

POSITION:
SOCIAL SECURITY NO.



## BOROUGH OF BELMAR POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

PRINT NAME	LAST	FIRST	MIDDLE
MAILING ADDRESS		Number & Street	City/Town
County	State	Zip Code	

**READ THESE INSTRUCTIONS CAREFULLY  
PRIOR TO FILLING OUT APPLICATION**

**INSTRUCTIONS:** Read every question carefully. **Answer every question—leave no question unanswered. – If the question does not apply to you, so state: DNA.** A candidate will be rejected who has intentionally made a false statement of a material fact or practiced or attempted to practice any deception or fraud in the application, in any examination, or in securing eligibility for appointment. This candidate will personally prepare this form. All entries, except the signature, **must be printed legibly in BLOCK LETTERS.** Entries must be made in either **blue or black ink.** If space available for answering any question is insufficient, use the **continuation pages** include and precede each answer with the number of the question being answered.

**AN EQUAL OPPORTUNITY EMPLOYER**

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

**ATTACH  
PHOTO  
HERE**

- White (Male) \_\_\_\_\_
- White (Female) \_\_\_\_\_
- Black (Male) \_\_\_\_\_
- Black (Female) \_\_\_\_\_
- Hispanic (Male) \_\_\_\_\_
- Hispanic (Female) \_\_\_\_\_
- Asian (Male) \_\_\_\_\_
- Asian (Female) \_\_\_\_\_
- American Indian (Male) \_\_\_\_\_
- American Indian (Female) \_\_\_\_\_

## Personal Data

1. What is your full name? \_\_\_\_\_  
Last Name First Name Middle Name
2. Give any other names you have used or been known by, and attach a statement, giving reasons (if none, so state) \_\_\_\_\_
3. Where were you born? \_\_\_\_\_  
City/Town State/Country Zip Code
4. Birth Certificate \_\_\_\_\_  
Number City/Town State Zip Code Country
5. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_ State Issued: \_\_\_\_\_
7. Do you wear contact lenses or glasses? Yes or No \_\_\_\_\_
8. Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
9. Email Address: \_\_\_\_\_

# Citizenship

9. Are you a native born or naturalized citizen? Native Born \_\_\_\_\_ Naturalized \_\_\_\_\_

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

Country of birth \_\_\_\_\_

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

How were you transported into the United States? (Ship, Plane, Train, etc.) \_\_\_\_\_

Name of transport conveyance and or company you arrived on \_\_\_\_\_

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

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

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

First address after arrival \_\_\_\_\_

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

Petition Number \_\_\_\_\_ Date \_\_\_\_\_ Court \_\_\_\_\_

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

## Social Status

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

11. Give following information regarding marriage or marriages. List number of times married: \_\_\_\_\_

11 a. Were you ever the victim or defendant in a restraining order or portestor order in this or any other state? \_\_\_\_\_

When	Where	By Whom	Wifes Maiden Name or Husbands Name

12. If separated, state reason \_\_\_\_\_

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

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

15. Were you ever divorced or had a marriage annulled? \_\_\_\_\_ How many times \_\_\_\_\_

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

Separated, Annulled, Divorced (Indicate)	Date Issued	By Whom	Where Issued (Court and State)	Offending Party as Decreed by Law	Reason

17. Where you ever the parent of any children, whether alive or deceased? Yes or No \_\_\_\_\_

18. List below every child born to you:

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

19. Are you now supporting all children born to you, including adopted, and stepchildren? \_\_\_\_\_

If no, state full details \_\_\_\_\_

20. Have you ever been involved as a plaintiff or defendant in a paternity proceeding? \_\_\_\_\_

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

21. If single, list name, etc., (of at least one) girlfriend/boyfriend, past or present:

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

22. Family information – Father, mother, brothers/sisters, spouse, stepfather/stepmother:

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

**23. List names of three friends and or associates other than vouchers:**

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

Name (Relationship)		Full Address (Include Zip Code)		
Full Date of Birth	Social Security Number	Name of Business/Employer	Occupation and Work Phone No.	Home Phone No.

