updates on the application process will also be posted on the Cranford Police Department website at <a href="http://www.cranfordnj.org/police-department">www.cranfordnj.org/police-department</a> and Twitter & Facebook @CranfordPD. Applicants shall be responsible for visiting these sites 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.

### POLICE OFFICER ESSENTIAL FUNCTIONS

We must advise you that this is a physically demanding profession and you must be prepared to perform the following feats of physical agility, strength and dexterity. If you determine that the qualifications as described below would preclude you from this occupation, you may request to have your name removed from the employment list as promulgated by the Cranford Police Department.

- Walk, sometime for long periods of time, in extreme weather conditions, in physically hazardous locations.
- Run, sometimes sprinting at a high rate of speed for short distance, in extreme weather conditions, in physically hazardous locations.
- Ascend or descend 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 or persons.
- Lift and carry objects or persons.
- Drag objects or persons.
- Sit or stand for extended periods of time.
- Employ defense tactics using balance, leverage, concentration, control, power and opponent's power.
- Swim.
- Operate a motor vehicle, during the day and 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 of arrest, forcibly if necessary, using handcuffs and other restraints.
- Conduct visual and audio surveillance.
- Issue summonses.
- Direct traffic, sometimes for long periods of time, using hand signals, flares, barricades, etc...
- Perform law enforcement patrol functions on foot or in a vehicle.
- Observe, record, recall and report incidents and information.
- Operate radar equipment.
- Administer field sobriety tests.
- Operate 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 scene of accidents, emergencies and disasters.
- Administer first aid.
- Physically check buildings including doors and windows, to ensure they are secure.
- Resolve hazardous conditions by direct action or notification of appropriate authority or agency.
- Perform searches of vehicles, peoples, buildings, and large outdoor areas, which may involve seeing, feeling, and detecting objects.
- 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 and 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 the 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.
- 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, opinion, and behavior in antagonistic settings, with crime victims, accident victims, disaster victims, and their families, with incidents of suicide and domestic violence.
- Ability to ensure the general safety of the public.
- Must have regular and predictable work attendance habits.
- Must report to work at an assigned time.

### 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
- \_\_\_\_ College Transcripts Certified
- Military Service Records (DD Form 214) and Discharge
- \_\_\_\_\_ Any Trade or Professional License(s)
- Voter Registration Card
- Social Security Card
- \_\_\_\_\_ U.S. Citizenship (Naturalization) Papers
- \_\_\_\_ Passport
- \_\_\_\_ Firearms ID Card
- \_\_\_\_\_ Police Training Commission Certificate
- Other Law Enforcement Training Certificates
- Professional Certificates, Awards, Commendations, etc. related to employment as police officer
- Current Resume
- Court Orders:
  - Certified Divorce Decree
  - Name Change(s)
  - Adoption(s)
  - Civil or Criminal Court Orders or Dispositions
  - Bankruptcy Order(s)
  - Ex Parte Orders
- \_\_\_\_\_ 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.

PERSONAL DATA

1.	Last Name		First Name		Middle Name	
2.	Date of Bi	rth:/ Month Da	/PI			
3.	Telephone Number: Cell Phone Number:					
4.	Email Address:					
5.	Social Sec	urity Number:_				
6.	Sex:	_Height:	_Weight:	_Eye Color:	Hair Color:	
7.	United Sta	ates Citizen:	_YESNO			
	а	. If the answe	er to Question 7 is No, are	you a Naturalized	d Citizen?YESNO	
	b	o. By what me	ans did you obtain Natura	lized Citizenship?	SelfSpouseParents	
8.	Has your i	name ever beei	n changed for any reason?	YES	_NO	
	а	. If the answe	er to Question 8 is Yes, ple	ase provide the fo	ollowing information:	
		Previous Na	ame: Last, First, Middle			
		Reason for	Change			
		Jurisdiction			Date	
9.		our marital stat iedSingle	us? Widow(er)Div	vorcedSepar	ratedCivil Union	
10.	.0. What classification most closely represents the current status of your residency? OwnRent/LeaseReside with parents, relative, friend, etcOther					
11.	-		-		ological order, list all places where you the Additional Information section.	
Fro		To: Month/Year	Street Address			
IVIC	filling fear	Month/ fear	Street Address		City, State, Zip Code	

