



BOROUGH OF WOODLYNNE
200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107
TELEPHONE (856) 962-8300 EXT. 213
FAX: (856) 962-6983

POLICE OFFICER PRE-EMPLOYMENT BACKGROUND APPLICATION



Revised January 1, 2024

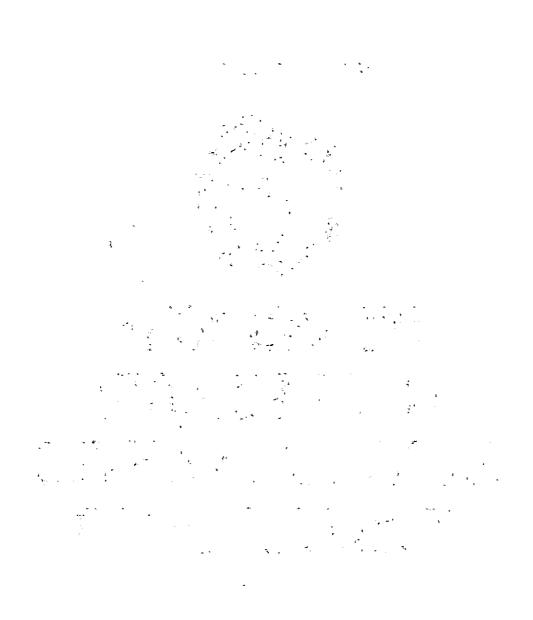
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Investigator's Initals:

Applicant's Initals:

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INSTRUCTIONS FOR THE COMPLETION OF THE PERSONAL HISTORY STATEMENT READ THESE INSTRUCTIONS CAREFULLY BEFORE STARTING THIS QUESTIONNAIRE

INTRODUCTION

The position you have applied for is one that demands tremendous public trust. The objective of this Personal History Statement is to provide data on which a pre-employment background review will be based. It is very important that you follow the directions and complete this Personal History Statement. All information will be kept confidential.

- 1. Failure to return this questionnaire, properly completed, within (10) working days, will result in the removal of your name from the eligible list for Police Officers, Woodlynne Police Department, by the authority of the Appointing Authority, Borough of Woodlynne, NJ;
- 2. Applicants must read carefully each and every question and provide an answer for <u>ALL QUESTIONS</u>. If the question does not pertain or apply to you, answer "N/A" in the space provided for an answer. Answer all other questions <u>completely and accurately</u>;
- 3. The candidate shall personally prepare this form. All entries, except the signature, must be printed legibly in block letters. Entries must be made in black ink. IF THE SPACE AVAILABLE FOR ANSWERING ANY QUESTIONS IS INSUFFICIENT, USE A SEPARATION SHEET AND PRECEDE EACH ANSWER WITH THE NUMBER OF THE QUESTION BEING ANSWERED;
- 4. An applicant who has made a false statement, omission, misrepresentation, or concealment of a material fact, or who has practiced or practices any deception of fraud in securing eligibility for appointment or applicants who provide answers contrary to official records may be rejected from the position they seek and disqualified for eligibility. <u>Discovery of the aforementioned after appointment may result in dismissal from said position</u>.

By my signature affixed below I attest that I have read all of the above and understand the instructions and warnings.

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NOTICE

The Borough of Woodlynne does not discriminate based on race, color, national origin, sex, religion, age, or disability in employment or provision of services.

This Police Officer Pre-Employment Application is in compliance with the Americans with Disabilities Act as of July 1992.

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POLICE APPLICANT STATUS

It shall be the policy of the Borough of Woodlynne Police Department <u>NOT</u> <u>TO DISCLOSE</u> to any Applicant at any time during any phase of the Pre-Employment process, the results, or pass/fail status relating to the:

- Background Investigation
- Psychological Evaluation
- Medical Examination
- Urinalysis Report
- Applicant's Status

I have read the above statement and understand it in full.

Signature of Prin	Applicant: nted Name: Address:	•		
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AUTHORIZATION TO RELEASE INFORMATION (1)

As an applicant for employment with the Borough of Woodlynne, I understand that I may be required to furnish information concerning my moral, physical, educational, mental, and criminal history qualifications. In this regard, I hereby authorize the Woodlynne Police Department to make any and all appropriate inquiries regarding above enumerated qualifications. Moreover, I authorize those people or organizations selected by the Woodlynne Police Department to release any and all information of a confidential or privileged nature.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested.

Signature of Applicant:	·
Printed Name:	, , , , , , , , , , , , , , , , , , , ,
Address:	
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Signature of Applicant:		• .		•		77	
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Signature of Applicant:	•				-	
Printed Name:		-		•		
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Please bring the following to your scheduled appointment the <u>ORIGINAL</u> and <u>ONE</u> copy of the following:

- Valid New Jersey Driver's License
- Social Security Card
- High School Diploma/G.E.D. Certificate
- Federal or State Firearms ID Card (if applicable)
- US Passport
- Birth Certificate
- Credit Report
- Vehicle Registration and Insurance Card
- High School Transcript
- College Transcript (if applicable)
- DD 214 (if military)
- Common Access Card (if military)
- Voter Registration Card
- 2'x 3' picture of yourself taken within the last 2 months
- Marriage Certificate (if applicable)
- Naturalization Papers (if applicable)
- Rental Agreement (if applicable)
- Mortgage Papers, Receipts, Documents, etc. (if applicable)
- Utility Bills (i.e. telephone, electricity, water)
- List of Employers for the Past 5 Years
- Life Insurance Policies (including company's name and address)
- IRS W-2 Forms (2021, 2022, 2023)

This information, in conjunction with your medical and psychological examination, will be used to determine your employment with the Woodlynne Police Department.