List names of members of the Belmar Police Department which you are socially or personally Acquainted with:

Name	Address (if known) or Department	Badge No.	Social/Personal

List names of any relatives in the law enforcement field:

Name	Address (if known) or Department	Badge No.	Relationship

## Residence

24. Where do you now reside? \_\_\_\_\_ Phone No. \_\_\_\_\_  
Number & Street

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

25. How long have you resided there? \_\_\_\_\_ With whom do you reside? \_\_\_\_\_  
 Floor No. \_\_\_\_\_ Apartment No. \_\_\_\_\_ Front \_\_\_\_\_ Rear \_\_\_\_\_  
 (Check) North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

26. If you live with someone other than spouse or parents list:

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

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

From		To		Address (Street, Apt., City, State, Zip Code)
Mo.	Year	Mo.	Year	

28. List all places where you registered or voted (if none, so state):

County	State	Year

County	State	Year

## Education

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

School		Exact Address	Zip Code
From _____ To _____		Day or Evening	Last Grade or Term
Month Year      Month Year			
School		Exact Address	Zip Code
From _____ To _____		Day or Evening	Last Grade or Term
Month Year      Month Year			
School		Exact Address	Zip Code
From _____ To _____		Day or Evening	Last Grade or Term
Month Year      Month Year			
School		Exact Address	Zip Code
From _____ To _____		Day or Evening	Last Grade or Term
Month Year      Month Year			
School		Exact Address	Zip Code
From _____ To _____		Day or Evening	Last Grade or Term
Month Year      Month Year			

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

Majoring in \_\_\_\_\_ Grade point average (cummulative) \_\_\_\_\_

Total credits achieved toward degree \_\_\_\_\_

31. Other than english what language(s) do you:

Speak \_\_\_\_\_

Understand \_\_\_\_\_

32. List any problems with school (absenteeism, tardiness, poor grades, other discipline problems) – include college.

Date	School	Problem

33. It is understood that I will immediately have forwarded transcripts from all colleges attended to: Belmar Police Department P.O. Box A Belmar, New Jersey 07719. All necessary fees must be forwarded to the college by the applicant.

### Military Service

34. Have you ever served in an active military organization of the United States? Yes or No \_\_\_\_\_

35. Have you ever served in a military organization of any foreign government? Yes or No \_\_\_\_\_

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

36. Give branch of service \_\_\_\_\_

Military Specialty \_\_\_\_\_

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

38. How many periods of active military service have you had (drafts, enlistments or recalls to service)? \_\_\_\_\_

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

40. Give period or periods of active service:

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

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

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

42. What type of discharge(s) or separation(s) (honorably, dishonorably, honorable conditions)

Be exact. \_\_\_\_\_

43. Has your discharge or separation notice ever been corrected or changed? Yes or No \_\_\_\_\_

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



45. 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 or No \_\_\_\_\_ Number of times \_\_\_\_\_

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

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

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

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

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

## Selective Service

47. Selective Service Number \_\_\_\_\_ Last Classification \_\_\_\_\_

## Employment

48. Present Employer:

Name/Company	Number & Street	City/Town	State/Zip	Phone No.
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Date hired \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

49. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member?

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

\_\_\_\_\_

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

\_\_\_\_\_

51. Using the chart on the following page list **chronologically** most recent dates first, each and every place you were previously employed: **Omit none. Give correct, full addresses. Give dates of idleness between period of employment in proper sequence. (include all part-time employment.)**



52. Were you ever discharged or asked to resign from employment? Yes or No \_\_\_\_\_  
How many times? \_\_\_\_\_ Give details of discharge or forced resignations (include  
employer's full address, phone number, date of occurrence, supervisors name, and the reason for the  
discharge) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

52a. Have you ever been injured at work? \_\_\_\_\_  
If yes did you collect w/c? \_\_\_\_\_

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

54. 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 driver's license or learner's permit) issued by  
any governmental agency? Yes or No \_\_\_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_

Has any such license or permit ever been revoked, cancelled or suspended? Yes or No \_\_\_\_\_  
If yes, give details \_\_\_\_\_  
\_\_\_\_\_

55. Have you ever sponsored, vouched for, served as 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? Yes or No \_\_\_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