#### 12. List all persons that currently reside with you:

Name (Last, First, MI)	Relationship	Date of Birth

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

Name (Last, First, MI)	Relationship	Complete Address

### **FIREARMS INFORMATION**

14. Do you own firearms? \_\_\_\_YES \_\_\_\_NO

15. If yes, please provide the below information:

	Handgun/Rifle/Shotgun	Make	Model	Caliber	Serial #	
16.	Do you possess a valid f	firearms I.D. Card?	YESNO			
	a. If yes, what	jurisdiction?				
	b. What is the	sBl# (or ID#)				
47						
17.	Have you ever had a fire	earms ID, permit to	purchase a handgun, or	nunting lice	nse?	
	YESNO Wh	ich one(s)				
18.	Have you ever had a fire	earms ID, permit to	purchase a handgun, or	hunting lice	nse seized/revoked?	
	YESN O Wh	ich one(s)				
	Why?					
19.	Have you ever had a fire	earms ID. permit to	purchase a handgun, or	hunting lice	nse denied?	
	YESN O Which one(s)					
	Why?					
20.	Have you ever had a pe	rmit to carry a firea	rm?YESN	0		
	lf yes, explain where, w	hen, why?				
21.	Have you ever had a ca	rry permit denied/se	eized/revoked? Y	ES NC	)	
	It yes, explain where, w	If yes, explain where, when, why?				

#### **MARITAL / FAMILY STATUS**

22. Date of current marriage/civil union: :\_\_\_\_/\_\_\_/\_\_\_\_\_ Month Day Year

23. Spouse's/partner's name?\_\_\_\_\_

Last Name (Maiden Name, if applicable) First Middle

- 24. Is your family aware of your intention of applying for a sworn law enforcement position?\_\_\_\_\_YES\_\_\_\_NO
- 25. Have you ever been personally involved in a Domestic Violence incident? \_\_\_\_\_YES \_\_\_\_\_NO

#### If yes, provide the following information:

Jurisdiction: City/County/State	Date	Case #

26. Have you ever been served with a domestic violence restraining order?\_\_\_\_\_YES \_\_\_\_NO

If yes, how many times?				
County	State	Type of Order	Date	Disposition

- 27. List chronologically by age, all of your children regardless of dependency and residence:

Name (Last, First, MI)	Gender	Date of Birth	Dependent?	Child lives with you?
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No

28. Has any legal action of any kind, civil, criminal, or administrative, been taken against you for failure to make any payments of child support or alimony? YES NO

#### If yes, complete the table below:

Type of Support (Child/Alimony)	Jurisdiction	Amount in Arrears	Confinement	Length of Confinement	Disposition
			Yes / No		
			Yes / No		
			Yes / No		

29. Have you ever been evicted from a place of residence? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please explain:\_\_\_\_\_\_

30. List all previous marriage(s): \_\_\_\_NONE

Name of Former Spouse	Address	Date of Birth	Telephone #

31. List current dating partner(s): \_\_\_\_\_NONE

Name	Address	Date of Birth	Telephone #

32. Have there been any domestic violence issues with present/past dating partners? \_\_\_\_\_YES \_\_\_\_\_NO

33. Have the police ever been called to any home or residence in which you have ever resided? \_\_\_\_YES \_\_\_\_NO If yes, provide details: \_\_\_\_\_

	EDUCATIONAL DATA
34.	Have you earned a high school diploma?YESNO Year:
35.	Have you earned a G.E.D. certificate?YESNO Year:
36.	Have you ever been suspended or expelled from any educational institution for any reason?YESNO
	If yes, please explain:

37. 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

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

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

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

### **MILITARY SERVICE**

41.	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.)	
42.	Has your discharge or separation ever been changed, upgraded, downgraded, or corrected? $\_\_\_$ <code>YES</code> _	NO
	If Yes, changed fromto	
	Authority:Who requested the change:	
	Reason for the change:	
43.	List all medals and decorations awarded to you as a member of the armed forces:	

44. 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

45. 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:	
5.	Have you ever served in any military organizati	on of any foreign government?YESNO
	If yes, provide details:	
7.	Have you ever been denied/refused entry into Guard?YESNO	the United States Military, Military Reserve, or National
7.		
7.	Guard?YESNO	
7.	Guard?YESNO	

