

Application for Employment

PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK

EMPLOYMENT DESIRE	D							
POSITION (CHECK ONE)	☐ POLICE OFFICER	COMMUNICATIONS		OTHER				
PERSONAL INFORMATION								
NAME:		5	SOCIAL					
LAST	FIRST	MIDDLE S	SECURITY NO:					
PHONE NUMBER:								
PRESENT ADDRESS: _								
	STREET	CITY	ST	TATE ZIP				
SPECIAL QUESTIONS								
	RMATION IS REQUIRED FOI AL SECURITY LAWS OR NEE							
DICTATED BY NATIONA	AL SECONTI I LAWS ON NEL	DED FOR OTHER LEG	ALLI FLIXIVII	SSIBLE NEASONS.				
HEIGHT:FE	ET INCHES		·	_ LBS.				
□ DATE OF BIRTH: □		PLACE OF BIRTH (City & State):					
Driver's License Number:		State						
Are you prevented from	lawfully becoming employed in the U.	S.?	□ No					
Have you ever been con	victed of a crime that has not been ex	xpunged or sealed? Yes	☐ No. If Yes, e	xplain:				
Have you ever been cor	victed of a Disorderly Persons Offens	se / Petty Disorderly Offense?	☐ Yes ☐ N	o. If Yes, explain:				
EDUCATION	NAME AND LOCATION OF SCHOO	NO. OF YEARS L ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED				
Grammar School			☐ YES ☐ NO					
			YES					
High School			□ NO					
College			☐ YES	(DEGREE OBTAINED)				
College			□ NO					
Business or Trade School			☐ YES	(CERTIFICATE OBTAINED)				

ATTACH COPY OF HIGH SCHOOL, COLLEGE AND TRADE SCHOOL DIPLOMAS, AS WELL AS YOUR COLLEGE TRANSCRIPT TO THIS APPLICATION

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

	(MONTH AND YEAR)	NAME A	AND ADDRESS OF EMPLOYER	POSITION HELD	REASON FOR LEAVING
FROM					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
					•
REFE	RENCES: GIVE T	THE NAMES	OF THREE PERSONS NOT RELATED TO	O YOU, WHOM YOU HAVE KN	IOWN AT LEAST 3 YEARS.
	NAME		ADDRESS		TELEPHONE NUMBER
	117.1111		<u> </u>	<u> </u>	
			CONTAINED IN THIS APPLI		
BEST	OF MY KNOWLE	EDGE AN	D UNDERSTAND THAT, IF E	EMPLOYED, FALSIFI	ED STATEMENTS ON
BEST THIS	OF MY KNOWLE APPLICATION SE	EDGE AN HALL BE	ID UNDERSTAND THAT, IF EGROUNDS FOR DISMISSAL	EMPLOYED, FALSIFI L. I AUTHORIZE INVE	ED STATEMENTS ON STIGATION OF ALL
BEST THIS STAT	OF MY KNOWLE APPLICATION SE EMENTS CONTA	EDGE AN HALL BE VINED HE	ID UNDERSTAND THAT, IF E GROUNDS FOR DISMISSAL REIN AND THE REFERENC	EMPLOYED, FALSIFI L. I AUTHORIZE INVE ES LISTED ABOVE T	ED STATEMENTS ON STIGATION OF ALL O GIVE YOU ANY AND
BEST THIS STAT ALL II	OF MY KNOWLE APPLICATION SI EMENTS CONTA NFORMATION CO	EDGE AN HALL BE AINED HE ONCERN	ID UNDERSTAND THAT, IF E GROUNDS FOR DISMISSAL REIN AND THE REFERENC ING MY PREVIOUS EMPLO	EMPLOYED, FALSIFI I AUTHORIZE INVE ES LISTED ABOVE T YMENT ANY PERTIN	ED STATEMENTS ON STIGATION OF ALL O GIVE YOU ANY AND ENT INFORMATION THAT
BEST THIS STAT ALL II THEY	OF MY KNOWLE APPLICATION SHEMENTS CONTA NFORMATION CO MAY HAVE, PER	EDGE AN HALL BE AINED HE ONCERN RSONAL	ID UNDERSTAND THAT, IF E GROUNDS FOR DISMISSAL REIN AND THE REFERENC	EMPLOYED, FALSIFI I AUTHORIZE INVE ES LISTED ABOVE T YMENT ANY PERTIN EASE ALL PARTIES F	ED STATEMENTS ON STIGATION OF ALL O GIVE YOU ANY AND ENT INFORMATION THAT
BEST THIS STAT ALL II THEY	OF MY KNOWLE APPLICATION SHEMENTS CONTA NFORMATION CO MAY HAVE, PER	EDGE AN HALL BE AINED HE ONCERN RSONAL	ID UNDERSTAND THAT, IF E GROUNDS FOR DISMISSAL REIN AND THE REFERENC ING MY PREVIOUS EMPLO' OR OTHERWISE, AND RELI	EMPLOYED, FALSIFI I AUTHORIZE INVE ES LISTED ABOVE T YMENT ANY PERTIN EASE ALL PARTIES F	ED STATEMENTS ON STIGATION OF ALL O GIVE YOU ANY AND ENT INFORMATION THAT

Mail Completed Application to:

SIGNATURE:

Date:

Saddle River Police Department

c/o Lt. John Gaffney 83 E. Allendale Road Saddle River, NJ 07458