

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

Seasonal Law Enforcement Officer (SLEO)

Preliminary Application

Answer **ALL** of the following questions. If not applicable, answer with **N/A**.

Last Name: _____

First Name: _____ **Middle:** _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ **Cell Phone:** _____

Drivers License No.: _____ **State:** _____

Date of Birth: _____ **Social Security No.:** _____

Position Applying For:		
<input type="checkbox"/> SLEO I	<input type="checkbox"/> SLEO II	<input type="checkbox"/> Relief Dispatch

Criminal and Driving Record

Have you ever been arrested or cited for violations of any code/law ordinance or statute? _____

If yes, please explain. _____

Have you ever received a summons/ticket for a moving or parking violation? _____

If yes, please explain. _____

Have you ever been a target of an investigation body, Grand Jury or any other law enforcement agency? _____

If yes, please explain? _____

Have you ever been sued or been a plaintiff in a civil case? _____

If so, provide details. _____

Have you ever been fingerprinted? _____ If so, where and why? _____

Have you been named in a domestic violence restraining order where your right to possess a firearm has been revoked? _____

If yes, please explain. _____

Is there anything that you may have been involved in that would make you ineligible for the position you are inquiring about? _____

If so, please explain. _____

Applications

Are you currently on any Civil Service Lists? _____

Have you been interviewed or promised a job with any department? _____

If so, explain. _____

***Warning:** Any misstatement of facts, omissions or attempt to mislead this agency, its investigators or the appointing authority, deliberate or in error, may lead to your disqualification. All information must be filled in on this application.*

Signature of Applicant: _____ **Date:** _____

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)

CAPE MAY POLICE DEPARTMENT
643 WASHINGTON STREET
CAPE MAY, NJ 08204

HEADQUARTERS - (609) 884-9500
FAX - (609) 884-9589