

OCEAN CITY POLICE DEPARTMENT APPLICATION FOR SEASONAL EMPLOYMENT

PRINT NAME Last (Include Maiden Name) First Middle

MAILING ADDRESS Number & Street (or R.D.#) City or Town State Zip Code

County Home Phone Number Cell Phone Number

E-Mail Address: _____

IF CURRENT RESIDENCE IS DIFFERENT FROM ABOVE, COMPLETE THE FOLLOWING

RESIDENCE LOCATION Number & Street, Apartment No.

City State County Home Phone Number
()

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT APPLICATION

INSTRUCTIONS: Read through this entire application before completing the required information . **Answer every question and leave no blank spaces. If a question does not apply to you, write DNA in the space provided for the answer.** A candidate will be rejected from the selection process who has intentionally made a false statement or practiced, or attempted to practice any deception or fraud in filling out this application or subsequent interview. The application must be prepared by the applicant, with the exception of Voucher Information. Vouchers will complete their own required information and then date and sign the voucher form. All entries except signatures **must be printed legibly in BLOCK LETTERS** with black ink. If there is insufficient space available for answering any question, **use the continuation pages provided.** Precede each answer on continuation pages with the corresponding number of the question being answered.

UPON COMPLETION, THIS APPLICATION MUST BE NOTARIZED

NOTICE:

This is to inform you that this application will remain a permanent part of your file with the Ocean City Police Department. Your failure to **neatly and thoroughly** complete the required information will negatively reflect upon you in the selection process.

Also, you will be expected to wear appropriate business attire to each phase of this selection process unless directed to do otherwise.

All Questions related to the completion of the application or the applicant process should be directed to the Professional Standards – Training Office - Phone No. 525-9155.

Notice To Applicant

Copies of the following documents MUST accompany this application.

- 1. Social Security Card**
- 2. Birth Certificate** (Legal Name Change *if Applicable*)
- 3. Drivers License**
- 4. High School Diploma**
G.E.D. Certification
College Diploma (If Graduated)
- 5. Military Service Records and D-214**
(If You Were In The Military)

Note: Do not send originals of the documents listed above.

- 6. Clearance Letter(s)**
From the Law Enforcement Agency covering the jurisdiction where you reside and if you attend college - from the campus Police or Security Office of the college or university you attend. A copy of the Clearance Letter is attached to this application
- 7. Recent Photograph**
Do not forget to include a recent photograph of yourself as required by the application. Failure to do so will have a detrimental effect on the processing of your application.

**APPLICATION FOR SEASONAL EMPLOYMENT
CITY OF OCEAN CITY
POLICE DEPARTMENT**

Type Or Print Legibly All Required Information

Personal Info.

1. Name

Last First Middle Nickname

Race DOB M/D/Y Age SOC No. Hgt. Wgt. Eyes Hair

Drivers License Info.: No. Exp. State:

Are you a citizen of the United States Yes / No Martial Status Single, Married, Separated, Divorced

Spouse Info. Name (last, first, middle) Address

Residence Info.

2. HOME Address

Number Street City State Zip Phone

3. SCHL. Address

Number (Apt. etc.) Street City State Zip Phone

4. LOCAL Address

Number Street City Phone

5. Education Information

Name of School & Location Date/Attended Graduate Yes No Major/Degree

High School From: To:

College From: To:

Other Training From: To:

6. Work Record: Provide Information from your last two employment situations. Summarize duties performed and include the name of your immediate supervisor. Also, include the employers phone number. If more space is needed use the continuation sheet.

Employer Dates Position Summarize Duties

From To:
Name To:

Address

Reason for leaving this job:

Employer Dates Position Summarize Duties

From To:
Name To:

Address

Reason for leaving this job:

Were you ever asked to resign or were you ever terminated from any job? Yes or No: _____

If yes, explain circumstances and provide name address & phone number of employer and name of supervisor. _____

Arrest / Summons Information

7. Arrests, etc.: Were you ever arrested, taken into custody or detained by a law enforcement agency in this or any other state or country? (Include all such situations, adult, juvenile, conditional discharges and expungements)

Yes or No: _____ If Yes, provide information below.

Date	Location	Police Agency Involved	Violation / Charge	Court Disposition

8. Summonses, Subpoenas: Have you ever been served with a summons or subpoena in other than a civil action? (Include all disorderly persons offenses, summary offenses, ordinance violations, motor vehicle violations – tickets, moving & parking)

Yes or No: _____ If Yes, provide information below.