\_\_\_\_

48.	How many selective service classifications have you had?	
49.	Were you ever classified 4-F?YESNO If yes,	please explain:
50.	Selective Service Number:	Local Board:
51.	Last Classification:	Date Classified:

## LAW ENFORCEMENT EXPERIENCE

52.	Are you presently a PTC certified police officer in New Jersey?YESNO
53.	Are you currently employed as a Police Officer?YESNODepartment
54.	Are you a graduate of the NJ Alternate Route Program?YESNO If yes, answer below:
	Date of Graduation:Academy Graduated:
55.	Have you completed the Basic Course for SLEO Class II?YESNO If yes, answer below:
	Date of Graduation:Academy Graduated:
56.	Are you currently serving as a police officer in another state?YESNO If yes, answer below:
	Department: City/State:
57.	Have you ever been the subject of any internal affairs investigation or citizen complaint in the last five years?YESNO If yes, explain below and include dispositions:
58.	Have you ever been suspended from duty, with or without pay, for any reason, except for medical reasons? YESNO If yes, explain below:
59.	Have you ever been subject to any departmental disciplinary actions?YESNO If yes, explain:

- 60. What assignments, special training, and skills do you have as a police officer?
- 61. Have you ever given an untruthful statement in court or to your current/past agency? \_\_\_\_YES \_\_\_\_NO If yes, explain:
- 62. Please explain the reason(s) why you want to leave your current employer or why you left your previous law enforcement employer?\_\_\_\_\_

## EMPLOYMENT BACKGROUND

chronological order starting with your present employer and work backwards.  Employer #1:	63.	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:					
chronological order starting with your present employer and work backwards.   • Employer #1:		YESNO If yes, pi	rovide details below:				
chronological order starting with your present employer and work backwards.   • Employer #1:							
chronological order starting with your present employer and work backwards.   • Employer #1:							
chronological order starting with your present employer and work backwards.         • Employer #1:							
Address:	64.						
Telephone # To:		Employer #1:					
From:       To:         Position:       Supervisor Name:         Weekly Salary:       Hours per Week:         Reason for Leaving:       Reason for Leaving:         • Employer #2:       Address:         Address:		Address:					
Position:Supervisor Name:   Weekly Salary:Hours per Week:   Reason for Leaving:		Telephone #		Full TimePart Time			
Weekly Salary: Hours per Week:   Reason for Leaving:   e Employer #2:   Address:   Telephone #   From:   From:   To:   Position:   Supervisor Name:   Weekly Salary:		From:	То:				
Reason for Leaving:   • Employer #2:   Address:    Address:   Telephone #   Telephone #   From:   From:   To:   Supervisor Name:   Weekly Salary:   Hours per Week:		Position:	Supervisor Name:				
Employer #2:      Address:      Telephone #To:      From:To:      Position:Supervisor Name:      Weekly Salary:Hours per Week:		Weekly Salary:	Hours per Week:				
Address:   Telephone #   From:     To:   Position:   Supervisor Name:   Weekly Salary:   Hours per Week:		Reason for Leaving:					
Telephone # Full TimePart T From: To: Position: Supervisor Name: Weekly Salary: Hours per Week:		Employer #2:					
From: To: Position:Supervisor Name: Weekly Salary: Hours per Week:		Address:					
Position:Supervisor Name: Weekly Salary:Hours per Week:		Telephone #		Full TimePart Time			
Weekly Salary: Hours per Week:		From:	То:				
		Position:	Supervisor Name:				
Reason for Leaving:		Weekly Salary:	Hours per Week:				
		Reason for Leaving:					

•	Employer #3:				
	Address:				
	Telephone #			Full Time	Part Time
	From:	To:			
	Position:		Supervisor Name:		
	Weekly Salary:		Hours per Week:		
	Reason for Leaving:				
•	Employer #4:				
	Address:				<u> </u>
	Telephone #			Full Time	Part Time
	From:	То:			
	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:				

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

•	Employer #9:				
	Address:				
	Telephone #			Full Time	Part Time
	From:	То:			
	Position:		Supervisor Name:		
	Weekly Salary:		Hours per Week:		
	Reason for Leaving:				
•	Employer #10:				
	Address:				
	Telephone #			Full Time	Part Time
	From:	То:			
	Position:		Supervisor Name:		
	Weekly Salary:		Hours per Week:		
	Reason for Leaving:				
•	Employer #11:				
	Address:				
	Telephone #			Full Time	Part Time
	From:	То:			
	Position:		Supervisor Name:		
	Weekly Salary:		Hours per Week:		

