



## MERCHANTVILLE POLICE DEPARTMENT

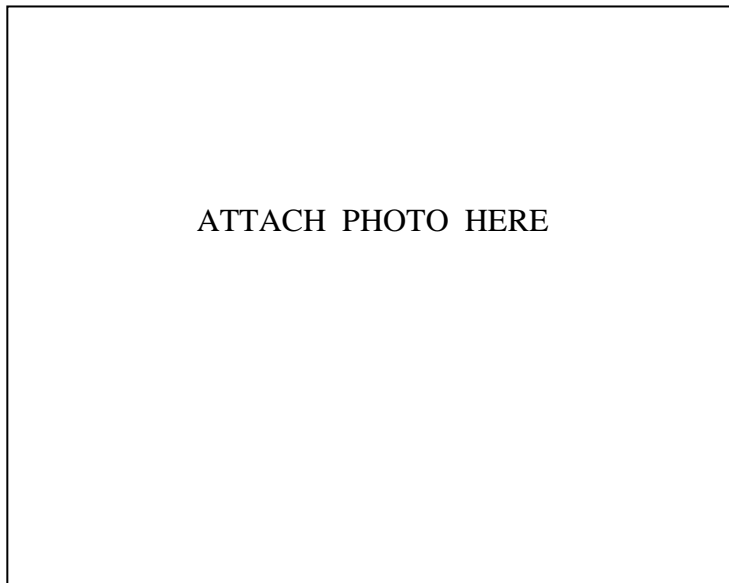
### APPLICATION FOR BACKGROUND / EMPLOYEMENT

**INSTRUCTIONS** – Read every question carefully. Answer every question- leave no question unanswered – if a question does not apply to you, write in the space provided for the answer to the question: “N/A “. A candidate will be rejected who has intentionally made false statement or practiced or attempted to practice, any deception or fraud in this application, in any examination, or in securing eligibility for appointment. This candidate will prepare this form personally. All entries, except the signature, **must be either typed or printed legibly in BLOCK LETTERS.** Printed entries must be made in either **blue or black ink.** If the space available for answering any question is insufficient, use the continuation pages included, and precede each answer with the corresponding letter and number of the question being answered. (e.g. A-3, F-10 etc.)

***ALL COMPLETED APPLICATIONS ARE TO BE RETURNED TO THE MERCHANTVILLE POLICE DEPARTMENT IN PERSON AND BY APPOINTMENT ONLY. CALL (856)662-0507 TO FACILITATE DROP-OFF OF YOUR COMPLETED APPLICATION.***

**THE BOROUGH OF MERCHANTVILLE IS  
AN EQUAL OPPORTUNITY EMPLOYER**

# A. PERSONAL DATA



1. Full Name \_\_\_\_\_  
Last Name First Name Middle Name

2. Give any other names you have used or been known by and a statement giving reasons.

\_\_\_\_\_

3. Place of Birth \_\_\_\_\_  
City State County Zip Code

4. Birth Certificate \_\_\_\_\_  
Number City State Zip Code County

5. Date of Birth \_\_\_\_\_  
Month Day Year  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

6. Social Security Number \_\_\_\_\_ State Issued \_\_\_\_\_

7. Other than English what languages do you speak and understand

Speak: \_\_\_\_\_

\_\_\_\_\_

Understand \_\_\_\_\_

\_\_\_\_\_

## B. CITIZENSHIP

1. Are you a native-born citizen?  Yes  No

2. If you are foreign of birth, or are a naturalized citizen, fill in the following:

County of Birth \_\_\_\_\_

Port or place of departure for the United States \_\_\_\_\_

\_\_\_\_\_

Date of departure for the United States \_\_\_\_\_

Port or place of entry into the United States \_\_\_\_\_

If naturalized citizen, name and address of person who sponsored you on arrival

\_\_\_\_\_

\_\_\_\_\_

3. First address after arrival \_\_\_\_\_

4. How did you obtain citizenship? \_\_\_\_\_

5. Petition Number Date \_\_\_\_\_ Court \_\_\_\_\_

State \_\_\_\_\_ Certificate Number \_\_\_\_\_

## C. SOCIAL STATUS

1. Are you single, married, separated, divorced or widowed? \_\_\_\_\_

2. If separated or divorced, what is the present address of that person \_\_\_\_\_

\_\_\_\_\_

3. How many times were you legally or voluntarily separated? \_\_\_\_\_

4. Were you ever divorced or had a marriage annulled?  Yes  No How many times? \_\_\_\_\_

5. If legally separated, annulled, or divorced, indicate which below, and fill in required information:

Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced	Date:	Plaintiff:
Where Issued (county or state):	Defendant:	
Reason:		

