



## NEW PROVIDENCE POLICE DEPARTMENT



I am submitting an application for:

**Full time Police Officer**

I possess a PTC Certification

I possess a SLEO II Certification that is waiver eligible

I am enrolled in a Police Academy as an Alternate Route candidate

**SLEO II Officer**

Application Submission Deadline is January 19, 2024 at 4pm.

Completed applications must be returned, in person, to  
New Providence Police Headquarters  
360 Elkwood Avenue, New Providence NJ 07974



## NEW PROVIDENCE POLICE DEPARTMENT



### Employment Application - Police Officer

A law enforcement career is a physically demanding profession that requires working shift work, irregular work hours, weekends, holidays and during inclement weather.

You must also be prepared to perform the following feats of physical agility, strength and dexterity. Returning a signed application is acknowledgment of these types of duties and your ability to complete these tasks.

- Walk, run and/or sprint in all weather conditions and varying 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 or confined areas
- Use body force to gain entrance or break through barriers
- Lift, Drag and carry objects or persons
- Sit or stand for extended periods of time
- Employ defensive tactics and use physical force against a person
- Swim
- Operate a motor vehicle, during the day and night, during hazardous and unsafe weather, in emergency situations, at high rates of speed, on the open road or in congested traffic
- 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 using handcuffs and other restraints
- Conduct visual and audio surveillance
- Issue summonses and complaints
- 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 other persons in crisis, when appropriate.
- 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
- Control crowds
- Secure and evacuate persons from particular areas using either verbal commands or the appropriate degree of physical force.



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## Employment Application - Police Officer

- 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
- Understand and follow orders, policies and procedures
- 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.
- 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
- Withstand exposure to and deal appropriately with stress involved in dealing with hostile views, abusive language, threats, opinion, and behavior in antagonistic settings
- Endure unpleasant, immoral or horrific calls for service against other person
- Ability to ensure the general safety of the public.
- Must have regular and predictable work attendance habits.
- Ability to read, write, speak understand or communicate effectively in English sufficiently to perform the duties of the position.
- Persons with mental or physical disabilities can be eligible so long as they can perform the essential functions of the job after reasonable accommodations made to their known limitations. If the accommodation cannot be made because it would impose an undue hardship to the Borough, such persons may not be eligible.

<b><u>PERSONAL IDENTIFYING INFORMATION</u></b>					
LAST NAME	FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER
ALIAS(ES) OR NICKNAME(S)					
NAME CHANGES (INCLUDE MAIDEN NAMES)		REASON FOR CHANGE		JURSIDICTION & DATE OF CHANGE	
CELL PHONE #	HOME PHONE #		EMAIL ADDRESS		
PRESENT ADDRESS: NUMBER, STREET, PO OR RFD, CITY, STATE, ZIP CODE					
DATE OF BIRTH: (MONTH/DAY/YEAR)			PLACE OF BIRTH: (PROVIDE PROOF OF BIRTH)		
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	SCARS, MARKS, TATTOOS	
U. S. CITIZEN?		NATURALIZED?		IF NATURALIZED: CERTIFICATE NO.	
YES	NO	YES	NO	IF DERIVED, PARENTS CERT. NO.	
				COURT & DATE:	

<b><u>ADDRESS HISTORY</u></b>					
PREVIOUS ADDRESS			FROM (MONTH/YEAR)		TO (MONTH/YEAR)

<b><u>MARITAL / SOCIAL STATUS</u></b>					
Are you currently:					
MARRIED	SINGLE	WIDOW(ER)	DIVORCED	SEPARATED	CIVIL UNION
Spouse, Partner or Significant Other Name:					
Address of Spouse, Partner or Significant Other:					
In the past 5 years, have you been in a relationship with someone other than named above?					Yes
If Yes, Provide their Name, Address & Phone #:					
If Yes, Provide their Name, Address & Phone #:					

**CHILDREN (Include stepchildren and adopted)**

Name	Birth		Residence	
	Date	Place	Address	Lives With?

