

**BEACH HAVEN POLICE DEPARTMENT  
300 ENGLSIDE AVE  
BEACH HAVEN, N.J. 08008**

Application must be filled in completely or it will not be processed. If a box does not pertain to you, indicate with N/A in that space. Beach Haven Police Department is an equal opportunity employer whose policy is to select the most qualified candidates without regard to race, religion, color, sex, age, marital or military status, history of disability or national origin.

Date \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone# \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Have you ever worked or attended school under another name? ( ) yes ( ) no  
 If yes, state dates and name \_\_\_\_\_

Position applying for \_\_\_\_\_ Salary desired \_\_\_\_\_

How were you informed of position? \_\_\_\_\_

Have you ever worked for the Borough of Beach Haven? ( ) yes ( ) no

If yes, When \_\_\_\_\_ Where \_\_\_\_\_

Do you have any relatives employed with the Borough of Beach Haven? ( ) yes ( ) no

If yes, Name: \_\_\_\_\_ Where \_\_\_\_\_

Are you a citizen of the USA, or lawfully admitted resident alien? ( ) yes ( ) no If yes, Alien Reg. # \_\_\_\_\_

Have you ever been convicted of a crime or offense other than for minor traffic violation? ( ) yes ( ) no

If "Yes", explain \_\_\_\_\_

Have you ever served in the Armed Forces? ( ) yes ( ) no Military Occupation? \_\_\_\_\_

Date of duty, from \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_ Serial # \_\_\_\_\_  
 Month Day Year                      Month Day Year

EDUCATION	NAME & ADDRESS	NO. YEARS ATTENDED	COURSE, MAJOR OR DEGREE	GRADUATED Y/N
High School				
College				
Post Graduate				
Business or Trade				
Other				

Prior Work History (list in order, present employer first)

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Phone #
From	To		Start	Finish		

Briefly describe what you did: include job title:

Reason for leaving

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Briefly describe what you did; include job title:

Reason for leaving

Other experience(s) plus skills you would like to mention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At least (2) two Personal References: ( no relatives)

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**I AGREE AND UNDERSTAND THAT ALL THE STATEMENTS AND INFORMATION ON MY APPLICATION ARE CORRECT AND NO ATTEMPT HAS BEEN MADE TO CONCEAL OR WITHHOLD PERTINENT INFORMATION. I AGREE THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION IS CAUSE FOR IMMEDIATE TERMINATION AT ANY TIME DURING MY EMPLOYMENT.**

**I HEREBY AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AT THIS TIME WITH LIABILITY ARISING THEREFROM TO THE BEACH HAVEN POLICE DEPARTMENT.**

**I WILL ABIDE BY ALL RULES, REGULATIONS, AND POLICES OF BOROUGH OF BEACH HAVEN.**

**AT THE OPTION OF THE COMPANY, I AGREE TO PHYSICAL EXAMINATION BY A PHYSICAN CHOSEN BY BOROUGH OF BEACH HAVEN WITH UNDERSTANDING THAT MY EMPLOYMENT DEPENDS UPON MY PASSING THE PHYSICAL.**

**I UNDERSTAND THAT A 90 DAY WORKING PROBATIONARY PERIOD WILL BE IN EFFECT IN THE EVENT EMPLOYMENT IS OFFERED.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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



**BEACH HAVEN POLICE DEPARTMENT  
300 ENGLSIDE AVENUE  
BEACH HAVEN, NJ 08008  
609-492-0505**

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, AM HAVING A CONFIDENTIAL BACKGROUND INVESTIGATION CONDUCTED BY THE BEACH HAVEN POLICE DEPARTMENT, THEREFORE, I DO HEARBY AUTHORIZE A REVIEW AND FULL DISCLOSURE OF ANY AND ALL INFORMATION, BUT NOT LIMITED TO, ALL RECORDS, MEDICAL RECORDS OR ANY PART THEREOF, CONCERNING MYSELF TO ANY DULY AUTHORIZED AGENT OF THE BEACH HAVEN POLICE DEPARTMENT, WHETHER THE SAID RECORDS ARE PUBLIC OR PRIVATE AND INCLUDING THOSE WHICH MAY BE DEEMED TO BE OF A PRIVILEGED OR CONFIDENTIAL NATURE. THE INTENTION OF THIS AUTHORIZATION IS TO PROVIDE INFORMATION WHICH WILL BE UTILIZED FOR INVESTIGATIVE RESOURCE MATERIAL.

A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_