6. List below every child born to you:

Name:	Date of Birth:	Place of Birth:
With Whom and Where		
Does Child Reside:		

Name:	Date of Birth:	Place of Birth:
With Whom and Where		
Does Child Reside:		

Name:	Date of Birth:	Place of Birth:
With Whom and Where		
Does Child Reside:		

Name:	Date of Birth:	Place of Birth:
With Whom and Where		
Does Child Reside:		

7. Are you now supporting all children born to you, including adopted children, stepchildren?  
 Yes  No

8. Are you obligated by court order to pay support for your children?  Yes  No

9. Is there or has there been issued a judicial order ordering you to pay arrears in child support?

Yes  No If yes, state full details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you ever been involved as a plaintiff or defendant in a paternity proceeding?  Yes  No

If yes, state full details \_\_\_\_\_

\_\_\_\_\_

11. Family information- Father, mother, sisters/brothers, spouse, stepfather/stepmother  
(include maiden name)

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

12. List names of three friends and/or associates other than vouchers listed on page 25:

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

Name	Relation	
Full Address	Phone Number	
Occupation	Name of Employer	Work Number

13. Has any member of your family (including in-laws) or member of your household ever been arrested for any reason other than traffic violations, or undergone any type of investigation by any agency, or subpoenaed by any Grand Jury or investigative body.  Yes  No If yes, please explain including the name of the individual, social security number, relationship, date, location, charges and final disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. List name and agency of any relatives employed in law enforcement:

Name	Agency and address (if known)	Phone Number
Name	Agency and address (if known)	Phone Number
Name	Agency and address (if known)	Phone Number

## D. RESIDENCE

1. Where do you now reside? \_\_\_\_\_ Phone No. \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City County State Zip Code

2. How long have you resided there? \_\_\_\_\_ With whom do you reside? \_\_\_\_\_

3. If you reside with someone other than spouse or parents list (including maiden name):

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Social Security Number Date of Birth

4 In chronological order (starting with most recent), list each and every place in which you have resided since birth.

Address	Number/Street (apartment Number)		
Town/City	County	State	Zip Code
From:	To:		

Address	Number/Street (apartment Number)		
Town/City	County	State	Zip Code
From:	To:		

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:	To:		

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:	To:		

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:	To:		

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:	To:		

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:	To:		

Address		Number/Street (apartment Number)	
Town/City	County	State	Zip Code
From:	To:		



# E. EDUCATION

1. List chronologically (most recent dates first) all schools, colleges and training courses you have attended:

School	From	To	Last Grade Term	Day ____
Address	City/Town	County	State/Zip Code	Night ____
School	From	To	Last Grade Term	Day ____
Address	City/Town	County	State/Zip Code	Night ____
School	From	To	Last Grade Term	Day ____
Address	City/Town	County	State/Zip Code	Night ____
School	From	To	Last Grade Term	Day ____
Address	City/Town	County	State/Zip Code	Night ____
School	From	To	Last Grade Term	Day ____
Address	City/Town	County	State/Zip Code	Night ____

2. What college degree(s) or professional license(s) do you possess? \_\_\_\_\_  
 \_\_\_\_\_

Total credits achieved towards degree \_\_\_\_\_

3. It is understood that I will immediately forward transcripts from all colleges attended to:

Merchantville Police Department  
 1 W. Maple Avenue  
 Merchantville, NJ 08109  
 Attention: Chief Richard Grassia

**(Proper fee must be forwarded to college by the applicant)**

4. List problems with school, including college (absenteeism, tardiness, poor grades, discipline problems):

School	Date	Problems
School	Date	Problems
School	Date	Problems

## F. MILITARY SERVICE

1. Have you served in an active military organization of the United States?  Yes  No
2. Have you ever served in a military organization of any foreign government?  Yes  No

If yes, give details \_\_\_\_\_

3. Give branch of service \_\_\_\_\_

Military specialty \_\_\_\_\_

4. Rank held \_\_\_\_\_ Service Serial Number \_\_\_\_\_

5. How many periods of active military service have you had (draft, enlistment or recalls to service)? \_\_\_\_\_

6. Give period of active service:

From \_\_\_\_\_ To \_\_\_\_\_                      From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_                      From \_\_\_\_\_ To \_\_\_\_\_

7. List all medals and decorations awarded you as a member of the armed forces \_\_\_\_\_

\_\_\_\_\_

8. How many discharges or separations from the service were given to you? \_\_\_\_\_

9. What type of discharge(s) or separation(s) (honorable, dishonorable, honorable conditions)

**Be Exact** \_\_\_\_\_

10. Has your discharge or separation notice ever been corrected or changed?  Yes  No

What was the nature of the change? Changed from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

11. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?

Yes  No Number of times \_\_\_\_\_

If yes, give details of charges and disposition \_\_\_\_\_

\_\_\_\_\_

12. Are you now or were you ever an active or inactive member of the reserve forces (any branch) of the United States, any foreign government, or the National Guard of any state?

Yes  No If yes, state which – active or inactive \_\_\_\_\_

Branch \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_

Rank \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

## G. SELECTIVE SERVICE

Selective Service Number \_\_\_\_\_ Last Classification \_\_\_\_\_

## H. EMPLOYMENT

1. Current Employer:

Name/Company	City/ Town	State/Zip	Phone Number
Date Hired	Supervisor		
Duties			

2. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member?  Yes  No If yes, give details \_\_\_\_\_

\_\_\_\_\_

3. Has your name ever been submitted or used as a trustee, officer or in any capacity, of any labor or trade union, organization or affiliate?  Yes  No If yes give details \_\_\_\_\_

4. List below **chronologically**, most recent dates first, each and every place you were previously employed. **Omit None. Give correct, full addresses.** Give dates of Idleness between periods of employment in proper sequence. (Include all part-time employment).

From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor	Reason for Leaving	
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor	Reason for Leaving	
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor	Reason for Leaving	
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor	Reason for Leaving	
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor	Reason for Leaving	
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor	Reason for Leaving	
From To	Name Address and Phone Number of Employer (Include Zip Codes and Area Codes)	Occupation
Immediate Supervisor	Reason for Leaving	

12. Were you ever discharged or asked to resign from employment?  Yes  No  
How many times? \_\_\_\_\_

Give details of discharge or forced resignation below:

Date	Name, Address and Phone Number of Employer (Include Zip Codes and Area Codes)
Immediate supervisor	Reason for Discharge
Date	Name, Address and Phone Number of Employer (Include Zip Codes and Area Codes)
Immediate supervisor	Reason for Discharge
Date	Name, Address and Phone Number of Employer (Include Zip Codes and Area Codes)
Immediate supervisor	Reason for Discharge
Date	Name, Address and Phone Number of Employer (Include Zip Codes and Area Codes)
Immediate supervisor	Reason for Discharge

6. Were you ever subjected to disciplinary action in connection with employment?  
 Yes  No If yes, give details \_\_\_\_\_

7. Have you, your spouse, or any corporation or partnership of which he/she was an officer, director, or partner, ever possessed a license or permit (excluding a driver's license or learner's permit) issued by any governmental agency?  Yes  No If yes, give details \_\_\_\_\_

Has any such license or permit been revoked, canceled or suspended?  Yes  No

If yes, give details \_\_\_\_\_

8. Have you ever sponsored, vouched for, served as a character witness for, or made any recommendations for or concerning any persons or premises to any municipal, state or federal agency in connection with the issuance, revocation, or suspension of any license or permit or for any other reason?  Yes  No If yes, give details \_\_\_\_\_

9. Have you ever received unemployment insurance or other federal, state, or local benefits or assistance?

Yes  No Benefit Assistance Given: \_\_\_\_\_

Local Office \_\_\_\_\_

Address \_\_\_\_\_

Give periods: From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Have you ever received any allowance to which you were not entitled?  Yes  No

If yes, explain \_\_\_\_\_

10. Have you made application with any other police organization?  Yes  No

\_\_\_\_\_  
(Where) (When) (Present Status)

\_\_\_\_\_  
(Where) (When) (Present Status)

\_\_\_\_\_  
(Where) (When) (Present Status)

\_\_\_\_\_  
(Where) (When) (Present Status)

Have you ever been rejected by a police department or law enforcement agency for employment?

