

ANTHONY G. MARINO, JR
CHIEF OF POLICE

DEKON W. FASHAW, SR.
LIEUTENANT



ROBERT E. SHEEHAN, JR
CAPTAIN

JOHN F. BOBIK
LIEUTENANT

DEPARTMENT OF
POLICE
CITY OF CAPE MAY
NATIONAL HISTORIC LANDMARK

POLICE OFFICER

Last Name: _____ Date: _____

First Name: _____ Middle Name: _____

Residing At: _____ Since: _____

Municipality: _____ State: _____ Zip Code: _____

Day Phone Number: _____ Home Phone Number: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number and State Issued: _____

Current Occupation: _____

Attached is the list of essential functions Police Officers in this agency are expected to perform on a routine basis. Please review the attached list carefully. If you have any questions concerning those essential functions listed on the attached sheets, or your ability to perform those functions, please contact the Office of the Chief of Police. If you believe you are capable of performing these essential functions and wish to be further considered for the position of police Officer, please sign and date this form below and return it to the Office of the Chief of Police along with the signed Release Information Agreement. Retain the list of essential functions.

Upon review of the preliminary application, you will be notified by mail regarding your status. A drug test will be administered at least once during the hiring or training process. All members of this agency are subject to random drug testing throughout their employment. A positive test for illegal drugs will result in dismissal and will bar future law enforcement employment.

Signature

Date

643 WASHINGTON ST. CAPE MAY, NJ 08204 - HEADQUARTERS (609) 884-9500 FAX (609) 884-9589

RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Cape May Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Cape May Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer.

I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Cape May Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Cape May Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage to any state or federal laws.

I hereby release the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Cape May Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. For and in consideration of the Cape May Police Department's acceptance and processing of my application for employment, I agree to hold the custodian of such records, its

agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Cape May Police Department.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Cape May Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of eighteen (18) months from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Social Security Number: _____

DATE: _____

SIGNATURE: _____

STATE OF: _____

COUNTY OF: _____

I, _____, being duly sworn, depose and say I am the above named person and that I read and understand the conditions of this Release of Information Agreement.

Sworn To Before Me This _____ Day Of _____.

Signature

(SEAL)

POLICE OFFICER – ESSENTIAL FUNCTIONS

Walk, sometimes for long periods of time, in extreme weather conditions, in physically hazardous conditions and locations.

Run, sometimes sprinting at a high rate of speed for a short distance, in extreme weather conditions, in physically hazardous conditions and locations.

Ascend or descend stairs.

Climb over, pull up or over, jump over obstacles.

Jump down from elevated surfaces or areas.

Climb or crawl through openings.

Crawl under obstructions or in confined areas.

Balance on uneven or narrow surfaces.

Use body force to gain entrance or break through barriers.

Push objects, vehicles or persons.

Pull objects or persons.

Lift and carry objects, or persons.

Drag objects or persons.

Sit or stand for extended periods of time.

Employ defensive tactics, using balance, leverage, concentration of power, and opponent's power.

Swim.

Possess a current and valid New Jersey Driver's License.

Operate a motor vehicle, during the day or night, in emergency situations, at high rates of speed, on the open road or in congested traffic, in unsafe conditions caused by factors such as fog, smoke, rain, ice or snow.

Detain individuals.

Stop suspicious individuals and vehicles.

Pursue fleeing suspects, in a vehicle or on foot.

Disarm persons.

Restrain or subdue resisting suspects.

Effectuate a full physical custody arrest, forcibly if necessary, using handcuffs and other restraints.

Conduct visual and audio surveillance.

Perform law enforcement patrol functions, on foot or in a vehicle.

Issue summonses.

Direct traffic, sometimes for long periods of time using hand signals, whistle, flares, barricades, etc.

Observe, record, recall, and report incidents and information.

Operate radar equipment.

Administer field sobriety tests.

Operate a fire extinguisher.

Fingerprint, photograph and video tape individuals, objects and scenes.

Transport citizens, prisoners and committed mental patients, using handcuffs and other restraints, when appropriate.

Work rotating shifts and adapt to irregular working conditions.

Maintain mental alertness and readiness to act, even during long periods of calm and inactivity.

Identify, collect, label and preserve evidence.

Secure the scene of a crime, emergency or disaster.

Stand guard at the scene of a crime, emergency or disaster to prevent damage, loss or injury.

Control crowds.

Secure and evacuate persons from particular areas, using either verbal commands to the appropriate degree of physical force.