56. Have you ever received unemployment insurance or other federal, state or local benefits or  
assistance? Yes or No \_\_\_\_\_ Kind \_\_\_\_\_

Local office \_\_\_\_\_ Address \_\_\_\_\_

Give periods:

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

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

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

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

57. Have you made application with any other police organization? Yes or No \_\_\_\_\_ If yes, list  
when, where and the present status of that application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

58. Have you ever been rejected by another police department for employment? Yes or No \_\_\_\_\_  
 If yes, list when, where and why \_\_\_\_\_

59. Were you ever a member of a social, labor, or fraternal organization? Yes or No \_\_\_\_\_ If yes,  
 list below every such organization.

From		To		Name & Full Address of Organization	Type of Organization
Mo	Yr	Mo	Yr		

### General

60. Have you ever petitioned for bankruptcy? Yes or No \_\_\_\_\_

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

Type: Loan, credit card, garnishee, judgment, etc.	With whom: Name Full Address & Phone Number including area code	When Incurred	Original Amount	Present Amount	Monthly Payments	Amount of Arrears

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

63. Have you ever been bonded? Yes or No \_\_\_\_\_ With respect to each time bonded, state  
 details below:

Reason	By Whom – Name, Address and Phone Number	Date

64. Have you ever been refused a bond? Yes or No \_\_\_\_\_ If yes, by whom \_\_\_\_\_

65. Were you or your spouse ever summoned or 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 or No \_\_\_\_\_ Indicate below every civil action or proceeding 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

### Arrests, Summonses, Etc.

66. Have you ever been arrested for or charged with Juvenile Delinquency? Yes or No \_\_\_\_\_

If yes, insert information below:

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

67. 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 or No \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

68. Have you ever received a summons for any violation of the fish and game laws? Yes or No \_\_\_\_\_

If yes, insert information below.

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

69. Have you ever been arrested for, or charged with, a violation of the disorderly persons act or city ordinance? Yes or No \_\_\_\_\_ If yes, insert information below.

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

70. Have you ever been arrested, indicted, or convicted for any violation of the criminal law? Yes or No \_\_\_\_\_ Have you ever had any criminal record expunged? Yes or No \_\_\_\_\_ If the answer to either question is yes, insert information below:

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

71. Have you ever been held as a material witness? Yes or No \_\_\_\_\_ If yes, insert information below.

Date	Age	Reason	Location	Disposition	Police Agency Concerned

72. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason? Yes or No \_\_\_\_\_ If yes, insert information below.

Date	Age	Reason	Location	Disposition	Police Agency Concerned

73. Have you ever been fingerprinted? (Exclude only present application with the Belmar Police Department)? Yes or No \_\_\_\_\_ If yes, fill in the following:

When	Where	Purpose

## Subversive Affiliations

74. Are you now, or have you ever been, a member of any Communist, Communist-front, or other subversive organization, association, movement, or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of government of the United States by unconstitutional or unlawful means? Yes or No \_\_\_\_\_
75. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in question 74? Yes or No \_\_\_\_\_
76. Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any organization or groups described in question 74? Yes or No \_\_\_\_\_
77. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question 74, or any petition which has as its purpose the iading of any person, cause or program connected in any way with organizations or groups described in question 74? Yes or No \_\_\_\_\_
78. Have you ever participated in any of the following activities:
- a. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, or project, sponsered or organized by any organization or group described in question 74? Yes or No \_\_\_\_\_
  - b. Payment or collection or any money, dues, contributions, or donations to any organization or group described in question 74? Yes or No \_\_\_\_\_
  - c. Sale or distribution of any written or printed matter prepared, reproduced, or published by any group or organization described in question 74, or any of it's agents? Yes or No \_\_\_\_\_
  - d. Purchased or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question 74 or any or it's agents? Yes or No \_\_\_\_\_
79. If your answer is YES to any of the above questions, explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Motor Vehicle History

80. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? Yes or No \_\_\_\_\_ If Yes, insert information below.