65. Have you ever made application with this agency before? \_\_\_\_\_YES \_\_\_\_\_NO If yes, when?\_\_\_\_\_\_

66. Have you ever made application for employment with any other police agency? \_\_\_\_\_YES \_\_\_\_\_NO

Date	Agency	Present Status

#### CIVIL, CRIMINAL, JUVENILE OFFENSES

67. Have you ever been detained, investigated, arrested, or charged as an adult for any crime, disorderly person offense, petty disorderly person offense, administrative code, or violation of local ordinance?

Date	Violation	Disposition	Police Agency Involved

68. Have you ever been fingerprinted? \_\_\_\_\_YES \_\_\_\_\_NO If yes, answer below:

\_\_\_\_\_YES \_\_\_\_\_NO If yes, provide details below:

	Date:	Agency:	Reason:
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69. Do you possess a valid New Jersey Driver's License? \_\_\_\_\_YES \_\_\_\_\_NO

Driver's License Number:Expiration Date:	tion Date:
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70. Have you ever possessed a driver's license from any other state? \_\_\_\_YES \_\_\_\_NO If yes, answer below:

State:\_\_\_\_\_\_Driver's License #:\_\_\_\_\_\_Status:\_\_\_\_\_\_Status:\_\_\_\_\_

71. Have your driving or registration privileges ever been suspended or revoked? \_\_\_\_\_YES \_\_\_\_\_NO

State	Date From	Date To	Reason

72. 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

73. Have you ever been stopped, detained, arrested, or charged with any violation for Driving While Under the Influence of Alcohol or Drugs?\_\_\_\_\_YES\_\_\_\_NO If yes, provide details below:

	Date	Charges	Police Agency	Disposition
ſ				

- 74. Do you currently have any penalty points on your driver's license? \_\_\_\_YES \_\_\_\_NO Quantity\_\_\_\_\_
- 75. Do you own/lease a motor vehicle? \_\_\_\_YES \_\_\_\_NO If yes, provide details below:

Make	Model	License Plate / State

76. Do you regularly operate a motor vehicle owned by someone else for your personal use? \_\_\_\_\_YES \_\_\_\_\_NO

Make	Model	License Plate / State	Owner

### **FINANCIAL HISTORY**

77.	Have you ever been a party to civil judgment?	YES	NO
78.	Have you ever been a party of a small claims court action?	YES	NO
79.	Do you have any immediate civil action pending against you?	YES	<u>NO</u>
80.	Have you ever had a civil judgment rendered against you?	YES	NO
81.	Have you ever declared bankruptcy?	YES	<u>NO</u>
82.	Have you ever had any property repossessed?	YES	NO
83.	Have you ever been bonded?	YES	NO
84.	Have you ever been refused to be bonded?	YES	NO

85. If you answer YES to any of these questions, you must provide full details in the section below:

Signature of Applicant

#### **DRUG EXPERIMENTATION & HISTORY**

86. 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
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				
Any other drug/narcotic not specifically listed above				
Have you ever purchased/bought any of the above listed substances?				

- 87. Have you ever been investigated, arrested, or charged with any type of drug/narcotic related violation? \_\_\_\_\_YES\_\_\_\_NO
- 88. Have you ever used prescription medication that was prescribed to another person and not you? \_\_\_\_YES\_\_\_\_NO
- 89. Have you ever sold, distributed, or provided any person with or without their permission or consent any type of illegal drug/narcotic?\_\_\_\_\_YES\_\_\_\_NO
- 90. 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
- 91. Have you ever made money or profit in any way from your involvement in drugs/narcotics?\_\_\_\_YES\_\_\_\_NO

#### MISCELLANEOUS INFORMATION

- 92. 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:
- 93. Do you have any foreign language skills?\_\_\_\_YES\_\_\_NO If yes, explain what language(s) and level of fluency (Read / Write / Speak):

\_\_\_\_\_

- 94. 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:
- 95. Do you have any experience as a member (paid or volunteer) of any fire department? \_\_\_\_YES\_\_\_\_NO If yes, provide details below:
- 96. Do you have any experience as a member (paid or volunteer) of any rescue squad? \_\_\_\_YES\_\_\_\_NO If yes, provide details below:
- 97. Do you have any computer skills or experience? \_\_\_\_YES \_\_\_\_NO If yes, explain below:

\_\_\_\_\_

## REFERENCES

98.		three friends or associates as references. <b>The submit written recommendation letters to</b>	nese are separate and apart from the three people who you the Chief of Police.
	•	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:	

#### ADDITIONAL INFORMATION SECTION

99. This section should be utilized to provide detailed information that may be required for specific individual questions that you have previously answered and needed additional space to answer.

