



HADDON HEIGHTS POLICE DEPARTMENT
625 Station Avenue, Haddon Heights, NJ 08035
856-547-0614, fax: 856-547-4362

On pages 41-43 is the list of essential functions police officers in this agency are expected to perform on a routine basis. Please review the list carefully. If you have any questions concerning those essential functions listed on the attached sheet or your ability to perform those functions please contact the Chief of Police. In addition to being able to perform those basic functions applicants must have the following qualifications:

- Be fully Police Training Commission Certified in New Jersey OR have completed a PTC academy for a Special Law Enforcement Officer Class II (SLEO II) and be eligible for waiver of training from Basic Course for Police Officers OR currently in an academy attending a PTC Basic Course for Police Officers program with a scheduled graduation date before the appointment date.
- Must possess a high school diploma, GED, or equivalent.
- Be able to perform the basic functions of a Police Officer.
- Must pass a physical training test, medical examination, psychological examination, drug screen, and a background investigation.
- Must be at least 18 years of age, a citizen of the United States, a resident of New Jersey at the time of appointment, and have a valid unrestricted New Jersey driver's license at the time of appointment.
- Be of good moral character and never convicted of a crime or of any criminal offense involving moral turpitude or dishonesty.
- Must be eligible to receive a police license:
 - must not have any police license dis-qualifiers listed by New Jersey police licensing laws.
- Complies with all other requirements set forth in N.J.S.A. 40A:14-146.8 et seq., the Administrative Rules and Regulations of the Division of Police and the general ordinances of the Borough of Haddon Heights.

If you believe you are capable of performing those functions, satisfy the minimum qualifications, and wish to be further considered for the position Police Officer, please complete the formal application for employment. **The formal application must be notarized (page 39).**

The completed and notarized application can be returned to the Police Secretary at 625 Station Avenue Haddon Heights, New Jersey 08035 or you can email a copy to LT@haddonhtspolice.com. Please include your resume'. You will have until Monday May 15, 2023 at 5:00 pm to have the completed formal application returned to the Haddon Heights Police Department.

The hiring process will include at least the following:

1. The hiring committee will select top candidates for a physical fitness test using the materials provided.
 - The physical fitness test will involve: hand release push-ups, a timed plank, a 10 pound medicine ball overhead throw, and a 300 meter sprint.
2. The top five candidates from the physical fitness test and provided documents will be selected for an interview.
3. If you progress to the interview you will be required to appear for fingerprinting and sign a waiver authorizing release of necessary confidential information for a thorough background investigation.
4. The hiring process will also include a medical and psychological examination for candidates receiving a conditional offer of employment.
5. A drug test will be administered during the hiring or training process.
 - All members of this department are subject to unannounced drug testing throughout their employment.
 - A positive test for illegal drugs will result in dismissal from this agency and bar future employment in New Jersey in any law enforcement position.

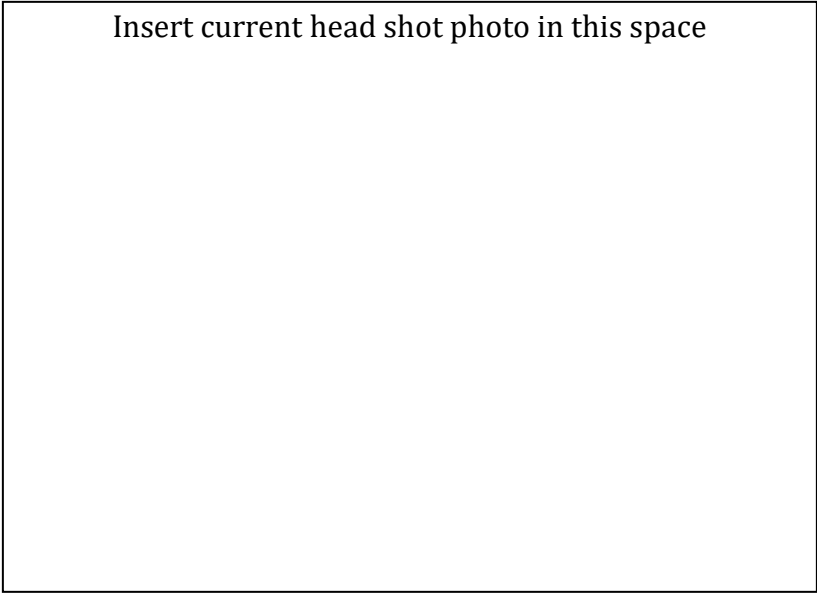
FORMAL APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: READ CAREFULLY PRIOR TO FILLING OUT APPLICATION

These Instructions are provided as a guide to assist you in properly completing your Formal Application for Employment. It is essential that the Information be accurate in all respects. It will be used as the basis for a background Investigation that will determine your eligibility for employment.