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

81. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever revoked? Yes or No \_\_\_\_\_ Suspended? Yes or No \_\_\_\_\_  
 Which license? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_  
 Why? \_\_\_\_\_

82. If answer to previous question is "Yes", was such Registration Certificate or Driver's License ever restored? Yes or No \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

83. 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 or No \_\_\_\_\_ If Yes, state details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Item	Number	State		Date Issued	Date Expires
Motor Vehicle Registration	Plate Number		Year/Make Model/Color		
Second Motor Vehicle Registration	Plate Number		Year/Make Model/Color		
Motor Vehicle Driver's License	Number		Restriction Code		
Operator's License Any Other Vehicle	Number		Explain		



85. 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 or No \_\_\_\_\_ If yes, give state and number \_\_\_\_\_

## Other Information

86. Have you ever possessed any pistol, firearm permit, firearms ID card, firearms dealer license in this state, any other state/federal? Yes or No \_\_\_\_\_ Permit Number \_\_\_\_\_  
Firearms Dealer's License Number \_\_\_\_\_ Issuing Agency \_\_\_\_\_

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

88. Have you ever previously taken an examination for appointment to the Belmar Police Department? Yes or No \_\_\_\_\_ If yes, list date(s) of written examination \_\_\_\_\_

Has a background investigation ever been conducted on you by the Belmar Police Department? Yes or No \_\_\_\_\_

89. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for the position of Police Officer in the Belmar Police Department, including but not limited to, knowledge or information concerning your character, temperance, habits, education, subversive activities, family, association, criminal records, traffic violations, residence or otherwise? Yes or No \_\_\_\_\_ If yes, give details \_\_\_\_\_

90. List all social activities or clubs you are involved in. \_\_\_\_\_

91. Please attach a photocopy of the following documents:

- Birth Certificate
- Social Security Card
- Valid New Jersey Drivers License
- Military Identification Card
- Relevant Military Documents
- High School Diploma
- College Diploma
- High School/College Transcripts
- Any Law Enforcement Certifications including accommodations, awards,
- CPR/First Responder Certifications

# Vouchers

***(NOT TO BE SWORN MEMBERS OF THE BELMAR POLICE DEPARTMENT 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.

The voucher should read carefully all statements made by the applicant **Before Signing**. 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 personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements herein 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, Area Code & Phone No. _____
Address _____	_____
City, State, Zip Code _____	Occupation _____
Phone No. (Area Code) _____	How long have you personally known the applicant? _____
Date of Birth _____	Is applicant of good character and reputation? _____
Social Security Number _____	Signature & Date _____

## VOUCHER TWO

(Please Print)

Name _____	Business Address, Area Code & Phone No. _____
Address _____	_____
City, State, Zip Code _____	Occupation _____
Phone No. (Area Code) _____	How long have you personally known the applicant? _____
Date of Birth _____	Is applicant of good character and reputation? _____
Social Security Number _____	Signature & Date _____

## VOUCHER THREE

(Please Print)

Name _____	Business Address, Area Code & Phone No. _____
Address _____	_____
City, State, Zip Code _____	Occupation _____
Phone No. (Area Code) _____	How long have you personally known the applicant? _____
Date of Birth _____	Is applicant of good character and reputation? _____
Social Security Number _____	Signature & Date _____

# Certification

I certify that all of the 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 Belmar 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 information from any source as noted in the duly executed Authority and Release Form.

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Sign in Ink)

\_\_\_\_\_  
(Print Name)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
Signature (Sign in Ink)

Notary Public, my Commission

Expires: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant made in presence of investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigating Officer

BOROUGH OF BELMAR, NEW JERSEY  
OFFICE OF CHIEF OF POLICE



601 MAIN STREET, P.O. BOX A  
BELMAR, NEW JERSEY 07719

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE  
SERVICE BOARDS, HOSPITAL, AND OTHER INSTITUTIONS AND  
AGENCIES, WITHOUT EXCEPTION:

I, \_\_\_\_\_, am making application for

---

As a result, an investigation is being conducted to determine my eligibility. Therefore, you  
are authorized to release to the Belmar Police Department or its representative any and all  
information, documentary or otherwise, pertaining to me that they require.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATE:  
SIGNATURE:  
WITNESS:



