CUMBERLAND TOWNSHIP POLICE DEPARTMENT

POLICE OFFICER APPLICATION

APPLICANT'S LAST NAME:	FIRST:	MIDDLE:	SUFFIX:

CHANGES IN NAME, EX; NICKNAME, ALIAS, MAIDEN NAME:

DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	PLACE OF BIRTH: (CITY AND STATE)

IS THE APPLICANT A U.S. CITIZEN:
☐ YES ☐ NO

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ADDRESS: (STREET ADDRESS, MAILING ADDRESS, CITY, STATE, AND ZIP CODE)

HOME TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:	OPTIONAL NUMBER:

MARITAL STATUS:

☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ OTHER (Explain)

LIST ALL LIVING FAMILY MEMBERS OF IMMEDIATE FAMILY, I.E., SPOUSE, CHILDREN, MOTHER, FATHER, BROTHERS, SISTERS, MOTHER-IN-LAW, FATHER-IN-LAW, STEP RELATIVES, AND OTHER PERSONS WHO RESIDES WITH YOU.

FAMILY MEMBER	RELATIONSHIP

DOES THE APPLICANT HAVE A GOOD RELATIONSHIP WITH THE FAMILY MEMBERS:
☐ YES ☐ NO

IF NO, EXPLAIN:

CUMBERLAND TOWNSHIP POLICE DEPARTMENT
POLICE OFFICER APPLICATION CONTINUED

☐ FORMER SPOUSE ☐ FIANCE/COHABITANT ☐ CURRENT GIRL/BOYFRIEND

NAME:	TELEPHONE NUMBER:
ADDRESS:	

☐ FORMER SPOUSE ☐ FIANCE/COHABITANT ☐ CURRENT GIRL/BOYFRIEND

NAME:	TELEPHONE NUMBER:
ADDRESS:	

☐ FORMER SPOUSE ☐ FIANCE/COHABITANT ☐ CURRENT GIRL/BOYFRIEND

NAME:	TELEPHONE NUMBER:
ADDRESS:	

☐ FORMER SPOUSE ☐ FIANCE/COHABITANT ☐ CURRENT GIRL/BOYFRIEND

NAME:	TELEPHONE NUMBER:
ADDRESS:	

IS APPLICANT RESPONSIBLE FOR PAYING ALIMONY OR CHILD SUPPORT:
☐ YES ☐ NO

IF YES, EXPLAIN:

EDUCATION
ATTACH TRANSCRIPT FROM LAST HIGH SCHOOL ATTENDED

HIGH SCHOOL

NAME OF SCHOOL	DATES ATTENDED

DID APPLICANT RECEIVE A DIPLOMA: ☐ YES ☐ NO
IF NO, HAS APPLICANT RECEIVED A GED CERTIFICATE: ☐ YES ☐ NO

CUMBERLAND TOWNSHIP POLICE DEPARTMENT
POLICE OFFICER APPLICATION CONTINUED

INSTITUTION OF HIGHER EDUCATION
ATTACH TRANSCRIPT FROM ALL INSTITUTIONS OF HIGHER EDUCATION

NAME OF SCHOOL	DATES ATTENDED

CUMULATIVE AVERAGE:	CREDITS TO DATE:
DEGREE:	TYPE:

OTHER SCHOOLING (EXPLAIN AND INCLUDE ANY DISCIPLINARY PROBLEMS, IF ANY):

IS THE APPLICANT RESPONSIBLE FOR THE REPAYMENT OF STUDENT LOANS:
☐ YES ☐ NO

IF YES, ARE THE PAYMENTS BEING MADE TIMELY: ☐ YES ☐ NO
IF NO, EXPLAIN:

MILITARY
ATTACH PHOTO STATIC COPY OF DISCHARGE OR SEPARATION PAPERS

HAS THE APPLICANT SERVED IN THE MILITARY: ☐ YES ☐ NO

SELECTIVE SERVICE NUMBER:

BRANCH OF SERVICE REGULAR ☐ RESERVES ☐

ARMY ☐ MARINES ☐ AIR FORCE ☐ NAVY ☐ COAST GUARD ☐ NATIONAL GUARD ☐

DATE ENTERED:	DATE SEPARATED:
RANK:	SERVICE NUMBER:

TYPE OF DISCHARGE:

IF OTHER THAN "HONORABLE," EXPLAIN:

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY, FORM DD-214, RECEIVED:
☐ YES ☐ NO
IF NO, EXPLAIN:

CUMBERLAND TOWNSHIP POLICE DEPARTMENT
POLICE OFFICER APPLICATION CONTINUED

MILITARY CONTINUED

WAS THE APPLICANT SUBJECT TO DISCIPLINARY ACTION/NON-JUDICIAL PUNISHMENT:
☐ YES ☐ NO

IF YES, EXPLAIN:

IF YES, HAVE RECORDS OF DISCIPLINARY ACTION/NON-JUDICIAL PUNISHMENT BEEN RECEIVED:

☐ YES ☐ NO

IF NO, EXPLAIN:

IF CURRENTLY IN THE MILITARY, COMPLETE THE FOLLOWING

NAME OF COMMANDING OFFICER:	TELEPHONE NUMBER:

EMPLOYMENT
BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR WORK HISTORY FOR THE PAST TEN YEARS, INCLUDING PARTIME, TEMPORARY OR SEASONAL EMPLOYMENT.

PRESENT EMPLOYER

DATE OF HIRE:	OCCUPATION:

NAME OF EMPLOYER:

NAME OF SUPERVISOR:	TELEPHONE NUMBER:

PREVIOUS EMPLOYMENT

DATE OF HIRE:	DATE LEFT:	OCCUPATION:

NAME OF EMPLOYER:

NAME OF SUPERVISOR:	TELEPHONE NUMBER:

REASON FOR LEAVING:

PREVIOUS EMPLOYMENT

DATE OF HIRE:	DATE LEFT:	OCCUPATION:

NAME OF EMPLOYER:

NAME OF SUPERVISOR:	TELEPHONE NUMBER:

REASON FOR LEAVING:

EMPLOYMENT CONTINUED

PREVIOUS EMPLOYMENT

DATE OF HIRE:	DATE LEFT:	OCCUPATION:
NAME OF EMPLOYER:		
NAME OF SUPERVISOR:		TELEPHONE NUMBER:
REASON FOR LEAVING:		

PREVIOUS EMPLOYMENT

DATE OF HIRE:	DATE LEFT:	OCCUPATION:
NAME OF EMPLOYER:		
NAME OF SUPERVISOR:		TELEPHONE NUMBER:
REASON FOR LEAVING:		

PREVIOUS EMPLOYMENT

DATE OF HIRE:	DATE LEFT:	OCCUPATION:
NAME OF EMPLOYER:		
NAME OF SUPERVISOR:		TELEPHONE NUMBER:
REASON FOR LEAVING:		

PREVIOUS EMPLOYMENT

DATE OF HIRE:	DATE LEFT:	OCCUPATION:
NAME OF EMPLOYER:		
NAME OF SUPERVISOR:		TELEPHONE NUMBER:
REASON FOR LEAVING:		

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CUMBERLAND TOWNSHIP POLICE DEPARTMENT

POLICE OFFICER APPLICATION CONTINUED

EMPLOYMENT CONTINUED

HAS THE APPLICANT EVER APPLIED WITH ANOTHER LAW ENFORCEMENT AGENCY:
☐ YES ☐ NO

IF YES, COMPLETE THE FOLLOWING

AGENCY NAME	DATE OF APPLICATION	STATUS OF APPLICATION

ADDITIONAL COMMENTS, IF NECESSARY:

HAS THE APPLICANT EVER BEEN DISCHARGED, ASKED TO RESIGN, FURLOUGHED, OR PUT ON INACTIVE STATUS FOR CAUSE, OR SUBJECT TO DISCIPLINARY ACTION WHILE IN ANY POSITION (EXCEPT MILITARY): ☐ YES ☐ NO

IF YES, EXPLAIN:

HAS THE APPLICANT EVER RESIGNED AFTER BEING INFORMED YOUR EMPLOYER INTENDED TO DISCHARGE YOU FOR ANY REASON: ☐ YES ☐ NO

IF YES, EXPLAIN, GIVING NAME AND ADDRESS OF EMPLOYER, APPROXIMATE DATE, AND REASONS IN EACH CASE:

HAS THE APPLICANT EVER APPLIED FOR A POSITION WITH ANY OTHER GOVERNMENTAL AGENCIES:
☐ YES ☐ NO

IF YES, GIVE DETAILS:

CUMBERLAND TOWNSHIP POLICE DEPARTMENT

POLICE OFFICER APPLICATION CONTINUED

CHARACTER REFERENCES

LIST ONLY CHARACTER REFERENCES WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION OF APPLICATION. DO NOT LIST RELATIVES, FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES

REFERENCES

NAME:	DATE OF BIRTH:	YEARS KNOWN:
ADDRESS:	CONTACT NUMBER:	
NAME:	DATE OF BIRTH:	YEARS KNOWN:
ADDRESS:	CONTACT NUMBER:	
NAME:	DATE OF BIRTH:	YEARS KNOWN:
ADDRESS:	CONTACT NUMBER:	
NAME:	DATE OF BIRTH:	YEARS KNOWN:
ADDRESS:	CONTACT NUMBER:	
NAME:	DATE OF BIRTH:	YEARS KNOWN:
ADDRESS:	CONTACT NUMBER:	

RESIDENCY

LIST FOR THE PAST TEN YEARS STARTING WITH PRESENT

PRESENT ADDRESS

STREET/MAILING ADDRESS:

CITY:	STATE:	ZIP CODE:

PREVIOUS ADDRESS

STREET/MAILING ADDRESS:

CITY:	STATE:	ZIP CODE:

HOW LONG HAS APPLICANT LIVED AT THIS ADDRESS: (YEARS/MONTHS)

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CUMBERLAND TOWNSHIP POLICE DEPARTMENT
POLICE OFFICER APPLICATION CONTINUED

RESIDENCY CONTINUED

PREVIOUS ADDRESS

STREET MAILING ADDRESS:

CITY:	STATE:	ZIP CODE:

HOW LONG HAS APPLICANT LIVED AT THIS ADDRESS: (YEARS/MONTHS)

PREVIOUS ADDRESS

STREET MAILING ADDRESS:

CITY:	STATE:	ZIP CODE:

HOW LONG HAS APPLICANT LIVED AT THIS ADDRESS: (YEARS/MONTH)

PREVIOUS ADDRESS

STREET MAILING ADRESS:

CITY:	STATE:	ZIP CODE:

HOW LONG HAS APPLICANT LIVED AT THIS ADDRESS: (YEARS/MONTH)

LANDLORDS

NAME	ADDRESS OF PROPERTY	CONTACT NUMBER

INTENTIONALLY LEFT BLANK

CUMBERLAND TOWNSHIP POLICE DEPARTMENT
POLICE OFFICER APPLICATION CONTINUED

FINANCIAL INFORMATION

DOES THE APPLICANT HAVE ANY INCOME FROM ANY SOURCE OTHER THAN HIS/HER PRINCIPAL OCCUPATION: ☐ YES ☐ NO

IF YES, HOW MUCH: HOW OFTEN:

THE SOURCE:

PLEASE LIST ANY FINANCIAL ACCOUNT(S) (SAVINGS, CHECKING, LOANS, STOCKS, BONDS, ETC) FOR THE PAST SEVEN YEARS.

NAME OF INSTITIUTION	ADDRESS	CONTACT NUMBER	TYPE OF ACCOUNT

HAS THE APPLICANT EVER FILED FOR BANKRUPTCY: ☐ YES ☐ NO
IF YES, EXPLAIN:

HAS THE APPLICANT EVER CO-SIGNED A LOAN FOR ANOTHER PERSON: ☐ YES ☐ NO
IF YES, EXPLAIN:

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CUMBERLAND TOWNSHIP POLICE DEPARTMENT
POLICE OFFICER APPLICATION CONTINUED

MISCELLANEOUS

DOES THE APPLICANT POSSESS ANY PISTOL, FIREARM PERMIT, FIREARMS ID CARD OR DEALER'S LICENSE IN THIS OR ANY OTHER STATE: ☐ YES ☐ NO

IF YES, WHAT STATES AND HAVE THERE BEEN ANY PROBLEMS ENCOUNTERED: ☐ YES ☐ NO
IF YES, EXPLAIN:

HAS THE APPLICANT EVER TRIED, USED, OR EXPERIMENTED WITH ANY ILLEGAL OR CONTROLLED DRUGS: ☐ YES ☐ NO

IF YES, EXPLAIN:

HAS THE APPLICANT EVER SOLD AN ILLEGAL OR CONTROLLED DRUG: ☐ YES ☐ NO

IF YES, EXPLAIN:

HAS THE APPLICANT EVER BEEN CHARGED WITH A CRIME OR LOCAL ORDINANCE VIOLATION:
☐ YES ☐ NO

IF YES, STATE VIOLATION, COURT OF JURISDICTION AND DATE OF CHARGE:

HAS THE APPLICANT EVER HAD A PROTECTION FROM ABUSE (PFA) OR SIMILAR ORDER ISSUED TO HIM/HERSELF:

☐ YES ☐ NO

IF YES, EXPLAIN:

CUMBERLAND TOWNSHIP POLICE DEPARTMENT

POLICE OFFICER APPLICATION CONTINUED

PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME	ADDRESS	TYPE (SOCIAL, FRATERNAL PROFESSIONAL, ETC)	OFFICE HELD	MEMBERSHIP DATES FROM	TO

SUBVERSIVE ORGANIZATIONS

YES NO

_____ _____ IS OR HAS THE APPLICANT EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OR OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNCONSTITUTIONAL MEANS?