**OTHER DEPENDENTS (If you claim income tax exemption for support)**

Name	Address	Relationship	% Support

**FAMILY**

List in the order given, showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, and sisters, even though deceased. Include any others you have resided with or with whom a close relationship existed or exists. Include maiden names.

Relationship	Name	Present Address (If Living)

**MILITARY STATUS**

Have you ever served in the U.S. Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, What Branch:		
Highest Rank Achieved:		

\*\*\* Attach a copy of Discharge or DD Form 214 \*\*\*

While in the military service were you ever reprimanded, disciplined or arrested for an offense which resulted in office hours, summary, special or general court-martial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give date, place, law enforcing authority or type of court-martial charge and action taken for each incident, using Remarks Section of the application.		

### **MILITARY STATUS (continued)**

Are you presently a member of a U.S. Reserve or National Guard Unit?		Yes	No	
If yes, complete the following:				
Grade & Service Number	Service & Component			
Organization, Station or Unit & Location		Active	Inactive	Standby
Selective Service Number (Male Applicants)	Current Classification	Date Classified		
Technical Military School or Skills Attended or Acquired:				

### **SOCIAL MEDIA ACCOUNTS**

Website/App	Screen Name

### **PRIMARY EDUCATION**

Name of School (Elementary and High School)	Address	Dates Attended	Years Completed	Graduated?

### **HIGHER EDUCATION**

Name of College or University	Dates Attended	Credit Hours Completed	Type of Degree	Major/Minor

### OTHER SCHOOLS or SPECIALIZED TRAINING

Name of School	Type of Specialized Training	Certification Awarded	Dates Attended	Year Received

### FOREIGN LANGUAGE(S)

Language	Reading	Speaking	Understanding	Writing
	Excellent / Good / Fair			

### FOREIGN TRAVEL (list previous 10 years)

Dates		Country Visited	Location of Accommodations	Purpose of Travel
From	To			

### REFERENCES

Must list five references. Do not include relatives, former employers, or persons living outside the United States or its Territories. List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying.

Name	Address	Relationship	Phone Number	Years Known

### VEHICLE OPERATOR'S LICENSE

Give the following information concerning any vehicle operator's license you have held or now hold from any state.

License Number	State of Issue	Date of Expiration	Restrictions

Have you ever been involved in a motor vehicle crash?	Yes	No	
If yes, provide the date, time and jurisdiction of the crash:			

### **VEHICLE OPERATOR'S LICENSE (continued)**

Have you ever been denied issuance of a license?	Yes	No	
Have you ever had a license suspended or revoked for any reason?	Yes	No	
If yes, explain:			

### **VEHICLE REGISTRATIONS**

License Plate	State of Issue	Date of Expiration	Type of Registration

### **AUTOMOBILE INSURANCE**

Insurance Carrier	Address	Policy Number	Policy Expiration

### **SPECIAL QUALIFICATIONS AND SKILLS**

Indicate special skills you possess such as computer or typing knowledge, radio or pilot licenses with dates issued, or any other special interest that you believe would enhance your value to the police department.


### **LAW ENFORCEMENT EXPERIENCE**

Are you presently PTC certified for full time employment?		Yes	No
Academy Graduated:	Date of Graduation:		

Are you presently PTC certified as a SLEO II?		Yes	No
Did you attend a blended SLEO/BCPO session?		Yes	No
Academy Graduated:	Date of Graduation:		

### LAW ENFORCEMENT EXPERIENCE (continued)

Have you ever been employed as a law enforcement officer in another state?	Yes	No
If so, is your certification or license in good standing?	Yes	No

Have you been the subject of any Internal Affairs investigations?	Yes	No
Have you been the subject of any discipline at your agency?	Yes	No

If Yes:	Agency name	Date Applied	Yes	No
			Status of Application	

### EMPLOYMENT HISTORY

Begin with your most recent job and list your work history for the past ten (10) years, including part-time, temporary or seasonal employment, and all periods of unemployment.