Administer emergency first aid.

Physically check buildings, including doors and windows, to insure they are secure.

Remediate hazardous conditions by direct action or notification of appropriate authority or agency.

Perform searches of people, vehicles, buildings and large outdoor areas, which may involve seeing, feeling and detecting minute objects and walking for long periods of time.

Search for missing, wanted or lost persons or evidence.

Legally possess, carry and retain control of a firearm.

Load, unload, aim and fire a handgun and shotgun in day and night conditions from a variety of body positions at the proficiency level equal to or higher than the minimum qualifications standard issued by the Attorney General.

Process arrested persons, which includes examining documents, communicating verbally and eliciting and recording information.

Understand and follow orders, policies, directives and procedures.

Accept direction and function cooperatively as one member of a unit.

Communicate effectively verbally and in writing, detailing incidents and activities of those involved.

Prepare written investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.

Read and comprehend legal and non-legal documents, including the preparation and processing of documents such as summonses, affidavits and warrants.

Communicate effectively and coherently over telephone, walkie-talkie, or radio, initiating or responding to verbal communications.

Communicate effectively in court and in other formal settings.

Communicate effectively with people, including juveniles, by giving information and direction by eliciting information and by advising of rights, processes and procedures.

Communicate effectively with individuals in an agitated or distraught condition.

Integrate individual activities and goals with the efforts of other members of the law enforcement community for the promotion of common goals and objectives.

Mediate disputes and confrontations with hostile and potentially violent individuals.

Gather information by observation of behavior, visual inspection and oral communication; determine what information is significant; assess a situation based on that information; and exercise independent judgment to make timely decisions concerning choice of action and equipment.

Perform a variety of tasks involving different and sometimes contrasting skills in rapid succession during short periods of time and while under considerable emotional and or physical stress.

Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and/or arrest, and when force may be used and to what degree.

Endure verbal, mental and physical abuse, including threats, taunts and insults to self, family and fellow officers.

Withstand exposure to and deal appropriately with stress involved in dealing with hostile views, opinions and behavior in antagonistic settings; with crime victims, accident victims, disaster victims and their families; with incidents of suicide, domestic violence and homicide.

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

7. Do you wear contacts or glasses? _____ What kind: _____

CITIZENSHIP

8. 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: _____ Date _____

Port or Place of Departure to the United States: _____ Date _____

How were you transported to the United States? _____
(Ship, plane, train, etc.)

Name of transport conveyance and/or company you arrived on: _____

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

How did you obtain citizenship? (Give details) _____

Petition Number: _____ Date: _____

Court: _____ State: _____ Certificate Number: _____

9. List in order, beginning with the most recent, all prior places of residence within the last 20 years.

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With whom did you reside there: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With whom did you reside there: _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With whom did you reside there: _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With whom did you reside there: _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With whom did you reside there: _____

If you lived at additional locations, insert information on those residences on a new sheet and attach at the end of this form.

10. If you reside with or have resided with someone other than a spouse or parents list each below

providing the required information and indicate at which residence this occurred:

Name: _____ Date of Birth: _____ Relationship: _____

Phone:(____) _____ Occupation: _____ Soc.Sec.# _____

Place of Employment: _____

Current Address: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

Name: _____ Date of Birth: _____ Relationship: _____

Phone:(____) _____ Occupation: _____ Soc.Sec.# _____

Place of Employment: _____

Current Address: _____

Name: _____ Date of Birth: _____ Relationship: _____

Phone:(____) _____ Occupation: _____ Soc.Sec.# _____

Place of Employment: _____

Current Address: _____

11. List all places where you registered to vote (If none, so state):

City	County	State	Year
_____	_____	_____	_____
_____	_____	_____	_____

If never registered, why not? _____

SOCIAL STATUS

12. Are you single? ___ Married? ___ Date: _____ Separated: ___ Date: _____

Divorced? ___ Date: _____ Widowed/Widower? ___ Date: _____

13. Provide the following information regarding marriage or marriages:

Number of times married: _____ Where: _____

14. Were you ever divorced or had a marriage annulled? ___ How many times: _____

Where: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

15. Were you ever legally or voluntarily separated: _____ How many times: _____

When: _____

16. If separated, annulled or divorced, provide the present address of the spouse(s) from whom you were separated, annulled or divorced.

Name: _____ Phone:(____) _____

Address: _____

Name: _____ Phone:(____) _____

Address: _____

17. If separated, annulled or divorced, indicate which below and provide the date of each action, the Court and State in which the action occurred, the presiding judge, the party initiating the action and the action awarded by the Court.