Yes  No

\_\_\_\_\_  
(Where) (When) (Reason)

11. Are you now or have you ever been a member of any club, society or organization. If yes, list below every such organization.

From	To	Name Organization	Type of Organization
From	To	Name Organization	Type of Organization
From	To	Name Organization	Type of Organization
From	To	Name Organization	Type of Organization
From	To	Name Organization	Type of Organization

# I. GENERAL

1. Have you ever petitioned for bankruptcy?  Yes  No If yes, give details \_\_\_\_\_

2. Have you any loan, debt, garnishment, wage assignment, lien, or judgment pending against you?  Yes  No If yes, give details \_\_\_\_\_

Type: Loan, Credit Card, Judgment, etc.		Name, Address and Phone Number of Lending Agency		
When incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears
Type: Loan, Credit Card, Judgment, etc.		Name, Address and Phone Number of Lending Agency		
When incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears
Type: Loan, Credit Card, Judgment, etc.		Name, Address and Phone Number of Lending Agency		
When incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears
Type: Loan, Credit Card, Judgment, etc.		Name, Address and Phone Number of Lending Agency		
When incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears
Type: Loan, Credit Card, Judgment, etc.		Name, Address and Phone Number of Lending Agency		
When incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears

3. Are you a co-maker on an outstanding loan?  Yes  No If yes, give details \_\_\_\_\_

4. Were you or your spouse ever subpoenaed to court in a civil action or proceeding in this state or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction?

Yes  No  Explain \_\_\_\_\_

Indicate below **every** civil action or proceeding in which you or your spouse were summoned or subpoenaed, or in which you or your spouse were a party and also the contingent possibilities as described above.

Date	Action or Proceeding
As Plaintiff, Defendant Petitioner, Respondent or Witness	Court Disposition
Date	Action or Proceeding
As Plaintiff, Defendant Petitioner, Respondent or Witness	Court Disposition
Date	Action or Proceeding
As Plaintiff, Defendant Petitioner, Respondent or Witness	Court Disposition

5. Have you ever had problems dealing with persons of a different race, ethnic or religious group, gender or sexual orientation?

Yes  No If yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever been involved in a personal relationship where you threatened, assaulted or harassed another party?

Yes  No if yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Have you ever been convicted of any domestic violence offense, which includes a disorderly person or petty disorderly offense?  Yes  No If yes, explain \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



## J. ARREST, SUMMONSES, ETC.

1. Have you ever been arrested for or charged with juvenile delinquency?  Yes  No  
If yes, explain below:

Date	Age	Violation / Actual Charge	Police Agency Concerned
Location	Charge Reduced To		Court Disposition or Sentence
Date	Age	Violation / Actual Charge	Police Agency Concerned
Location	Charge Reduced To		Court Disposition or Sentence
Date	Age	Violation / Actual Charge	Police Agency Concerned
Location	Charge Reduced To		Court Disposition or Sentence

2. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, or federal agency, committee or other investigative body?  Yes  No

If yes, give details \_\_\_\_\_

3. Have you ever received a summons for any violation of the fish and game laws?

Yes  No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

4. Have you ever been arrested for, or charged with, a disorderly person's offense or violation of a city ordinance?

Yes  No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

5. Have you ever been arrested, indicted or convicted for any violation of the criminal law?

Yes  No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

6. Have you ever been held as a material witness?  Yes  No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location

Court Disposition	Your Age at Time	Police Agency Concerned
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7. Have you ever been held as a suspicious person or investigated by a law enforcement or private security agency for any reason?  Yes  No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

8. Have you ever been fingerprinted? (Exclude only present application with Merchantville Police Department)  Yes  No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

9. Have you ever had a criminal record expunged, or been accepted into pre-trial intervention program?  Yes  No If yes, insert information below.

Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned
Date	Violation or Reason	Location
Court Disposition	Your Age at Time	Police Agency Concerned

## K. SUBVERSIVE AFFILIATIONS

1. Are you now, or have you ever been, a member of any organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means?

Yes       No

2. Are you now, or have you ever been, affiliated, or associated with any of the organizations or groups described in question 1?

Yes       No

3. Are you now associating with, or have you ever associated with, any individual, including relatives, whom you know or have reason to believe are, or have ever been, members of any organization or groups described in question 1?

Yes       No

4. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question 1, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organizations or groups described in question 1?

Yes       No

5. Have you ever participated in any of the following activities:

a. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, project. Organized or sponsored by any organization or group described in question 1?

Yes       No

b. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 1?

Yes       No

c. Sale or distribution of any written or printed matter prepared, reproduced, published by any organization or group or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 1 or any of its agents?

Yes       No

6. If your answer is YES to any of the above questions, explain \_\_\_\_\_

\_\_\_\_\_

# L. MOTOR VEHICLE HISTORY

1. Have you ever received a summons for violation of the Motor Vehicle laws in this state or any other state? (Exclude overtime-parking violations)

Yes     No    If yes, insert information below:

Date	Violation	Location
Court Disposition	Your Age at Time	Police Agency Concerned

Date	Violation	Location
Court Disposition	Your Age at Time	Police Agency Concerned

Date	Violation	Location
Court Disposition	Your Age at Time	Police Agency Concerned

Date	Violation	Location
Court Disposition	Your Age at Time	Police Agency Concerned

Date	Violation	Location
Court Disposition	Your Age at Time	Police Agency Concerned

2. Has your motor vehicle registration, driver's license or other vehicle operator's license ever been revoked in any state or country?  Yes  No  Suspended  Yes  No If yes, which license?

Date \_\_\_\_\_ Place \_\_\_\_\_ Reason for revoking \_\_\_\_\_

3. If answer to previous question is "Yes" was such Registration or Driver's License ever restored?

Yes  No Date \_\_\_\_\_ Place \_\_\_\_\_

4. Have you ever been involved in a motor vehicle accident either as a registered owner or operator which resulted in any personal injury or property damage?  Yes  No If yes, state details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. If you possess any of the following, complete the information below:

Motor Vehicle Driver's License	State	Issued	Expired

Motor Vehicle Registration	State	Issued	Expired
Plate Number	Year/Make/Model/Color		

Second Motor Vehicle Registration	State	Issued	Expired
Plate Number	Year/Make/Model/Color		

Any Other Operator's License	State	Issued	Expired

Any Other Vehicle Registration	State	Issued	Expired
Plate Number	Year/Make/Model/Color		

6. Did you ever possess a chauffeur's or commercial driver's license (CDL) or operator's license issued by any state other than New Jersey.  Yes  No If yes, give state and Number

\_\_\_\_\_

## M. OTHER INFORMATION

1. Have you ever possessed any pistol permit, firearms permit, firearms ID card, firearms dealer license in this state or any other state, or under federal jurisdiction?

Yes  No Permit Number \_\_\_\_\_

Firearms Dealer's License Number \_\_\_\_\_

Issuing Agency \_\_\_\_\_

2. Have you ever used any illegal drugs?  Yes  No If yes, state details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever previously applied for an appointment to the Merchantville Police Department?

Yes  No If yes, give date(s) of when you applied \_\_\_\_\_

\_\_\_\_\_

Check if a background investigation was ever conducted on you by the Merchantville Police Department.

4. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for the position of Police Officer in the Merchantville Police Department, including but not limited to, knowledge or information concerning your character, temperance, habits, employment, education, subversive activities, family, associations. Criminal records, traffic violations, residence or otherwise?