Name and Address of Employer		Supervisor's Name		Supervisor's Phone #
Description of Duties	Dates of Employment	Salary	Reason for Separation	
Name and Address of Employer		Supervisor's Name	Supervisor's Phone #	
Description of Duties	Dates of Employment	Salary	Reason for Separation	
Name and Address of Employer		Supervisor's Name	Supervisor's Phone #	
Description of Duties	Dates of Employment	Salary	Reason for Separation	

### EMPLOYMENT HISTORY (continued)

Name and Address of Employer		Supervisor's Name		Supervisor's Phone #	
Description of Duties		Dates of Employment		Salary	
Name and Address of Employer		Supervisor's Name		Supervisor's Phone #	
Description of Duties		Dates of Employment		Salary	
Name and Address of Employer		Supervisor's Name		Supervisor's Phone #	
Description of Duties		Dates of Employment		Salary	
Name and Address of Employer		Supervisor's Name		Supervisor's Phone #	
Description of Duties		Dates of Employment		Salary	

### EMPLOYMENT ACTION

Have you ever been discharged, asked to resign, furloughed or put on inactive status for cause or subjected to disciplinary action while in any position?		Yes	No
If yes, state circumstances below:			
Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?		Yes	No
If yes, state circumstances below:			

### SUBSTANCE USE

Do you drink alcoholic beverages?		Yes	No
Do you currently, or have in the past, use illegal drugs?		Yes	No
Do you currently, or have in the past, use Cannabis, Marijuana or THC products?		Yes	No

### **PAST OR PRESENT MEMBERSHIP IN ORGANIZATIONS**

Name and Address	Type (Social, Fraternal, etc.)	Office Held	Membership	
			From	To

### **HOBBIES AND SPORTS**

Types of Sports/Hobbies	Length of Participation	Level of Proficiency

### **ARREST, DETENTION, AND LITIGATION**

Have you ever been detained or arrested by a law enforcement agency?	Yes	No	
If yes to above, describe circumstances giving dates and locations			
Have you ever been issued ordinance violation?	Yes	No	
If yes to above, describe circumstances giving dates and locations			
Have you had a warrant issued for your arrest?	Yes	No	
If yes to above, describe circumstances giving dates and locations			

### **COURT ACTION - CIVIL OR CRIMINAL**

Have you, or your spouse, been involved in any court action, civil or criminal?	Yes	No	
If yes to above, describe circumstances giving dates and locations			
Have you been received a traffic violation citation in New Jersey or elsewhere?	Yes	No	
If yes to above, describe circumstances giving dates and locations			
Have you, or your spouse, been involved in any Domestic Violence incident?	Yes	No	
If yes, was a Temporary or Final Restraining Order issued?	Yes	No	
If yes to above, describe circumstances giving dates and locations			

### **COURT ACTION - CIVIL OR CRIMINAL (continued)**

Have you ever had any criminal or mental health record expunged?		Yes	No	
If yes to above, describe circumstances giving dates and locations				
Has any legal action been taken against you for failure to make child support payments?		Yes	No	
If yes to above, describe circumstances giving dates, locations and amounts				

### **FIREARMS**

Have you ever applied for a firearms license, permit to purchase or concealed carry permit?		Yes	No	
Were any of these applications denied?		Yes	No	
Do you own any Firearms (handgun, shotgun, rifle, antiques, etc..)		Yes	No	
<i>If yes, please list the make, model and serial number in the Remarks Section</i>				
Have you ever been the subject of an Extreme Risk Protection Order?		Yes	No	

### **FINGERPRINTING**

Have you ever been fingerprinted for any reason?		Yes	No	
If yes to above, describe circumstances (include any arrests, job applications or security clearances) giving dates and locations				

### **FINANCIAL STATUS**

Do you derive income from any other source other than our principal occupation?		Yes	No	
What is the source?				
How much income?				
Do you own any bonds, government or other?		Yes	No	
Value:				
Do you own any stocks?		Yes	No	
Value:				

### FINANCIAL STATUS (continued)

Do you have a bank account?		Yes	No	
Approximate amount:		Savings	Checking	Name of Bank:
Approximate amount:		Savings	Checking	Name of Bank:
Approximate amount:		Savings	Checking	Name of Bank:
Do you own any real property?			Yes	No
Value:		Location:		

### FINANCIAL OBLIGATIONS

List individuals, companies or others to whom you are indebted and the extent of your debt which you are the co-signor)		(Include loans
Name and Address of Creditor	Kind of Debt	Amount Owed

**Please include a current credit report from Equifax, Experian or TransUnion with your application**

### SUBVERSIVE ORGANIZATIONS

If YES to any of the answers below, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of the below organizations, specify the nature and extent of the association. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

YES	NO	
		Are you now or have you ever been a member of the Communist or Fascist organizations in this country?
		Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?
		Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employer?
		Have you ever donated to or participated with any of the above organizations?

ADDITIONAL REMARKS OR CLARIFICATIONS

\*\*\* PLEASE SUBMIT RESUME WITH THIS APPLICATION \*\*\*

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I ACKNOWLEDGE I HAVE READ THE DESCRIPTION OF EXPECTED AND ESSENTIAL DUTIES OF A POLICE OFFICER AND THE SUBMISSION OF THIS APPLICATION INDICATES THAT I UNDERSTAND AND AGREE TO THIS DESCRIPTION.

I FURTHER AGREE AND CONSENT IN ADVANCE TO BEING SUMMARILY DISCHARGED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)



# POLICE DEPARTMENT

## NEW PROVIDENCE, NEW JERSEY



### RELEASE AUTHORIZATION

To whom it may concern:

I, \_\_\_\_\_, have made application with the New Providence Police Department. As this position will involve the handling of sensitive and confidential information, this department needs to thoroughly investigate my employment background and personal history to include medical records in order to evaluate my qualifications for the position I have applied.

I therefore, authorize you to release any and all information relating to my employment or otherwise pertaining to me to the New Providence Police Department, or its representative, regardless of any agreement I may have made with you previously to the contrary.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing this information requested, including liability or damage pursuant to any state or federal laws. I hereby release, discharge and/or exonerate the New Providence Police Department, its agents and representatives, and any person so furnishing the information requested from any liability of any nature and kind, arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation conducted by the New Providence Police Department.

A photocopy of this document will be considered as effective and valid as the original.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Town, State, Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**To be completed by a Notary Public:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public of New Jersey



# POLICE DEPARTMENT

## NEW PROVIDENCE, NEW JERSEY



### Voluntary Self-Identification Form

Completion of this form is voluntary, for data collection only, and will not affect your opportunity for employment or the terms or conditions of your employment.

In accordance with N.J.S.A. 52:17B-4.10 et seq. and the New Jersey Attorney General's Guideline on *Promoting Diversity in Law Enforcement Recruiting and Hiring*, this agency is required to collect and publish annually, certain demographic data for all applicants. Under Attorney General's Guidelines, an applicant in a non-Civil Service Commission jurisdiction is an individual seeking employment as a law enforcement officer and who has submitted a completed employment application as provided by the hiring law enforcement agency, regardless of whether the individual has undergone an examination, a background check, or any other prerequisites to employment used by the hiring agency.

Name: \_\_\_\_\_

Position sought: Police Officer

Date completed: \_\_\_\_\_

Year of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race:

- American Indian Alaska Native
- Asian
- Black / African American
- Native Hawaiian or Pacific Islander

- White
- Two or more races
- Other

Ethnicity:  Hispanic or Latinx  Non-Hispanic Latinx

Gender:  Female  Male  Non-binary

Sexual orientation: Do you identify as LGBTQ+  Yes  No

#### FOR LAW ENFORCEMENT AGENCY USE ONLY

Appointed  Yes  No If appointed, date of appointment: \_\_\_\_\_  
Law enforcement official: \_\_\_\_\_ Date: \_\_\_\_\_