

Spring Lake Police Department

Application for Employment



Applicant's Name: _____

Position applying for: _____

Date: _____

Applicant Information (complete all areas):

This document is to be handwritten in blue or black ink. All questions must be answered including explanation if necessary. If a question does not apply, a DNA answer must be indicated. Please attach pages if necessary to fully explain all answers, please note question number prior to answer on continuation page.

Name (Last, First Middle): _____

Address: _____

City / Town: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Other): _____

Email Address: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Position applied for: _____

Have you ever applied to the Borough of Spring Lake previously: Yes No If yes, give date: _____

Have you ever been employed by the Borough of Spring Lake: Yes No If yes, give date: _____

Position(s): _____

Please summarize skills and qualifications: _____

Work availability: Full Time Part Time Other (explain): _____

Date you can begin work: _____ Date you must stop work: _____

Are you currently employed: Yes No May we contact you at work: Yes No

May we contact your current employer: Yes No

Are you currently on layoff status and subject to recall: Yes No

Do you possess a valid driver's license: Yes No

Have you plead guilty or been found guilty of a crime, disorderly person offense, or a municipal ordinance involving moral turpitude: Yes No If yes, please explain: _____

Education:

| | NAME & LOCATION | COURSE OF STUDY | # OF YEARS | GRADE AVERAGE | MAXIUM GRADE | DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED |
|-----------------------|-----------------|-----------------|------------|---------------|--------------|--------------------------------------------------|
| ELEMENTARY | | | | | | |
| HIGH SCHOOL | | | | | | |
| COLLEGE OR UNIVERSITY | | | | | | |
| OTHER EDUCATION | | | | | | |
| OTHER EDUCATION | | | | | | |

Special Skills & Experience:

State any special skills, experience, training, licenses, certification or other factors that make you especially qualified for the position for which you are applying:

Languages:

| LANGUAGE | SPEAK SOME: | SPEAK FLUENTLY: | READ: | WRITE: |
|----------|-------------|-----------------|-------|--------|
| | | | | |
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| | | | | |

Employment History:

This section must be completed even if you attach a resume. List your last four employers and major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space marked comments located on the bottom of this page.

| | | | |
|--------------------------|--|-----------------------|--|
| DATE STARTED | | DATE LEFT | |
| EMPLOYER | | | |
| ADDRESS | | JOB TITLE | |
| WORK PERFORMED | | | |
| STARTING SALARY | | ENDING SALARY | |
| SUPERVISOR'S NAME | | CONTACT NUMBER | |

| | | | |
|--------------------------|--|-----------------------|--|
| DATE STARTED | | DATE LEFT | |
| EMPLOYER | | | |
| ADDRESS | | JOB TITLE | |
| WORK PERFORMED | | | |
| STARTING SALARY | | ENDING SALARY | |
| SUPERVISOR'S NAME | | CONTACT NUMBER | |

| | | | |
|--------------------------|--|-----------------------|--|
| DATE STARTED | | DATE LEFT | |
| EMPLOYER | | | |
| ADDRESS | | JOB TITLE | |
| WORK PERFORMED | | | |
| STARTING SALARY | | ENDING SALARY | |
| SUPERVISOR'S NAME | | CONTACT NUMBER | |

| | | | |
|--------------------------|--|-----------------------|--|
| DATE STARTED | | DATE LEFT | |
| EMPLOYER | | | |
| ADDRESS | | JOB TITLE | |
| WORK PERFORMED | | | |
| STARTING SALARY | | ENDING SALARY | |
| SUPERVISOR'S NAME | | CONTACT NUMBER | |

Comments:

References:

Provide the name address and phone numbers of three (3) people we may contact as a reference. The references should not be relatives or former supervisors.

| NAME | ADDRESS | PHONE | YEARS KNOWN |
|------|---------|-------|-------------|
| | | | |
| | | | |
| | | | |

Understandings and Agreements:

As an applicant for a position with the Borough of Spring Lake, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Borough later discovers that information on this form was incomplete, untrue or inaccurate. I give the Borough of Spring Lake the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Borough of Spring Lake the right to secure additional job-related information about me. I release the Borough of Spring Lake and its representatives for all liability for seeking such information. I understand that the Borough of Spring Lake is an equal opportunity employer and does not discriminate in its hiring practices. I understand that the Borough will make reasonable accommodations as required by the Americans with disabilities Act. I understand that, if employed, I may resign at any time and that the Borough may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough may make any assurances to the contrary. I understand that any offer of employment may be subject to job related, medical, physical, drug or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Applicant’s Signature: _____ **Date:** _____

Conditions of Employment:

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs, the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substances for which they test positive. For your application to be considered, you must sign and date below.

Applicant’s Signature: _____ **Date:** _____