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

18. Spouse:

Name: _____ Date of Birth: _____

Maiden Name: _____ Occupation: _____

Place of Employment: _____

Address if different than applicant: _____

19. Were you ever the parent of a child either natural or by legal adoption? _____

20. List below every child either born to you or legally adopted and include stepchildren:

Name	Sex	Date and Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where and with whom does this/these child(ren) reside? _____

21. Have you ever been involved as a plaintiff _____ or a defendant _____ in a paternity proceeding? _____

If "Yes", state in full detail the date, location, party involved and the outcome of the action: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

22. If never married, list one or more persons with whom you frequently socialized during the last 5 years.

Provide information as to age, address, occupation, phone number if known, and duration of friendship.

23. Family information—Father, Mother, Brothers, Sisters. If deceased indicate it.

Father: _____ Living: ____ Occupation: _____

Address: _____

Phone:(____) _____

Mother: _____ Living: ____ Occupation: _____

Address: _____

Phone:(____) _____

Brother/Sister: _____ Occupation: _____

Address: _____

Phone:(____) _____ Married: ____ Spouse's Maiden Name: _____

Brother/Sister: _____ Occupation: _____

Address: _____

Phone:(____) _____ Married: ____ Spouse's Maiden Name: _____

Brother/Sister: _____ Occupation: _____

Address: _____

Phone:(____) _____ Married: ____ Spouse's Maiden Name: _____

Brother/Sister: _____ Occupation: _____

Address: _____

Phone:(____) _____ Married: ____ Spouse's Maiden Name: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

Brother/Sister: _____ Occupation: _____

Address: _____

Phone:(____) _____ Married: ____ Spouse's Maiden Name: _____

24. List names of three close friends and/or associates other than references:

Name: _____ Age: ____ Phone:(____) _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: ____ Phone:(____) _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: ____ Phone:(____) _____

Full Address: _____

Occupation: _____ Duration of association: _____

25. Provide three references with which you personally are socially or professionally acquainted.

Name: _____ Age: ____ Phone:(____) _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: ____ Phone:(____) _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: ____ Phone:(____) _____

Full Address: _____

Occupation: _____ Duration of association: _____

**PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION
EDUCATION**

26. List chronologically (earliest dates first beginning at first grade) all schools, colleges and training courses you have attended:

School: _____ From: ____ To: ____

Exact Address: _____

Grade Levels Attended: _____

School: _____ From: ____ To: ____

Exact Address: _____

Grade Levels Attended: _____

School: _____ From: ____ To: ____

Exact Address: _____

Grade Levels Attended: _____

School: _____ From: ____ To: ____

Exact Address: _____

Grade Levels Attended: _____

College or Trade Schools

27. College/School: _____ From: ____ To: ____

Exact Address: _____

FullTime: ____ Part Time: ____ Degree or Certification Sought: _____

Degree or Certification Received: _____ If not, why not: _____

**PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION
EDUCATION**

College/School: _____ From: _____ To: _____

Exact Address: _____

FullTime: _____ Part Time: _____ Degree or Certification Sought: _____

Degree or Certification Received: _____ If not, why not: _____

College/School: _____ From: _____ To: _____

Exact Address: _____

FullTime: _____ Part Time: _____ Degree or Certification Sought: _____

Degree or Certification Received: _____ If not, why not: _____

If Degree not received, how many credits have you completed: _____

Transcripts of student records must be provided when submitting this applicant form.

28. What professional license(s) do you possess: _____

29. Other than English, what language(s) do you speak: _____

30. List any problems you had while attending school (absenteeism, tardiness, poor grades, other discipline problems) – include College:

School	Date or Year	Problems
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION
MILITARY SERVICE**

31. Have you ever served on active duty in any military organization of the United States? _____

If yes, what organization? _____ From: _____ To: _____

Highest rank held: _____ Type of discharge received: _____

What was your military specialty? _____

32. Have you ever served in a Reserve military organization or National Guard Unit? _____

If yes, what organization? _____ From: _____ To: _____

Highest rank held: _____ Type of discharge received: _____

What was your military specialty? _____

33. Have you ever served in a military organization of a foreign government? _____

If yes, what organization? _____ From: _____ To: _____

Highest rank held: _____ Type of discharge received: _____

Under what circumstances did this Foreign Service occur? Give details: _____

34. Did you receive any medals or decorations as a member of the military service? _____

If yes, what were they? _____

35. 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? _____

If yes, how many times? _____ If yes, give details of charges, agency concerned, dates and

dispositions: _____

**PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION
EMPLOYMENT HISTORY**

36. Present Employer: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (____) _____ Immediate Supervisor: _____

Date Hired: _____ Duties: _____

37. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member? _____ If yes, give details: _____