1. Your Formal Application for Employment should be printed legibly in ink or completed using the fillable PDF. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided. Leave no blank spaces.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin. All time periods in your background must be accounted for.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications will result in disqualification. Failure to return this application, properly completed within the required due date, may result in removal of your name from further participation at this time.

Insert current head shot photo in this space



1. What is your full name?

Last Name First Name Middle Name (indicate if none)

2. What is your mailing address:

Number Street City/Town County State Zip Code

3. Give any other names you have used or been known by, and attach a statement, giving reasons (if none, so state):

4. Where were you born?

CITY STATE

5. Birth Certificate: _____

CITY STATE

NUMBER COUNTY

6. Date of Birth: _____

MONTH DAY YEAR

Age _____ Sex _____ Eye color _____

Height _____ Weight _____ Hair _____

7. Social Security Number: _____ State Issued: _____

8. Do you wear contact lenses or glasses? Yes or No

If yes, explain: _____

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 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: _____

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 upon arrival: _____

How did you obtain citizenship: _____

Petition number: _____ Date: _____ Court: _____

State: _____ Certificate number: _____

RESIDENCE

10. Where do you now reside? _____

Number

Street/Avenue

City

County

State

Zip Code

Telephone Numbers: Home

Cell

11. How long have you resided there? _____

With whom do you reside? _____

Give floor # _____ Apartment # _____

(Check): North _____ South _____ East West _____ Front _____ Rear _____

12. If you reside with someone other than spouse or parents list:

Name

Date of birth

Occupation

SS#

List their place of employment: _____

Address: _____

13. In chronological order, state each and every place in which you have lived during the past ten years beginning with your present address:

From:		To:		Address (Street, Apt, City, State, Zip)
Month	Year	Month	Year	

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

<i>County</i>	<i>State</i>	<i>Year</i>

<i>County</i>	<i>State</i>	<i>Year</i>

SOCIAL STATUS

15. Are you single, married, separated, divorced, widowed or widower? _____
16. Give following information regarding marriage or marriages. List number of times married: _____

<i>When</i>	<i>Where</i>	<i>By Whom</i>	<i>Wife's Maiden name or Husbands name</i>

17. If separated, state reason: _____
18. If separated or divorced, what is the present address of that person?

19. How many times were you legally or voluntarily separated? _____
20. Were you ever divorced or had a marriage annulled? Yes or No? _____
How many times? _____
21. If ever separated, annulled or divorced, indicate which below, and fill in required information:

<i>Separated, Annulled, Divorced (Indicate)</i>	<i>Date Issued</i>	<i>By Whom</i>	<i>Where Issued (Court & State)</i>	<i>Offending Party, Reason, Decreed By Law</i>

22. Were you ever the parent of any children (include deceased)? Yes or No: _____
23. List below every child born to you: (Include adopted & stepchildren)

<i>Name Reside</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>With Whom & Where Does Child</i>
------------------------	----------------------	-----------------------	---

24. Are you now supporting all children born to you, including adopted, and stepchildren? Yes or No: _____
If no, state full details: _____

25. Have you ever been involved as a plaintiff or defendant in a paternity proceeding? Yes or No: _____
If yes, state full details: _____

26. If single, list name, etc., (of at least one) girlfriend/boyfriend:

Name Address

Date of Birth Occupation SS # Phone
27. Give the name of your father, mother (maiden name), sisters, brothers, spouse (If deceased, so indicate):

Relationship	Name	Address	Occupation	Phone #

28. Family information: Father, Mother, sisters & brothers, spouse:

<i>Relationship</i>	<i>Name</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>SS #</i>

<i>Relationship</i>	<i>Name</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>SS #</i>

