BOROUGH OF BEACH HAVEN

POLICE DEPARTMENT

JAMES L. MARKOSKI
CHIEF OF POLICE

To: All summer applicants

From: Chief James Markoski

Please fill out application completely leaving no blanks, if something does not apply to you put N/A. Return the application in person on or before February 17th, 2020. You will be contacted if and when you are selected to be interviewed. YOU MUST BE A HIGH SCHOOL GRADUATE WHEN APPLICATION IS DUE.

Good Luck!

Chief James Markoski

300 ENGLESIDE AVENUE, BEACH HAVEN, NJ 08008

(609) 492-0505 • FAX: (609) 492-2147

Special Law Enforcement Officer

Class I Application

This 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.

PEDIGREE INFORMATION:

Name: (Last, First, Middle)_____

Street Address: _____

Date of Birth: __/___/____ Place of Birth: (City, State) _____

Social Security Number: _____-___-_____

Driver's License Number: _____ State: _____

Height:_____ Weight: _____Eye Color: _____ Hair Color: _____

Primary #: _____ Secondary #:_____

Email address: _____

EDUCATION:

	NAME & ADDRESS	# OF YEARS ATTENDED	MAJOR	DID YOU GRADUATE Y/N
High School				
College				
Post Graduate				
Business or Trade				
Other				

BEACH HAVEN POLICE NJ

REFERENCES: (NO RELATIVES)

NAME	ADDRESS	PHONE	# YEARS KNOWN
1.			
2.			

EMERGENCY CONTACT(S):

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			

Prior Work History (list in chronological 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						

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						

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						

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						

****List any additional work history on the back of this page****

GENERAL QUESTIONS:

-Have you ever worked or attended school under another name? ( ) YES ( ) NO
If yes, state dates and name(s)_____

-How were you informed of this position? _____

-Have you ever worked in the Borough of Beach Haven? ( ) YES ( ) NO
If yes, when?_____ where? _____

- Have you ever applied to another Police Department? ( ) YES ( ) NO
If yes, which department? _____ When? _____

- Have you ever taken a psychological examination for prior Law Enforcement employment?
( ) YES ( ) NO If YES, Did you pass? ( ) YES ( ) NO If no, explain _____
_____

-Do you have any relatives employed with the Borough of Beach Haven? ( ) YES ( ) NO
If yes, Name: _____ where _____

-Have you ever been pulled over? ( ) YES ( ) NO
If yes, have you ever received a summons? ( ) YES ( ) NO

-Are you an alcoholic? ( ) YES ( ) NO

- Are you dependent upon the use of a narcotic or other controlled dangerous substance? ( ) YES ( ) NO

-Are you prescribed or do you take any medication that makes it unsafe for you to drive or operate heavy machinery? ( ) YES ( ) NO If Yes, What medication? _____

-Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of force and violence, either to overthrow the Government of the United States or which seeks to deny others their rights under the Constitution of the United Sates or the State of New Jersey? ( ) YES ( ) NO

-Have you ever been convicted of a crime or offense other than a minor traffic violation?
( ) YES ( ) NO If yes, explain _____
_____

-Have you ever served in the Armed Forces? ( ) YES ( ) NO
Military Occupation? _____ Date of Duty __/__/__ to __/__/__
Branch _____ Serial Number _____

-Can you swim? ( ) YES ( ) NO

-Can you ride a bicycle? ( ) YES ( ) NO

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 POLICIES OF THE BOROUGH OF BEACH HAVEN.

I UNDERSTAND I MUST PASS A PHYSICAL EXAMINATION BY A PHYSICIAN OF MY CHOICE AT MY OWN EXPENSE SHOULD EMPLOYMENT BE OFFERED.

I UNDERSTAND I MUST PASS A MANDATORY DRUG TEST IF EMPLOYMENT IS OFFERED.

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: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I,_____, AM HAVING A CONFIDENTIAL BACKGROUND INVESTIGATION CONDUCTED BY THE BEACH HAVEN POLICE DEPARTMENT, THEREFORE, I DO HEREBY AUTHORIZE A REVIEW AND FULL DISCLOSURE OF ANY AND ALL INFORMATION, BUT NOT LIMITED TO, ALL RECORDS, MEDICAL RECORDS OR ANY PART THEREOF, INLCUDING PSYCHOLOGICAL EXAMINATIONS, 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: ___/___/___ **DRIVER'S LICENSE NUMBER** _____

SOCIAL SECURITY NUMBER: _____-_____-_____

WITNESS: _____

DATE: ___/___/___ **SIGNATURE:**_____