38. Has your name ever been submitted or used as a trustee, officer, or any capacity, of any labor trade union, organization or affiliate? _____ If yes, give details: _____

39. List below chronologically, earliest dates first, each and every place you were previously employed since the age of 16. **OMIT NONE**. Give correct, full addresses. Give dates of idleness between period of employment in proper sequence. (Include all part-time employment)

From/Month & Year	To/Month & Year	Name & Address & Phone # of Employer	Immediate Supervisor	Reason for Leaving

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

40. Were you ever discharged or asked to resign from employment? _____ If yes, how many times? _____

Give details of discharge or forced resignations below.

EMPLOYER	DATE	Supervisor's Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

41. Were you ever subjected to disciplinary action in connection with any employment? _____

If yes, give details.

EMPLOYER	DATE	Supervisor's Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

42. Have you or your spouse, or any corporation or partnership of which you or she/he was an officer, director, or partner, ever possessed a license or permit (excluding driver's license and learner's permit) issued by any governmental agency? _____ If yes, give details: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

43. Have you or your spouse, ever possessed a professional or occupational license, permit or certification?

_____ If yes, give details: _____

44. 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? _____ Has any such license or permit ever been revoked, canceled or suspended? _____ If yes, give details: _____

45. 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?

_____ If yes, give details: _____

46. Have you ever received unemployment insurance or other federal, state or local benefits or assistance? _____ I yes, give details as to when, from whom, what kind, and for how long: _____

47. Have you ever received any public assistance to which you were not entitled? _____ If yes, explain:

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

48. Have you previously made application for employment with this or any other law enforcement agency?

_____ If yes, give full details as to the agency(ies), when, and the status of that application(s): _____

49. Have you ever been rejected by another Police Department for employment? _____ If yes, give full details as to when, where and why: _____

50. Are you currently on an employment list, or have you taken any tests for potential employment with any other law enforcement agency? _____ If yes, what agency? When? _____

51. Were you ever or are you a member of a labor or fraternal organization? _____ If yes, list below every such organization: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

52. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state or federal agency, committee or other investigative body? ____ If yes, give complete details: _____

53. Have you ever received a summons for any violation of the disorderly persons act or city ordinance? _____. If yes, complete the following:

Date: _____ Violation: _____ Age: _____
Location: _____ Court Disposition: _____
Penalty: _____ Police Agency Involved: _____

54. Have you ever been arrested for, or charged with a violation of the disorderly persons act or city ordinance? _____. If yes, insert the information required below:

Date: _____ Violation: _____ Age: _____
Location: _____ Court Disposition: _____
Penalty: _____ Police Agency Involved: _____
Date: _____ Violation: _____ Age: _____
Location: _____ Court Disposition: _____
Penalty: _____ Police Agency Involved: _____
Date: _____ Violation: _____ Age: _____
Location: _____ Court Disposition: _____
Penalty: _____ Police Agency Involved: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

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

If yes, complete the information required below:

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency Involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency Involved: _____

56. Have you ever had a criminal or arrest record expunged? ____ If yes, give complete details below:

57. Have you ever been held as a material witness? ____ If yes, insert the information below:

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency Involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency Involved: _____

58. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason? ____ If yes, give details below:

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

59. Have you ever been fingerprinted for any reason prior to submitting your application for employment with this agency? _____ If yes, complete the following:

When	Where	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBVERSIVE AFFILIATIONS

60. Are you now, or have you ever been, a member of any organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means; or who's purpose and intent is to unlawfully deny or circumvent the civil rights of any person in the United States or this State?

61. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in question #60 above? _____

62. 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 # 60 above? _____

63. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question #60 above, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with organizations or groups described in question #60 above?