Date	Location	Police Agency Involved	Violation / Charge	Court Disposition

9. Military Service / Experience: If you served in the Military Service please provide information below.

Branch of service: _____ Date entered: _____ Rank upon entry: _____

Type of Discharge _____ Date discharged: _____ Rank upon discharge: _____

Reason for discharge: _____ Service Serial No. _____

Detail National Guard or other reserve status, including any training or drill obligation during summer months: _____

10. References: List two individuals who know you well and give testament to your personal conduct and character. Do not list relatives.

Name _____ Address _____ Phone _____

How does this person know you?

Name _____ Address _____ Phone _____

How does this person know you?

**OCEAN CITY POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date in ink

I authorize any Police Officer, Detective, or other duly accredited representative of the Ocean City Police Department to obtain any information relating to any activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I understand that for financial or lending institutions, medical institutions, hospital, health care professionals, and other sources of information, a separate specific release will or may be needed, and I may be contacted for such release at a later date.

I further authorize the Ocean City Police Department to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for employment.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of a Police Officer, Detective, or other duly accredited representative of the Ocean City Police Department regardless of any previous agreement to the contrary.

I understand that information released by records custodians and sources of information is for official use of the Ocean City Police Department for the purposes provided in this form and may be disclosed only as authorized by law.

Copies of this authorization that show my signature are valid as the original release signed by me. This authorization is valid for two years from the date signed.

Full Name (Type or Print)	Signature (Sign In Ink)	Date
Other Names - Aliases or Nicknames Used	DOB	Social Security Number
Current Address Street City	State Zip	() Phone Number

This release when presented by a Police Officer, Detective, or other duly authorized representative of the Ocean City Police Department will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I hereby authorize the release of the following data or records to the Ocean City Police Department.

	Signature	Date
Employment Information	_____	_____
Credit Bureau Information	_____	_____
Educational Information	_____	_____
Military Information	_____	_____
Medical Information	_____	_____
Residence(s) Records	_____	_____
Police & Criminal Records	_____	_____

This authorization is given in connection with a background investigation being conducted relative to my application for employment with the Ocean City Police Department.

Ocean City Police Department Local Records Check

Applicants name: _____

Address: _____

City, State, and ZIP code: _____

Date of Birth: _____

Social Security Number: _____

I, _____, authorize _____
Applicants name Police Agency
to release any and all information that they may have about myself to the Ocean City Police Department.

Applicants Signature

The above section is to be completed by the applicant

To Any Police Agency:

The above applicant is in the process of applying to the Ocean City Police Department as a Special Law Enforcement Officer (SLEO).

The Ocean City Police Department is requesting your assistance in conducting a local records check to determine if your agency has had any negative contact with the applicant. **The form can be either mailed or FAX'd to the Ocean City Police Department.**

Please return the form to:

Sgt. Robert Reichanek
Ocean City Police Department
Training Unit
835 Central Avenue
Ocean City, NJ 08226
609-525-9155 (Office)
609-525-9140 (FAX)

No negative contact with the applicant

Negative contact with the applicant

If your agency has had negative contact with the applicant an officer will be contacting your agency for further information

Name and signature of official conducting the local records check

Voucher

Applicant's Name: _____
Print In Ink

NOT TO BE SWORN MEMBERS OF THE O.C.P.D. OR ANY OTHER PERSON LISTED IN THIS APPLICATION

Instructions to the applicant:

You must obtain three reputable citizens (no relatives) who will vouch for your honesty, reputation and ability.

Personal Reference Voucher

I, the undersigned, declare that I am over eighteen years of age, and that I have personally known the applicant for at least one year. I am not related in any way to the applicant. I will upon request give further facts concerning the applicant.

Note To Voucher - You may seal this statement in an envelope prior to returning it to the applicant.

All Information will be treated as confidential

Name: _____ Occupation: _____

Address: _____ Business (Name): _____

City, State, Zip: _____ Address: _____

Phone No. (_____) _____ City, State, Zip: _____

Date of Birth: _____ Business Phone No.(_____) _____

How long have you personally known the applicant? _____

Is the applicant of good character & reputation? _____

Signature: _____ Date: _____

Comments: _____

If more space is needed please use back of this sheet

Voucher

Applicant's Name: _____
Print In Ink

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City, State, Zip: _____ Address: _____

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Date of Birth: _____ Business Phone No.(_____) _____

How long have you personally known the applicant? _____

Is the applicant of good character & reputation? _____

Signature: _____ Date: _____

Comments: _____

If more space is needed please use back of this sheet

Voucher

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If more space is needed please use back of this sheet