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State of New Jersey	7 }	,	ţ.
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County of Camden	} '		* · · · · · · · · · · · · · · · · · · ·
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QUESTIONNAIRE FOR MILITARY AND MEDICAL INFORMATION AUTHORIZATION FOR RELEASE OF MILITARY AND MEDICAL INFORMATION

TO: MILITARY PERSONNEL RECORDS CENTER 9700 PAGE BLVD, ST LOUIS NII, 63132			NAME OF APPLICANT (PRINT) DATE:			
AS AN APPLICANT FOR A F FURNISH INFORMATION I RELEASE OF THE INFORM INCLUDE U.C.M.J. ARTICL	FOR USE, IN SATION ITEM	DETERMINING MY . IS BELOW FROM M	ELIGIB. Y MILIT	ILITY. IN TH ARYAND RI	us con	NECTION, I AUTHORIZE THE
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PRESENT MILITARY STATUS:						
FURNISH INFORMATION TO:	FURNISH INFORMATION TO: APPLICANT FOR THE POSITION OF: WOODLYANG POLICE DEPARTMENT BACKGROUND UNIT POLICE RECRUIT					
200 CUOPER AVE, WO	KODLVINNE NJ, 02	kt07	Signature of Applicant (See attached waiver)			
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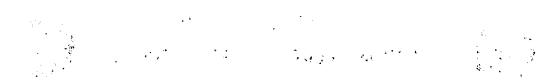


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FEDERAL FIREARMS QUALIFICATION INQUIRY

I.	submit it wi	ith your employment idments to federal fir	f receipt of this form, you must application. Your responses are earms law, 18 U.S.C. 922(g)(9), earms or ammunition. In comple	needed to make it u	determine whethe
	_	_ ,	rmation which will assist in det ve actions are warranted;	ermining v	whether personnel
	B. You have	ve a duty to complete	this form. Agency disciplinary fuse to answer or if you fail to re	•	•
	C. Neither	your answers nor an used against you in ar	y information or evidence gaine ny criminal prosecution for a vic wers you furnish or information	d by reaso olation of S	n of your answers State or Federal
	r	•	st you in a prosecution for known in agency disciplinary proceed	_ , ,	viding false
Π.		_	of any of the following offense:	_	ew Jersey Law?
			-4b by striking, kicking, or shov		□YES□ NO
		·	:12-1a(1) by attempting to or pu	_	☐YES ☐ NO
• *			ng bodily injury		
-			:12-1a(2) by negligently causing		□YES □ NO
•	_		lly weapon		
m.	• •.		of any of the following offenses		riediction in
111.		elements include?:	or any or the tonowing offenses	з на ану је	ii isuicuon m
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			veapon		☐ YES ☐ NO
IV.	*	•	iestion(s) above, were you at th		
•••			er spouse of the victim; the pa		$\square_{\rm YES} \square_{\rm NO}$
		,	n with whom the victim share		
		• -	or had in the past cohabited y		
			se, parent, or guardian of the	AIII THE	
			parent, or guartian or the		
v.			had for an offense been listed	in	□YES □NO
• •			mitted against a victim listed i		□ N/A
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FEDERAL FIREARMS QUALIFICATION INQUIRY (CONTINUED)

VI. If your answer	· · ·	ide the following information v	with respect to the
* · ·	Court/Jurisdiction:	·	• •
	Docket/Case No.:		
	Statue/Charge:	:	**************************************
	Date Sentenced:		
. If your answe	er(s) are <u>YES</u> , were	you represented by counsel	☐ YES☐ NO
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right to couns	sel in the case?		
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pursuant to N.J.S.A. 2C	C:28-2, 2C:28-7.		•
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PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

Warning: Any misstatement of fact, omissions, or attempt to mislead this agency, its Investigators, or the appointing authority, deliberate or in error, may lead to your disqualification. If any request data does not apply to you, indicate by entering "N/A". Initial the bottom of every page where indicated as you complete that page.

PHOTOGRAPH

Taken within the last two months.

1.	Name,			,	ř	*
	Last Name:			D.O.B.:	,	' e
	First Name:			Middle:		
	SSN:		-	Where Issued:		- ′
	Current Occupat	ion:			•	•
2.			-	d or been known by a	nd attach a stater	nent giving
3.	Current Address	:		· · · · · · · · · · · · · · · · · · ·		*
4.	Place of Birth:	- -	Street	City	State	Zip Code
5.	·		City or Town	State	Country	स
٠,	Age	Sex	Height	Weight	Eye Color	Hair Color
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6.	Marks, Scars, or Tattoos?: □ YES □ NO
-	If you answered YES in detail mark and describe the location and description of
•	Mark, Scar, or Tattoo by circling the area numbering corresponding with the
	Mark, Scar, Tattoo. (i.e. #1. Left Forearm Rose Tattoo, Right Eyebrow Scar) See
	page #41 for the diagram.
7.	Do you wear contact lenses or glasses? YES NO
	If YES which one or both?
	CITIZENSHIP
8.	Are you a Native-Born or Naturalized Citizen? □ NATIVE-BORN □ NATURALIZED
••	If you are of Foreign Birth, or are a Naturalized Citizen, complete the following:
	Country of Birth:
,	Port or place of departure to the US: Date:
	Point of Entry into the US: Date:
•	How were you transported to the US:
	Name of transport conveyance and/or company you arrived on:
:	
	If a naturalized citizen, the name and address of the person who sponsored you on arrival:
	How did you obtain citizenship (give details):
•.	
	Petition Number: Date:
	Court: Certificate No.:
9.	List in order, beginning with the most recent, all prior places of residence within the last
	20 years:
	A. FROM: TO:
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	Street Number Apt Number
	City County State Zip Code
•	With whom did you reside there?
	B. FROM: TO:
	Street Number Apt Number
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	Package No: Date Issued: Investigator's Initials: Applicant's Initials:

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below provid	ing the required	information, and	indicate at which	residence this occurre
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	Telephone	Occupa	ntion	SSN
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Provide the No. of time Where you No. of time Where you No. of time	e following in es married?: ever divorced es?: ever legally oes?: l, annulled, or	Divorced Divorced formation regarding or had a marriage a or voluntarily separa	Date g marriage/m Where?: annulled? Where?: ated? When?: he present ad	_ □ Separa	Date Date







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Spouse	·		
Name:		D.O.B.:	
Maiden Name:		<u> </u>	
Current Occupation	:	r	
Place of Employmen	ıt:		
	- · · · · · · · · · · · · · · · · · · ·		
Address if different			
than Applicant:	<u></u>	· · · · · · · · · · · · · · · · · · ·	
than Applicant: Were you ever the par		tural or legal adoption?	
than Applicant: Were you ever the par List below every chil	rent of a child either na	tural or legal adoption? y adopted including ste	o-children:
than Applicant: Were you ever the par	rent of a child either na	tural or legal adoption?	
than Applicant: Were you ever the par List below every chil	rent of a child either na d born to you or legally	tural or legal adoption? y adopted including ste	o-children:
than Applicant: Were you ever the par List below every chil	rent of a child either na d born to you or legally	tural or legal adoption? y adopted including ste	o-children:
than Applicant: Were you ever the par List below every chil	rent of a child either na d born to you or legally	tural or legal adoption? y adopted including ste	o-children:
than Applicant: Were you ever the par List below every chil	rent of a child either na d born to you or legally	tural or legal adoption? y adopted including ste	o-children:
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than Applicant: Were you ever the par List below every chil	rent of a child either na d born to you or legally	tural or legal adoption? y adopted including ste	o-children:
than Applicant: Were you ever the par List below every chil Name	rent of a child either nad born to you or legally Sex	tural or legal adoption? v adopted including ste D.O.B.	p-children: Place of Birth
than Applicant: Were you ever the par List below every chil Name	rent of a child either nad born to you or legally Sex	tural or legal adoption? y adopted including ste	p-children: Place of Birth





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and the outcome of the actions	TYES NO
If never married, list one or more persons with whom the last three years. Provided information as to age, ad number if known, and duration of friendships:	dress, occupation, telephone
Family Information: Father, Mother, Brother(s), and S	ister(s) [if deceased, indicate]
A. Father	
Name:	Living?
	□YES□NO
Address:	
Telephone:	A
B. Mother	
Name: Occupation:	Living?
* ' 	
Address:	
Address:	
C. Brother / Sister / Married	
Name:	
Occupation:	
Address:	
leiepnone:	
D. □ Brother /□ Sister /□ Married	
Name:	Living?
Occupation:	
Address:	<u> </u>
Address: Telephone:	

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E. □ Brother /□ Sister /□ Married	f
Name:	
Occupation: Address:	□YES□NO
Address:	
текерионе:	
F. 🗔 Brother: / 🗆 Sister: / 🖂 Married	·
Name: Occupation:	Living?
* 	□YES□NO
Address:	₹ . '
Telephone: 1. List names of three close friends and/or associates other than	,
1. List names of three close friends and/or associates other than	references:
A. Name:	
Address:	
A. Name: Address: Occupation: Duration of Association:	1e:
Age Duration of Association.	
D. Name:	
Address:	· w
Address: Occupation: Duration of Association:	ne;
Age Duration of Association.	· · · · · · · · · · · · · · · · · · ·
C. Name:	
Address:	-
Address: Telephon Age: Duration of Association:	je: <u>* </u>
Age: Duration of Association: _	
5. Provide uiree references with whom you personally are social	ally or professionally
acquainted:	•
A. Name: Address:	
	<u> </u>
Occupation: Telephon Age: Duration of Association:	ne:
Age: Duration of Association: _	*
B. Name:	•
Address:	
Occupation: Telephon Age: Duration of Association:	ie:

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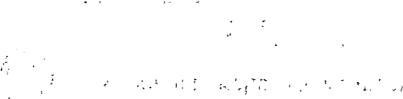








C.	Name:		
	Address:		<u>-</u>
	Occupation:	Telep	hone:
	Occupation: Duration	of Association	n:
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		,	
	EDI	CATION	J
	Transcripts of student records must be		<u> </u>
	, , , , , , , , , , , , , , , , , , ,		
26. Lis	st chronologically (earliest date first) all	schools, colleg	ges, and training courses you
ha	ve attended:		
A.	School:	FROM: _	TO:
	School:		,
	Grade Levels Attended:		
В.	School: Address:	FROM:	то:
	Address:		
	Grade Levels Attended:		
C.	School:	FROM:	TO:
•	Grade Levels Attended:		
	College or	Trade So	chools
27.			
	College/School:	FROM:	TO:
	Address:		
	Degree or Certification Sought:	·	☐ Full Time ☐ Part Time
	Degree or Certification Received?: [
В.	If not, why?:College/School:	FROM:	TO:
	Address:		
	Degree or Certification Sought:	-	☐ Full Time ☐ Part Time
	Degree or Certification Received?: [□ YES□ NO	*









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A 7 7 ·		
Address:	Sought:	
Degree or Certification	Received?: ☐ YES☐ NO	
If not, why?:		Credit Hours Earned?:
What professional licenses of	do you possess?:	
	· · · · · · · · · · · · · · · · · · ·	
	her language(s) do vou sneak?):ĸ
raidi ulali English, What ou	ior unguago(s) do Jou speare:	*
ist any problems you had v	while attending school includi	ng college (absenteeism,
ardiness, poor grades, disci	•	
School	Date or Year	Problem(s)
School	- · · · · · · · · · · · · · · · · · · ·	Problem(s)
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Package No:

Date Issued:

Investigator's Initials:

Applicant's Initials:



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MILITARY SERVICE

31. Have you ever served on any Active D		
The United States?		
Organization:	FROM:	
Highest Rank Held?:	Type of Disch	arge?:
What was/is your Military Occupation		·
32. Have you ever served in a Reserve mil		
of The United States?	***************************************	□YES□NO
Organization:	FROM:	TO:
Organization:Highest Rank Held?:	Type of Disch	arge?:
33. Have you ever served in a Military org	anization of a foreign gover	mment?,,, □ YES □NC
Organization: Highest Rank Held?:	FROM:	TO:
Highest Rank Held?:	Type of Disch	arge?:
Under what circumstances did this fo	oreign service occur? Give	e details:
☐ YES☐ NO If <u>YES</u> , describe the reason for the awa	ard and when received:	· · · · · · · · · · · · · · · · · · ·
	**	
35. Were you ever subject to a court martial of a summary court, deck court, captain action?	n's mast, company punishm	ent, or any disciplinary
If YES, how many times?:		1. K
If <u>YES</u> , give details of charges, agency	concerned, dates, disposiți	ons:
Package No: Date Issued:	Investigator's Initials:	Applicant's Initials:

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Package No:

Date Issued:

Woodlynne Police Department



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EMPLOYMENT HISTORY

36.	Present Employe	r:			
	Address:				
	Immediate Super	rvisor:			· · · · · · · · · · · · · · · · · · ·
	Date Hired:		Duties:		
37.	Are you now eng	gaged in a	ny business as an owner (a	ctive or silent),	
	Partner, stockhol	der, or co	rporate member?	C	YES 🗆 NO
	If <u>YES</u> , give deta	ails?:			
38.	Has your name e	ver been s	submitted or used as a trust	tee, officer, or in an	y capacity, of any
	-		ation, or affiliate?		:
				· · · · · · · · · · · · · · · · · · ·	,
		* *			
39.	List below chron	ologically	, (earliest dates first) each	and every place you	ı were previously
	employed since	the age of	16. OMIT NONE. Give c	orrect, full addresse	es. Give dates of
		_	of employment in proper se		
	employment.)				_
	FROM	TO	NAME & ADDRESS	IMMEDIATE	REASON FOR
			OF EMPLOYER	SUPERVISOR	LEAVING
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Investigator's Initials:

Applicant's Initials:





Woodlynne Police Department

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EMPLOYER	DATE	SUPERVISOR'S REASON
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employment?	DATED	YES NO
EMPLOYER	DATE	SUPERVISOR'S REASON
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*		, , , , , , , , , , , , , , , , , , ,
Have you or your spouse, or a officer, director, or partner, evicense and a learner's permit) if YES, give details:	er possessed a license or pe	rmit (excluding a driver's
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TELEPHONE (856) 962-8300 EXT. 213

FAX (856) 962-8760

	Have you or your spouse, ever possessed a professional or occupational License, permit, or certification?
4.	Has any license or permit, including driver's license, or learner's permit,
	issued by any city, state, or federal agency ever been denied to you, your
	spouse, or to any corporation, or partnership of which you or your spouse was an officer, director, or partner?
5.	Have you ever sponsored, vouched for, served as a character witness for, or made any recommendations for, or concerning any person, or premises to any municipal,
5.	Have you ever sponsored, vouched for, served as a character witness for, or made any recommendations for, or concerning any person, 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?
5.	Have you ever sponsored, vouched for, served as a character witness for, or made any recommendations for, or concerning any person, 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?
5.	Have you ever sponsored, vouched for, served as a character witness for, or made any recommendations for, or concerning any person, 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?
5.	Have you ever sponsored, vouched for, served as a character witness for, or made any recommendations for, or concerning any person, 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?
5.	Have you ever sponsored, vouched for, served as a character witness for, or made any recommendations for, or concerning any person, 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?

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Have you ever red local benefits or	assistance?	/ment msu	rance or o	omer tede	state	e, or □YE	S□N
If YES, give deta	ails as to when, f	rom whon	ı, what ki	nd, and f	or how 1	ong:	
		• • • •					•
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, ,			<u> </u>	4	<u>.</u>	*	
Have you ever reentitled?	ceived any publ					□ YES [J NC
If VES give exp	lain•						
If <u>YES</u> , give exp			*			4 4,	
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 		·		• •	<u> </u>		
Have you previo		<u> </u>		* .			
other Law Enford If <u>YES</u> , give full	details as to age	ency(ies), v	when, and				
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	<u></u>		· · · · · ·	1		· · · · · · · · · · · · · · · · · · ·	3.
Have you ever be employment? If YES , give ful	••••••					S □ NO	
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Market Contraction





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FROM	ТО	NAME OF ORGANIZATION	ТҮРЕ	ADDRESS
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TCT78700 1 0	quently?:	£ 1	🗖 YI	ES D NO
Do you consume	any alcohol	nc beverages?	Quantity:	
Do you consume If <u>YES</u> , how free	any alcohol quently?:describe you	ur use of alcoholic beverages	Quantity: s?:	
Do you consume If YES , how free	any alcohol quently?:describe you		Quantity: s?:	<u> </u>
Do you consume If YES , how free	any alcohol quently?:describe you	ur use of alcoholic beverages	Quantity: s?:	<u> </u>





BOROUGH OF WOODLYNNE 200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107 TELEPHONE (856) 962-8300 EXT. 213 FAX (856) 962-8760

FINANCIAL

You must include a TRW or similar type of financial report with this completed form in addition to provide the following financial information.

assignn against	ou ever filed for bank nent, or judgment hel you?	d against you	, or current	ly pending	🗆 YESI	ΠŅŌ
If <u>YES</u> , giv	e details:					
	1.0.1.1					<u> </u>
reposse	ou ever defaulted on ssed?				□ YES □	NO
If <u>YES</u> , giv	e details:	•				<u> </u>
5. Current out	standing debt:			_	<u></u>	
TYPE LOAN, CREDIT CARD, ETC.	WITH WHOM NAME, ADDRESS &, ACCOUNT NO.	DATE INCURRED	ORIGINAL AMOUNT	CURRENT AMOUNT DUE	MONTHLY PAYMENT	AMOUNI PAST DUI
	· · · · · · · · · · · · · · · · · · ·					
		ļ		<u> </u>		
						
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Package No:	Date Issued:	Investiga	tor's Initials	. A	pplicant's In	itials:

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If <u>YES</u> , give d	etails:		<u></u>
	•	· · · · · · · · · · · · · · · · · · ·	
arrears more th	7	or are you in now, or in he scheduled repayments	? YES □ NO
Are you a co-v If <u>YES</u> , give d	vorker on an outstand etails:	ling loan?	□ YES □ NO
If <u>YES</u> , give cowhom it was re	omplete details with a equired, from who wa	respect to each bond as to as it obtained, and the amo	reason it was required, by
. Have you ever If <u>YES</u> , by wh	been refused a bond om and reason:	?	□YES □NO
		, 	
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If <u>YES</u> , indicate below every civil action or proceeding in which yo	-
a party to or likely to become a party thereto. Give dates, type of	•
whether plaintiff; defendant, petitioner or witness, court and dispositi	
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THEOREM A PUBLICATE THEOREM	÷ 7
INCOME & FINANCIAL HISTOR	<u>Y</u>
•	
A. What is your present salary or wage?	
B. What is your spouse's salary or wage?	
C. What was your average yearly income over the past three years?	
. Do you have income from any source other than your principal	
Occupation?	☐ YES ☐ N
If YES, how much?:	
The source?:	
How often?:	
. Do you own any real estate?	☐ YES ☐ NO
If YES, what is its value?:	
What is the location of real estate?: Do you own any bonds (government or other)?	
Do you own any bonds (government or other)?	☐ YES ☐ NO
If YES, what is the current value?:	
If <u>YES</u> , what is the current value?: Do you own any corporate stock?	☐ YES ☐ NO
If <u>YES</u> , what is its current value?:	_ _
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CHECKING *		
BANK (Name & Address)	ACCOUNT NO.	AVERAGE BALANCE
_		
MONEY MARKET and/or NO	W ACCOUNT	
BANK (Name & Address)	ACCOUNT NO.	AVERAGE BALANCE
		•
4		
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ARRE	ST, SUMMONS, ETC.	
	ST, SUMMONS, ETC.	in guerrary VEST
Have you ever been arrested for	· · · · · · · · · · · · · · · · · · ·	inquency? □ YES□
Have you ever been arrested for our of the state of the s	or charged with juvenile del	•
Have you ever been arrested for our of the state of the s	or charged with juvenile del	· · · · · · · · · · · · · · · · · · ·
Have you ever been arrested for our of the state of the s	or charged with juvenile del	· · · · · · · · · · · · · · · · · · ·
Have you ever been arrested for our of the state of the s	or charged with juvenile del Charge: Police Agency Sentence:	/:
Have you ever been arrested for of the state	or charged with juvenile del Charge: Police Agency Sentence: Charge:	7:
Have you ever been arrested for of the state	cr charged with juvenile del Charge: Police Agency Sentence: Charge: Police Agency	7:
Have you ever been arrested for of If YES, give details: A. Date: Age: _ Location: Court Disposition: Age: _ Location: Location: Court Disposition:	cr charged with juvenile del Charge: Police Agency Sentence: Charge: Police Agency Sentence:	7:
Have you ever been arrested for of If YES, give details: A. Date: Age: Location: Age: Location: Court Disposition: Court Disposition: Court Disposition: Age:	cor charged with juvenile del Charge: Police Agency Sentence: Charge: Police Agency Sentence: Charge:	7:
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Have you ever been arrested for of the tension of t	Charge: Police Agency Sentence: Police Agency Sentence: Charge: Police Agency Sentence: Charge: Police Agency Sentence: Charge:	7:
Have you ever been arrested for of If YES, give details: A. Date: Age: _ Location: Court Disposition: Location: Court Disposition: Court Disposition: Location: Age: Location: Age:	Charge: Police Agency Sentence: Police Agency Sentence: Charge: Police Agency Sentence: Charge: Police Agency Sentence: Charge: Charge: Police Agency Sentence: Charge:	7:

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committee, or other in	nvestigative bod	<u>lÿ?</u>	L.I	YES LI NO
If YES, give complet	e details:			. 94 .
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Have you ever receiv	ed a summons f	or any violation of the	fish and	
game laws?	**************************************	· • • • • • • • • • • • • • • • • • • •	🗀 Y	ES LI NO
If <u>YES</u> , give complet	te details:		•	
Date:	Agé:	Charge:		. e ⁵
	• • •	**	,	
Location:	*	_ ronce Agency		***
Ossant Discussibles				• •
I. Have you ever been a Disorderly person's a	arrested for, or cluct or city ordina	Sentence:	of the	ES 🗆 NO
I. Have you ever been a Disorderly person's a If <u>YES</u> , give complet A. Date:	arrested for, or clust or city ordinate details: Age:	harged with, a violation ince?		
I. Have you ever been a Disorderly person's a If <u>YES</u> , give complet A. Date:	arrested for, or clust or city ordinate details: Age:	harged with, a violation ince?		
I. Have you ever been a Disorderly person's a If YES, give complet A. Date: Location:	nrrested for, or clust or city ordinate details: Age:	harged with, a violation ince? Charge: Police Agency:	Ý	
I. Have you ever been a Disorderly person's a If <u>YES</u> , give complet A. Date: Location: Court Disposition	arrested for, or cluct or city ordinate details: Age:	harged with, a violation ince?	Ţ	
I. Have you ever been a Disorderly person's a If <u>YES</u> , give complet A. Date: Location: Court Disposition B. Date:	nrrested for, or cluct or city ordinate details: Age: Age:	harged with, a violation mce? Charge: Police Agency: Sentence: Charge:	Ý	
I. Have you ever been a Disorderly person's a If YES, give complet A. Date: Location: Court Disposition B. Date: Location:	arrested for, or cluct or city ordinate details: Age: Age:	harged with, a violation ince? Charge: Police Agency: Sentence: Charge: Police Agency:	□ Ý	
I. Have you ever been a Disorderly person's a If YES, give complet A. Date: Location: Court Disposition B. Date: Location: Court Disposition Court Disposition	arrested for, or cluct or city ordinate details: Age: Age:	harged with, a violation ince?		
I. Have you ever been a Disorderly person's a If YES, give complet A. Date: Location: Court Disposition B. Date: Location: Court Disposition Court Disposition Court Disposition	arrested for, or cluct or city ordinate details: Age: Age: Age:	harged with, a violation ince?		
I. Have you ever been a Disorderly person's a If YES, give complet A. Date: Location: Court Disposition B. Date: Location: Court Disposition Court Disposition	arrested for, or cluct or city ordinate details: Age: Age: Age: Age:	harged with, a violation ince?		
I. Have you ever been a Disorderly person's a If YES, give complet A. Date: Location: Court Disposition B. Date: Location: Court Disposition C. Date: Location:	arrested for, or cluct or city ordinate details: Age: Age: Age: Age:	harged with, a violation mce? Charge: Police Agency: Sentence: Charge: Police Agency: Sentence: Charge: Police Agency:		
I. Have you ever been a Disorderly person's a If YES, give complet A. Date: Location: Court Disposition B. Date: Location: Court Disposition C. Date: Location:	arrested for, or cluct or city ordinate details: Age: Age: Age: Age:	harged with, a violation mce? Charge: Police Agency: Sentence: Charge: Police Agency: Sentence: Charge: Police Agency:		