29. Family employment: Father, Mother, sisters & brothers, spouse:

<i>Relationship</i>	<i>Name</i>	<i>Employer</i>	<i>Address</i>	<i>Phone #</i>

30. List names of three friends and/or associates other than vouchers (cannot be relatives):

Name	Full Address
------	--------------

Date of Birth	Occupation	SS#	Phone #
---------------	------------	-----	---------

Name	Full Address
------	--------------

Date of Birth	Occupation	SS#	Phone #
---------------	------------	-----	---------

Name	Full Address
------	--------------

Date of Birth	Occupation	SS#	Phone #
---------------	------------	-----	---------

31. List names of police officers employed within this county with whom you are socially or personally acquainted (do not need to fill in all ten):

<i>Name</i>	<i>Address (if known)</i>	<i>Badge or employee # Employer</i>	<i>Social or personal</i>

SOCIAL MEDIA

32. List all social media accounts you currently have:

<i>Platform</i>	<i>Username</i>	<i>Hyperlink to profile</i>

33. List all social media accounts you have previously had:

Platform	Username

EDUCATION

34. List chronologically (earliest dates first) all schools, colleges and training courses you have attended:

School	Address	From: Month/Year	To: Month/Year	Last grade or term

35. What college degrees, or professional license(s), do you possess?

Majoring in: _____ Grade point average (cumulative): _____
Total credits achieved towards degree: _____

36. Other than English what languages do you speak: _____

Understand: _____

37. _____
List any problems with school (absenteeism, tardiness, poor grades, other discipline problems), including college:

<u>Date</u>	<u>School</u>	<u>Problem(s)</u>	<u>Explanation (brief)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

38. It is understood I will immediately have transcripts forwarded from all colleges attended: _____ (Check) **To:**
Haddon Heights Police Department
625 Station Ave
Haddon Hts, NJ 08035 **Proper fee must be forwarded to the college by the applicant.*

MILITARY SERVICE

39. Have you ever served in an active military organization of the United States?
Yes or No: _____
40. Have you ever served in a military organization of any foreign government?
Yes or No: _____
If yes, give details: _____

41. Give branch of service: _____
Military Specialty: _____
Rank held: _____ Service Serial #: _____
42. If you have had no military service, give reason(s): _____

43. How many periods of active military service have you had (drafts, enlistments recalls to service)? _____

- Have you served outside the United States for any periods of time? If so, give details, locations, dates, etc.: _____

- Give period or periods of active service:
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____
44. List all medals and decorations awarded you as a member of the armed forces:

45. How many discharges or separations from the service were given to you? _____

46. What is the type of your discharge(s) or separation(s) (honorable, dishonorable, honorable conditions, medical, etc.) Be exact: _____
Reason: _____

47. Has your discharge or separation notice ever been corrected or changed?
Yes or No: _____
48. What was the nature of the change? Changed from _____ to _____
49. Were you ever subject to court martial, 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, agency concerned, dates and dispositions:

50. 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

51. How many selective service classifications have you had?

52. Were you ever classified 4-F? Yes or No: _____
If yes, state reason: _____
53. If not in 1A, state reasons: _____

54. Selective Service #: _____ Local Board: _____
Address: _____
55. Last Classification: _____ Date Classified: _____

EMPLOYMENT

56. Present Employer:

Name/Company	Address	City & State	Phone#
Date hired: _____ Duties: _____			

57. 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: _____

58. Has your name ever been submitted or need as a trustee, officer, or in any capacity, of any labor or trade union, organization or affiliate? Yes or No: _____

If yes, give details: _____

59. List below chronologically earliest dates first, each and every place you were previously employed since the age of 18. OMIT NONE. Give correct, full addresses. Give dates of idleness between periods of employment in proper sequence. (Include all part-time employment.)

From:		To:		Name & Address of Employer	Immediate Supervisor	Reason for Leaving
Month	Year	Month	Year			

60. Were you ever discharged or asked to resign from employment?
Yes or No: _____ How many times? _____

Give details of discharge or forced resignations below:

<u>Employer</u>	<u>Employer's Address</u>	<u>Date</u>	<u>Supervisors Name</u>
<u>Reason</u>			

61. Were you ever subjected to disciplinary action in connection with any employment?
Yes or No: _____ If yes, give details: _____

62. (a) 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: _____

(b) Have you, or your spouse, ever possessed a professional or occupational license, permit or certification? Yes or No: _____ If yes, give details: _____