64. 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 sponsored or organized by any organization or group described in question #60 above? _____

b. Payment or collection of any money, dues, contributions, or donations to any organization or group described in question # 60 above? _____

c. Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in question # 60 or by any of its agents? _____

d. Purchased or subscribed to any publication or periodical prepared, reproduced, or published by any group or organization described in question # 60 or any of its agents? _____

65. If you answered "YES" to any of the above questions, explain: _____

**PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION
MOTOR VEHICLE HISTORY**

66. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state (exclude parking violations)? ____ If YES, insert required information below:

DATE OFFENSE LOCATION COURT DISPOSITION POLICE AGENCY

67. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever revoked? ____ Suspended? ____ If yes, which license? _____

When? _____ Where? _____

Why? _____

68. Have you ever been involved in a motor vehicle accident either as a registered owner, operator passenger or pedestrian, which resulted in property damage or personal injury to you or someone else? ____ If yes, give details: _____

69. Do you currently or have you ever possessed a Motor Vehicle Operator's License? ____ If yes, provide the following information: State: ____ License Number: _____

Date issued: _____ Expires: _____

Conditions placed upon license: _____

Name issued to if different from current name: _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

70. List below all professional, civic and social organizations of which you have been a member within the last five years. (other than labor or fraternal)

71. 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.

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 statements of facts can result in your disqualification for employment by this agency.

Number of additional pages attached: _____

STATE OF NEW JERSEY

COUNTY OF _____

I, _____, being duly sworn, depose and say I am the above named person. I personally read and entered answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Applicant signature: _____ Date: _____

Sworn before me this _____ day of _____.

Signature (SEAL)

DO NOT WRITE BELOW THIS LINE



SIGNATURE OF APPLICANT IF SIGNED IN PRESENCE OF DEPARTMENT INVESTIGATOR

Signature of Applicant Date _____

Investigator: _____ Agency: _____
Signature

NOTE: 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 PERSONS LISTED IN ANY OTHER SECTION OF THIS APPLICATION.

Completed references are to be mailed by reference directly to this agency.

APPLICANT REFERENCE REQUEST

REFERENCE FOR: _____ who is seeking
NAME

employment with the Cape May City Police Department as a _____.
POSITION

I, the above named applicant, requests that _____ serve as a
Reference's Name

personal reference for me and to provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing this form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if the information might unfavorably impact my application with the above named law enforcement agency.

Signature of Applicant Date: _____

TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other information you provide in regarding the above applicant who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person, declare that I am over eighteen (18) years of age, that I have personally known of the applicant for at least three years, that I have read the foregoing and all the statements and information provided herein by me is true to the best of my knowledge, and I am not related in any way to the applicant. I will, upon request, give further facts concerning the applicant as I may possess. I understand that my response will be considered to be confidential and not provided to the applicant.

(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)

VOUCHER:

Name: _____

Home Address: _____

Phone: _____ **Business Address:** _____
(optional)

Business Phone: _____ **Occupation:** _____

How long have you personally known the applicant? _____

In your opinion, would the applicant make a good law enforcement officer? _____

If you were in danger, would you want the applicant to be the officer assigned to assist you? _____

Why? _____

In your opinion, do most persons who know the applicant as well as you agree with your assessment of the applicant? ____ Why? _____

What do you believe the applicant's most significant attributes are? _____

In your opinion, what deficiencies should the applicant work to improve upon and how would that improvement help the applicant to be a successful law enforcement officer?

Do you personally know of any reason why the applicant should not be hired as a law enforcement officer?

_____.

On a scale from one to ten, where would you place the applicant as an individual who possesses all of the character, qualities, personality and mental ability necessary to be a good and successful law enforcement officer? _____

On a scale from one to ten, where do you place your level of comfort and willingness to serve as a reference for this applicant, knowing that this agency will give significant weight to your response determining whether or not to employ this applicant as a law enforcement officer? _____

Signature Date _____

PLEASE MAIL THIS FORM DIRECTLY TO:

Chief Anthony G. Marino, Jr.

**Cape May City Police Department
643 Washington Street
Cape May, NJ 08204**

IF VOUCHER HAS ANY QUESTIONS – CONTACT AGENCY DIRECTLY

Agency Contact Person: Lt. John F. Bobik

Phone: 609-884-9500

APPLICANT REFERENCE REQUEST

REFERENCE FOR: _____ who is seeking
NAME

employment with the Cape May City Police Department as a _____
POSITION

I, the above named applicant, requests that _____ serve as a
Reference's Name

personal reference for me and to provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing this form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if the information might unfavorably impact my application with the above named law enforcement agency.

Signature of Applicant Date: _____

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VOUCHER:

Name: _____

Home Address: _____

Phone: _____ **Business Address:** _____
(optional)

Business Phone: _____ **Occupation:** _____

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Signature of Applicant Date: _____

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