If <u>YES</u> , give complete.		Charge:
		Police Agency:
Court Dispositi	on:	Sentence: Charge:
Location:		Police Agency:
		Sentence: YES _ No
3. Have you ever had	a criminal or arrest	record expunged? YES No
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-		witness? YES NO
4. Have you ever been If <u>YES</u> , give comp	n held as a material lete details:	witness? YES NO
4. Have you ever been If <u>YES</u> , give comp	n held as a material lete details:	
4. Have you ever been If <u>YES</u> , give comp. A. Date:	n held as a material lete details: Violation:	witness? YES NO
4. Have you ever been If YES, give comp. A. Date: Location:	n held as a material lete details: Violation:	witness?
4. Have you ever been If <u>YES</u> , give comp. A. Date: Location: Court Dispositi	n held as a material lete details: Violation: on:	witness? YES NO
4. Have you ever been If YES, give comp. A. Date: Location: Court Dispositi B. Date:	n held as a material lete details: Violation: on: Violation:	witness? YES NO
4. Have you ever been If YES, give comp. A. Date: Location: Court Dispositi B. Date:	n held as a material lete details: Violation: on: Violation:	witness? YES NO
4. Have you ever been If YES, give comp. A. Date: Location: Court Dispositi B. Date: Location:	n held as a material lete details: Violation: on: Violation:	witness? YES NO
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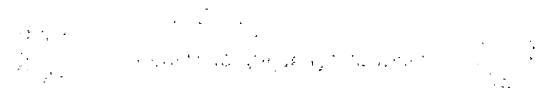
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3	ТАТЕ	LICENS	E NO.	DATE ISSUED	EXPIRES	CONDITION
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37. Do y	ou curren	itly have you wi	ithin the past	five-year owr	ied a	
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BOROUGH OF WOODLYNNE 200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107 TELEPHONE (856) 962-8300 EXT. 213 FAX (856) 962-8760

88.	List the name(s) and address of the company which carries your auto or other type craft insurance:
89.	Has your auto or other type craft insurance ever been revoked or refused? \(\text{YES} \) NO If \(\text{YES}, \) give details:
90.	List below all the professional, civic, and social organizations of which you have been a member within the last five years (other than labor or fraternal):
91.	What volunteer or community activities have you engaged in within the last five years? Provide the name and address of the sponsoring organization or group and a description of the activities performed.:
92.	Do you possess expertise or competence in a particular trade, skill, or Technology? If <u>YES</u> , briefly describe your level of experience and competence:
93.	What hobbies and sports do you engage in?:
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Package No:

Date Issued:

Investigator's Initials:

Applicant's Initials:

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94. 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
95. Are you willing to examine a dead body for signs of injury or
other evidence?
96. Are you willing to work on Holidays? YES ☐ NO
97. Are you willing to work with changing days off? □ YES □ NO
98. Are you willing to report for duty upon short notice or on days off sacrificing personal
time? YES NO
99. Are you willing to investigate incidents in inclement weather? □YES□ NO
100. Are you willing to arrest a person you know? ☐ YES ☐ NO
101. Are you willing to spend hours writing reports even
though your shift has ended? ☐ YES ☐ NO
102. Are you willing to accept court decisions that run contrary
to your own wishes or beliefs? YES NO
103. Are you willing to subject yourself to intense public
scrutiny and criticism? YES NO
104. Are you willing to do things that you are told? □YES □NO
105. Are you willing to subject yourself to public scrutiny
and criticism? □ YES □NO
Package No: Date Issued: Investigator's Initials: Applicant's Initials:





106.	Are you willing to display initiative without being told
exacti	y what to do? YES NO
107.	Are you willing to maintain your composure while
being	insulted or sworn at?□YES□NO
108.	Are you willing to notify a citizen that a member of their
imme	liate family has suddenly passed away? □ YES □ NO
109,	Are you willing to undergo several months of field training
befor	e being able to work on your own?
110.	Are you willing to take another person's life if no other
optio	is available? TYES INO
111.	Are you willing to deal with suicide victims and their
famil	es?
112.	Are you willing to search a dark building for a dangerous
subjec	t if necessary? TYES NO
113.	Are you willing to risk your life for the safety of a citizen
or fel	ow officer? YES NO
Package	No: Date Issued: Investigator's Initials: Applicant's Initials:









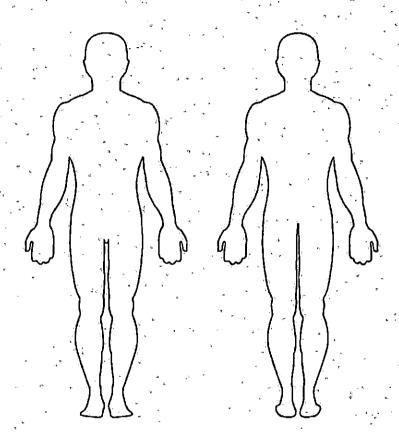
BOROUGH OF WOODLYNNE 200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107 TELEPHONE (856) 962-8300 EXT. 213 FAX (856) 962-8760

114.	Are you willing to enforce the laws, even those you do not e with or that are contrary to your personal beliefs?	
115. gener	Are you willing to be held at a higher standard than the ral public?	
where	Are you willing to abide by your oath of office, the federal tate constitutions, all state statutes, all county and local ordinances ever you may be?	
		——————————————————————————————————————





BOROLIGH OF WOODLYNNE 200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107 TELEPHONE (856) 962-8300 EXT. 213 FAX (856) 952-8760



In reference to question <u>6</u> on page <u>13</u>, if you answered <u>YES</u> in detail mark and describe the location and description of Mark, Scar, or Tattoo by circling the area numbering corresponding with the Mark, Scar, Tattoo. (i.e. #1. Left Forearm Rose Tattoo, Right Eyebrow Scar).