Yes  No If yes, give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

5. Social Media – **LIST ALL ACCOUNTS AND USERNAMES ON CONTINUATION PAGE (ACTIVE AND INACTIVE ACCOUNTS)**

## VOUCHERS

(NOT TO BE SWORN MEMBERS OF MPD OR ANY OTHER PERSON LISTED IN THIS APPLICATION)

Upon completion of this form, the applicant must obtain three reputable citizens (no relatives) who will vouch for the honesty, reputation and ability of the applicant.

**Before Signing**, the voucher should read carefully all statements made by the applicant. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

*I, the undersigned declare that I am over eighteen years of age , that I have personal knowledge of the applicant for at least one year, that I have read the whole of the forgoing application and believe all the statements are therein to be true. I am not related in any way to the applicant.*

*I will, upon request, give further facts concerning the applicant as I may possess.*



**ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL**

**VOUCHER ONE**  
**(Please Print)**

Name \_\_\_\_\_ Business Address & Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Occupation \_\_\_\_\_

Phone No. (Area Code) \_\_\_\_\_ How long have you personally known applicant? \_\_\_\_\_

Is applicant of good character and reputation? \_\_\_\_\_

Signature \_\_\_\_\_

**VOUCHER TWO**  
**(Please Print)**

Name \_\_\_\_\_ Business Address & Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Occupation \_\_\_\_\_

Phone No. (Area Code) \_\_\_\_\_ How long have you personally known applicant? \_\_\_\_\_

Is applicant of good character and reputation? \_\_\_\_\_

Signature \_\_\_\_\_

**VOUCHER THREE**  
**(Please Print)**

Name \_\_\_\_\_ Business Address & Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Occupation \_\_\_\_\_

Phone No. (Area Code) \_\_\_\_\_ How long have you personally known applicant? \_\_\_\_\_

Is applicant of good character and reputation? \_\_\_\_\_

Signature \_\_\_\_\_



## MERCHANTVILLE POLICE DEPARTMENT CONFIDENTIAL QUESTIONNAIRE

1. Are you willing to stand in the middle of a busy intersection directing traffic, cross children at school posts and walk posts in all types of weather ?  
YES  NO
2. Are you willing to examine a dead body for signs of injury or other evidence?  
YES  NO
3. Are you willing to work on Holidays  
YES  NO
4. Are you willing to work with changing days off?  
YES  NO
5. Are you willing to report for duty upon short notice or on days off sacrificing personal time?  
YES  NO
6. Are you willing to investigate incidents in inclement weather?  
YES  NO
7. Are you willing to arrest a person you know?  
YES  NO
8. Are you willing to spend hours writing reports even through your shift has ended?  
YES  NO
9. Are you willing to accept court decisions that run contrary to your own wishes or beliefs?  
YES  NO

10. Are you willing to subject yourself to intense public scrutiny and criticism?

YES  NO

11. Are you willing to do things that you are told?

YES  NO

12. Are you willing to subject yourself to public scrutiny and criticism?

YES  NO

13. Are you willing to display initiative without being told exactly what to do?

YES  NO

14. Are you willing to maintain your composure while being insulted or sworn at?

YES  NO

15. Are you willing to notify a citizen that a member of their immediate family has suddenly passed away?

YES  NO

16. Are you willing to undergo several months of field training before being able to work on your own?

YES  NO

17. Are you willing to take another person's life if no other option is available?

YES  NO

18. Are you willing to deal with suicide victims and their families?

YES  NO

19. Are you willing to search a dark building for a dangerous subject if necessary?

YES  NO

20. Are you willing to risk your life for the safety of a citizen or fellow officer?

YES  NO

21. Are you willing to enforce the laws, even those you do not agree with or that are contrary to your personal beliefs?

YES  NO

22. Are you willing to be held at a higher standard than the general public?

YES  NO

23. Are you willing to abide by your oath of office, the federal and state constitutions, all state statutes, all county and local ordinances wherever you may be?

YES  NO

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

# AFFIDAVIT AND CERTIFICATION OF APPLICANT

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that any misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Merchantville Police Department to verify any and all information contained herein and to review my employment, education, financial and criminal history, military disciplinary and other records and records and information from any source as noted in the duly executed Authorization and Release Form.

I have read this Certification and I understand and agree to the conditions imposed herein.

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

Signature \_\_\_\_\_

(Sign in Ink)



