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 January 31, 2022. You will be contacted if and when you are selected to be interviewed. **YOU MUST BE A HIGH SCHOOL GRADUATE WHEN THE APPLICATION IS DUE.**

Good Luck!

Chief James Markoski
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:

<table>
<thead>
<tr>
<th></th>
<th>NAME &amp; ADDRESS</th>
<th># OF YEARS ATTENDED</th>
<th>MAJOR</th>
<th>DID YOU GRADUATE Y/N</th>
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<tbody>
<tr>
<td>High School</td>
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<td>College</td>
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<td>Post Graduate</td>
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<td>Business or Trade</td>
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<td>Other</td>
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REFERENCES: (NO RELATIVES)

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th># YEARS KNOWN</th>
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EMERGENCY CONTACT(S):

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

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<thead>
<tr>
<th>Dates</th>
<th>Name &amp; Address of Employer</th>
<th>Rate of Pay</th>
<th>Supervisor’s Name &amp; Title</th>
<th>Phone #</th>
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<td>From</td>
<td>To</td>
<td>Start</td>
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Briefly Describe what you did (include job title)

Reason for leaving
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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 States 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,
INCLUDING 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:______________________________