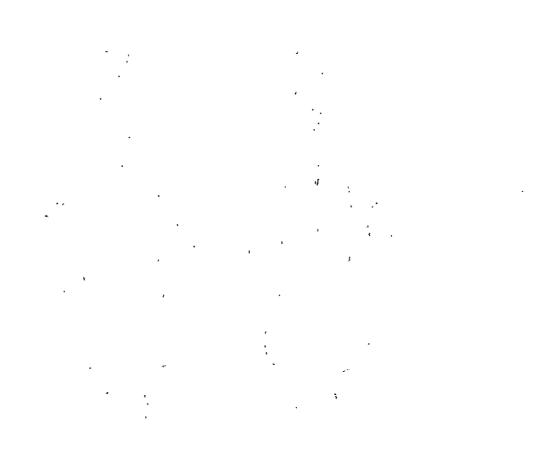
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BOROUGH OF WOODLYNNE 200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107 TELEPHONE (856) 962-8300 EXT. 213 FAX (856) 962-8760

	117. You have been provided with a list of the essential functions for the
	position of police officer in this municipality. You are to read those and if
	you have any questions concerning any of them you are to contact the
	Office of the Chief of Police. Having read those essential functions, and
	having had all of your questions answered, do you believe that you can
	perform satisfactorily all of those essential functions once you receive basic
	training at a New Jersey Police Training Commission approved
	police academy? □ YES □ NO
	Note: if there is other information which may be relevant, directly, or indirectly, that
	this agency should have knowledge of in order to conduct a thorough background
	investigation of you as a candidate for employment in this agency, or insufficient
	space was provided above for complete answers, you are required to add this
	additional information on a separate sheet(s). Indicate the question number the
	added information applies to. Attach any additional pages at the back of this form.
	Indicate below the number of additional pages attached. You are reminded that any
	false or deliberate misstatement of facts can result in your disqualification for
	employment by this agency.
A	dditional pages attached: TYES TO No. of Pages:
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	Package No: Date Issued: Investigator's Initials: Applicant's Initials:





BOROUGH OF WOODLYNNE 200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107 TELEPHONE (856) 962-8300 EXT. 213 FAX (856) 962-8760

CERTIFICATION

State of New Jersey	}	· .		r.		<u>.</u>	•
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County of Camden	}	* **				•	ş
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named person. I signed to each and every quest true, and correct in ever	ion therein	ing statem	ent. I per	sonally rea	d, and print	ed by hand	answers
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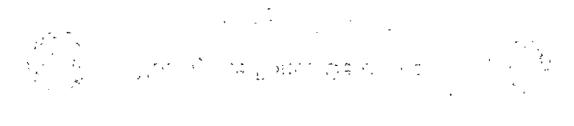
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BOROUGH OF WOODLYNNE

200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107

TELEPHONE (856) 962-8300 EXT. 213

FAX (856) 962-8760

NOTICE TO APPLICANT

The Applicant must provide three references from reputable citizens who have personally known the applicant for more than three years and who will vouch for the honesty, reputation and ability of the applicant. REFERENCES MAY NOT BE MEMBERS OF THIS DEPARTMENT NOR IMMEDIATE FAMILY, OR LISTED IN ANY OTHER SECTION OF THIS APPLICATION.

Package No:

Date Issued:

Investigator's Initials:

Applicant's Initials:





Woodlynne Police Department

BOROUGH OF WOODLYNNE
200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107
TELEPHONE (856) 962-8300 EXT. 213
FAX (856) 962-8760

CHARACTER REFERENCE (1)

	·
RE:	Applicant:
	Address:
	Telephone:
Woodl we ma questic Police	ove-referenced individual is an Applicant for the position of Police Officer in the ynne Police Department and has listed you as one of his/her character references. So that y complete our background investigation of the Applicant, would you kindly answer the ons below, sign where indicated, and return this document to the Office of the Chief of Woodlynne Police Department, 200 Cooper Avenue, Woodlynne NJ, 08107. Your use will remain confidential.
Thank	you.
2.	How many years have you known the Applicant?: What is your relationship to the Applicant?: Are you aware of anything that might disqualify the Applicant for public service? YES NO If YES, please explain:
	Would you describe the applicant as having Integrity? □YES □ N Please explain:
5.	Is this Applicant dependable? Please explain:
6.	How would you describe the applicant's general reputation among his/her friends and associates?:
7	Does the Applicant have any significant financial problems? YES NO Please explain:
•	
	Continued
•	Continued, next page
	Package No: Date Issued: Investigator's Initials: Applicant's Initials:

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BOROUGH OF WOODLYNNE 200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107 TELEPHONE (856) 962-8300 EXT. 213 FAX (856) 962-8760

CHARACTER REFERENCE (1), continued

RE:	Applicant:			
	Address:			
8.			se (alcohol, drugs) by the Ap	_
9.	others?		ayed any bias or prejudice to	TYES NO
10.	provided?		quired, to the information yo	YES NO
Signat	ture of Reference:			
	Date: _			
			. *	
	Package No:	Date Issued:	Investigator's Initials:	Applicant's Initials:

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BOROUGH OF WOODLYNNE
200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107
TELEPHONE (856) 962-8300 EXT. 213
FAX (856) 962-8760

CHARACTER REFERENCE (2)

RE:	Applicant:
	Address:
	Telephone:
Woodl we ma questic Police	pove-referenced individual is an Applicant for the position of Police Officer in the lynne Police Department and has listed you as one of his/her character references. So that by complete our background investigation of the Applicant, would you kindly answer the lons below, sign where indicated, and return this document to the Office of the Chief of Woodlynne Police Department, 200 Cooper Avenue, Woodlynne NJ, 08107. Your lase will remain confidential.
Thank	you.
2.	How many years have you known the Applicant?: What is your relationship to the Applicant?: Are you aware of anything that might disqualify the Applicant for public service? YES NO If YES, please explain:
	Would you describe the applicant as having Integrity? ☐ YES ☐ NO Please explain:
5.	Is this Applicant dependable?
6.	How would you describe the applicant's general reputation among his/her friends and associates?:
7.	Does the Applicant have any significant financial problems?
	Continued, next page Package No: Date Issued: Investigator's Initials: Applicant's Initials:

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BOROUGH OF WOODLYNNE 200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107 TELEPHONE (856) 962-8300 EXT. 213 FAX (856) 962-8760

CHARACTER REFERENCE (2), continued

RE:	Applicant:		† 	· ,
	Address:	· · · · · · · · · · · · · · · · · · ·		
•			·	
8.	Are you aware of an Please explain:	ny substance abu	se (alcohol, drugs) by the A	pplicant?□YES □NO
9.	Has the Applicant e others?	xpressed or disp	layed any bias or prejudice t	owards
10.	provided? Please explain:		equired, to the information y	YES NO
Signat	ure of Reference: _			
	Address: _			·
	Date: _			
			; ; ; ;	ú
	Package No:	Date Issued:	Investigator's Initials:	Applicant's Initials:





Woodlynne Police Department

BOROUGH OF WOODLYNNE
200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107
TELEPHONE (856) 962-8300 EXT. 213
FAX (856) 962-8760