When completing this section, make sure to indicate the question number you're answering. Place a large "X" through the unused lines in this section when completed.

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Question #	Answer
Question	
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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:	
AFFLICANT SIGNATORE.	

WITNESS NAME:

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

### **RELEASE AUTHORIZATION – PHYSICAL TRAINING ASSESSMENT**

I \_\_\_\_\_\_, am making an application for appointment to the Cranford Police Department. As a result, as part of this application process and only after I pass a written examination, I am voluntarily participating in a physical training assessment in which I must pass as a condition of employment.

I have been medically cleared by a physician to participate in any physical training assessment portion, which may consist of a vertical jump, sit-ups, 300-meter run, push-ups, and a 1.5 mile run.

I hereby release, discharge and exonerate the Cranford Police Department, it's agents and representatives, and any person in connection with the Cranford Police Department's physical training assessment portion of this application process, from all liability of every nature and all kind arising out of participating in this physical training assessment process.

DATE:\_\_\_\_\_

APPLICANT NAME:

APPLICANT SIGNATURE:

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

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

### DRUG SCREEENING THROUGH URINALYSIS APPLICANT NOTICE & ACKNOWLEDGMENT

I,\_\_\_\_\_\_, understand that as part of the pre-employment process, the Cranford Police Department will conduct a comprehensive background investigation to determine my suitability for the position for which I have applied.

I understand that as part of this process, I will undergo drug testing through urinalysis. I understand that a negative drug test result is a condition of employment. I understand that if I refuse to undergo the testing, I will be rejected from employment.

I understand that if I produce a positive test result for illegal drug use, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use or refuse to take the test, that information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to employment with a criminal justice agency.

I understand that if I produce a positive test result for illegal drug use and am not currently employed as a sworn law enforcement officer, I will be barred from future law enforcement employment in New Jersey for two years from the date of the test. After this two-year period, the positive test result may be considered in evaluating my fitness for future criminal justice employment.

I understand that if I am currently employed as a sworn law enforcement officer and I produce a positive test result for illegal drug use, my current law enforcement employer will be notified of the positive test result. In addition, I will be dismissed from my law enforcement position and I will be permanently barred from law enforcement employment.

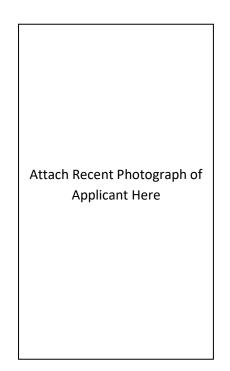
I have read and understand the information contained on this "Applicant Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as part of the pre-employment process.

Signature of Witness

Signature of Applicant

Date

Date



### 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

Below are the eligibility requirements for sworn position as per Cranford Police Department SOP # 20-03: Selection Process as well as the provisions of New Jersey's Police Training Act effective January 2024:

- a. NJSA 40A:14-122 stipulates that the mandatory qualifications for appointment as a municipal police officer are:
  - i. a citizen of the United States;
  - ii. sound in body and of good health sufficient to satisfy the board of trustees of the police and firemen's retirement system of New Jersey as to his eligibility for membership in the retirement system;
  - iii. able to read, write and speak the English language well and intelligently;
  - iv. of good moral character, and has not been convicted of any criminal offense involving moral turpitude.
- b. NJAC 4A:4-4.7a(4)(i) contains additional criteria concerning eligibility for applicants with criminal convictions.
- c. New Jersey Police Training Commission (NJ PTC) standards:
  - i. An applicant must be able to meet and maintain any of the initial or renewal license requirements promulgated by the NJ PTC as part of the Police Training Act as a condition of their employment with the Township of Cranford's Police Department.