YES NO

_____ _____ HAS OR IS THE APPLICANT EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL, OR EMPLOYEE?

YES NO

_____ _____ IS OR HAS THE APPLICANT ASSOCIATED WITH, ANY INDIVIDUALS; INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE ARE TO HAVE BEEN MEMBERS OF ANY ORGANIZATIONS IDENTIFIED ABOVE?

YES NO

_____ _____ HAS THE APPLICANT EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OR ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATING IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

CUMBERLAND TOWNSHIP POLICE DEPARTMENT
POLICE OFFICER APPLICATION CONTINUED

SUBVERSIVE ORGANIZATIONS CONTINUED

IF YES TO ANY OF THE ANSWERS ABOVE, DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULLY DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THESE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD, ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE WITH INDIVIDUALS WHO ARE MEMBERS OF THESE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATION WITH WHICH THEY WERE OR ARE AFFILIATED.

SPECIAL QUALIFICATIONS AND SKILLS

DOES THE APPLICANT ANY SPECIAL LICENSE SUCH AS A PILOT, RADIO OPERATOR, ETC.:
☐ YES ☐ NO

IF YES, EXPLAIN, INCLUDING THE LICENSING AUTHORITY, WHERE THE LICENSE WAS FIRST ISSUED, AND DATE CURRENT LICENSE EXPIRES:

SPECIAL SKILLS THE APPLICANT POSSESS AS WELL AS EQUIPMENT AND INSTRUMENTS THAT HE/SHE CAN USE (EX. COMPUTER PROGRAMMER, POLYGRAPH OPERATOR, VEHICLE INSPECTION MECHANIC, SCIENTIFIC OR PROFESSIONAL DEVICES):

APPROXIMATE NUMBER OF WORDS THAT HE/SHE CAN TYPE PER MINUTE:

SPECIAL QUALIFICATIONS NOT COVERED IN APPLICATION: (FOR EXAMPLE, YOUR MOST IMPORTANT PUBLICATIONS, PATENTS, INVENTIONS, PUBLIC SPEAKING, MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, HONORS AND FELLOWSHIPS RECEIVED, ETC):

FOREIGN LANGUAGE
ENTER LANGUAGE AND INDICATE FLUENCY

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

CUMBERLAND TOWNSHIP POLICE DEPARTMENT

POLICE OFFICER APPLICATION CONTINUED

FOREIGN TRAVEL

LIST ANY FOREIGN TRAVEL, EXCLUDE TRAVEL AS DIRECT RESULT OF US MILITARY DUTIES:

DATES	COUNTRY	PURPOSE OF TRAVEL

HOBBIES AND SPORTS

NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

ARE THERE ANY INCIDENTS IN THE APPLICANT'S LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKEN OR WHICH MIGHT REQUIRE FURTHER EXPLANATIONS: ☐ YES ☐ NO

IF YES, GIVE DETAILS:

REMARKS

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

_____

SIGNATURE OF APPLICANT

_____

DATE

AUTHORIZATION AND CONSENT FOR RELEASE OF PERSONAL INFORMATION

As part of a normal procedure for processing employment applications, the Cumberland Township Police Department ("CTPD") conducts background checks on potential hires. In order to continue the application process, a signed authorization and consent for release of personal information form is required.

I, _____, hereby authorize CTPD, and/or its agents to fully investigate my background, which I understand may include information regarding my references, character, past employment, education, driving record, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during my employment with CTPD.

I hereby authorize and request any prior or present employer, law enforcement agency, educational institution or other individuals or entities having personal data about me to furnish CTPD or any of CTPD's agents, with any and all records, files and other information (including police records and juvenile records) in their possession with respect to me, in connection with my application for employment with CTPD.

Further, I hereby release from any and all liability and hold harmless all persons, institutions, or corporations supplying this information to CTPD, and release from any and all liability and hold harmless CTPD and Cumberland Township and their elected officials and agents, from receiving and using such information.

I understand and acknowledge that this Authorization is **not an express or implied contract of employment**, nor shall it be interpreted as such.

The following is my true and complete legal name, and all information contained herein is true and correct to the best of my knowledge. I also knowledge that a facsimile, electronic transmission (including email, .pdf, or other similar format), or photographic copy of this Release Authorization are as effective as the original.

This Release Authorization is valid for one (1) year from the date set forth below.

Applicant Signature: _____ Today's Date: _____

Printed Name: _____

First Middle Last

Maiden Name: _____ Other last names used: _____