CHARACTER REFERENCE (3)

RĘ:	Applicant:
π.	Address:
-	Telephone:
Wood we ma questi Police	bove-referenced individual is an Applicant for the position of Police Officer in the lynne Police Department and has listed you as one of his/her character references. So that ay complete our background investigation of the Applicant, would you kindly answer the ons below, sign where indicated, and return this document to the Office of the Chief of the Woodlynne Police Department, 200 Cooper Avenue, Woodlynne NJ, 08107. Your nse will remain confidential.
Thank	you.
2.	How many years have you known the Applicant?: What is your relationship to the Applicant?: Are you aware of anything that might disqualify the Applicant for public service? YES NO If YES, please explain:
4.	Would you describe the applicant as having Integrity? □YES □ NO Please explain:
5.	Is this Applicant dependable? YES NO Please explain:
6.	How would you describe the applicant's general reputation among his/her friends and associates?:
7.	Does the Applicant have any significant financial problems?
•	Continued, next page
	Package No: Date Issued: Investigator's Initials: Applicant's Initials:

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Package No:

Date Issued:

Woodlynne Police Department



BOROUGH OF WOODLYNNE 200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107 TELEPHONE (856) 962-8300 EXT. 213 FAX (856) 962-8760

CHARACTER REFERENCE (3), continued RE: Applicant: Telephone: 8. Are you aware of any substance abuse (alcohol, drugs) by the Applicant?... YES NO Please explain: 9. Has the Applicant expressed or displayed any bias or prejudice towards others? □YES □ NO Please explain: 10. Would you be willing to testify, if required, to the information you have provided? YES NO Please explain: Signature of Reference: Printed Name: Address: _ Date:

Investigator's Initials:

Applicant's Initials:





BOROUGH OF WOODLYNNE
200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107
TELEPHONE (856) 962-8300 EXT. 213
FAX (856) 962-8760

•	. <u>1</u>	VEIGHBO	R INTE	RVIEW (<u>1)</u>	
RE:	Applicant:		· <u>·</u>			
٠	Address:			; 	•	3 .
	Telephone:				· 	
Woodl we ma question Police	ove-referenced ind ynne Police Depart y complete our bac ons below, sign who Woodlynne Police use will remain con	ment and has li kground investi ere indicated, ar Department, 20	sted you as on gation of the A d return this d 00 Cooper Ave	of his/her character to the ocument to the	aracter refere ld you kindly e Office of th	nces. So that y answer the he Chief of
1.	How long have Y	OU lived at the	; current addres	\$?:		•_
2.	Do you know the	Applicant?	***************************************			□YES □ NO
3.	How long have yo	u known the Ap	plicant?:			
4.	How long has the	Applicant lived	in the are?:		•	
5.	Is there anything y	ou can tell me	about the Appl	icant that wou	ld either enh	ance or hinder
	1.1.7	T 11 ' COT C		i , ,		□YES □ NO
i	If <u>YES</u> , please exp	olain:				
~		<u>•</u>	· •	***		
		÷		<u> </u>	*	
6.	Do you feel the A					∃YES □ NO
'	Please explain:			<i>t</i>		
	· 			<u>i''</u>	• .	•
	***		1.72	!	į.	
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Signat	ture of Neighbor:	-		.i.	1	
,	Printed Name:		· · · · · · · · · · · · · · · · · · ·	1		· · · · · · · · · · · · · · · · · · ·
	Address:		~	1	# . - 1	
			•	,	. "	
	Date:	,	<u>.</u>			3-
	Package No:	Date Issued:	Investigator	's Initials:	Applicant	's Initials:





BOROUGH OF WOODLYNNE
200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107
TELEPHONE (856) 962-8300 EXT. 213
FAX (856) 962-8760

NEIGHBOR INTERVIEW (2)

RE:	Applicant:		a			<u> </u>
,	Address:	 _	·			·
	Telephone:			-)		
Wood! we ma questic Police	bove-referenced ind lynne Police Depart by complete our bac ons below, sign who when Woodlynne Police onse will remain con	lividual is an Ap ment and has li kground investi ere indicated, ar Department, 20	oplicant for a sted you as gation of the ad return thing OO Cooper A	he position of I one of his/her c e Applicant, wo s document to t	Police Officer in haracter referen ould you kindly he Office of the	ces: So that answer the Chief of
1. 2. 3.	How long have You how long have you	OU lived at the Applicant?ou known the Applicant	current add oplicant?:	ress?:		YES NO
4.	How long has the Is there anything yhis/her ability as a If <u>YES</u> , please exp	Applicant lived you can tell me : Police Officer?	in the are?: about the A	oplicant that wo	ould either enhai	nce or hinder
6.	Do you feel the A Please explain:		_	· · · · · · · · · · · · · · · · · · ·	?	<u> </u>
Signa	ture of Neighbor:			-		· · · · · · · · · · · · · · · · · · ·
	Printed Name: Address:	· · · · · · · · · · · · · · · · · · ·		- ,		
	Date:					
	Package No:	Date Issued:	Investiga	tor's Initials:	Applicant's	Initials:

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Package No:

Date Issued:

Woodlynne Police Department



BOROUGH OF WOODLYNNE 200 COOPER AVENUE, WOODLYNNE, NEW JERSEY 08107 TELEPHONE (856) 962-8300 EXT. 213 FAX (856) 962-8760

RE:	Applicant:
	Address:
	Telephone:
Woodl we ma questic Police	ove-referenced individual is an Applicant for the position of Police Officer in the lynne Police Department and has listed you as one of his/her character references. So that by complete our background investigation of the Applicant, would you kindly answer the lons below, sign where indicated, and return this document to the Office of the Chief of Woodlynne Police Department, 200 Cooper Avenue, Woodlynne NJ, 08107. Your liste will remain confidential. Thank you.
1.	How long have <u>YOU</u> lived at the current address?: Do you know the Applicant? □YES □ NO
3.	How long have you known the Applicant?:
4.	How long has the Applicant lived in the are?:
5.	Is there anything you can tell me about the Applicant that would either enhance or hinder
	his/her ability as a Police Officer?
6.	Do you feel the Applicant would make a good Police Officer? □YES □ NO Please explain:
Signa	ture of Neighbor: Printed Name: Address:

Investigator's Initials:

Applicant's Initials:

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