(c) Has any license or permit (excluding 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? Yes or No: _____ If yes, give details: _____

63. 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: _____

64. 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: _____

65. Have you made application with this or any other police organization?
Yes or No: _____

Where	When	Present Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

66. Have you ever been rejected by another police department for employment?
Yes or No: _____

Where	When	Why
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

67. Were you ever a member of a social, labor, or fraternal organization?
Yes or No: _____ If yes, list below every such organization:

<i>From:</i>		<i>To:</i>		<i>Name of Organization</i>	<i>Address</i>	<i>Type of Organization</i>
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>			

MEDICAL HISTORY

68. List below: (a) family physician; (b) other physician, psychiatrist or psychologist you have ever consulted.

<u>Name</u>	<u>Address</u>	<u>City & State</u>	<u>Phone #</u>
--------------------	-----------------------	--------------------------------	-----------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

69. Have you ever been examined or treated for a nervous or mental disorder by a private physician or at a clinic, hospital, sanitarium, or other institution or while in the military service? Yes or No: _____ If yes, give details: _____

70. Has any member of your immediate family ever had, or been treated for a nervous or mental disorder? Yes or No: _____ If yes, give details and relationship: _____

71. Have you ever received psychiatric or psychoanalytic treatment? Yes or No: _____
If yes, give details: _____

72. (a) Do you use, or have you used narcotics, marijuana, barbiturates, sleeping pills, etc.? Yes or No: _____ If yes, give details and amount: _____

- (b) Do you use, or have you ever used alcoholic beverages. Yes or No: _____
If yes, give extent and details: _____

73. Have you ever had, or been examined or treated by any doctor or hospital for any major or minor illness, injury or physical defect (include childhood diseases)?
Yes or No: _____ If yes, give full details: _____

-
-
-
74. Do you have any deformities, restrictions of movement or amputations?
Yes or No: _____ If yes, describe: _____
-
-
75. Are you, or were you ever, a disabled veteran? Yes or No: _____
76. Are you receiving a disability allowance at present? Yes or No: _____
Percentage of greatest disability: _____ Present percentage: _____
State nature of disability: _____
-
77. Did you ever file a claim for VA disability?
Yes or No: _____ If yes, state claim number: _____
78. Did you ever file a claim for Workmen's Compensation? Yes or No: _____
If yes, give date of injury: _____
Name of employer at time of injury: _____
Name of insurance company covering employer: _____
Was claim filed under state or federal compensation laws? Yes or No: _____
Name of doctor attending: _____
Name of hospital where treated: _____
79. Were you ever rejected as an applicant for life insurance? Yes or No: _____
If yes, explain: _____
-
-

GENERAL

80. (a) Have you any loan, debt, garnishee, wage assignment or judgment pending against you? Yes or No: _____ If yes, give details: _____

TYPE: Loan, Garnishee, Judgment, etc. **With Whom Name & Address** **When Incurred** **Original Amount** **Present Amount** **Monthly Payments** **Amount of Arrears**

81. (b) Have you ever received a student loan from a governmental or private agency? Yes or No: _____ If yes, give details: _____

(c) Did you ever default on such loan? Yes or No: _____ If yes give details: _____

82. Are you a co-maker on an outstanding loan? Yes or No: _____

83. If yes give details:

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

Reason **By Whom, Name & Address** **Date**

85. Have you ever been refused a bond? Yes or No: _____
If yes, by whom: _____

86. 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:

<u>Date</u>	<u>Action or Proceeding</u>	<u>As Plaintiff, Defendant Petitioner, Respondent, or Witness</u>	<u>Court Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL HISTORY

87. What is your present salary or wage? _____
What is your spouse's salary or wage? _____

88. Do you have income from any source other than your principal occupation?

Yes or No: _____ If yes, how much? _____ How often? _____
The source? _____

89. Do you own any real estate? Yes or No: _____ Value Location: _____

90. Do you own any bonds, government or other? Yes or No: _____
Value: _____

91. Do you own any corporate stock? Yes or No: _____
Value: _____

92. Do you have a bank account? Yes or No: _____

Savings account number(s): _____
Average balance(s): _____
Name and address of banks: _____

Money market account number(s): _____

Average balances: _____
Name and address of banks: _____

Checking or NOW account numbers: _____
Average balances: _____
Name and Address of banks: _____

FINANCIAL OBLIGATIONS: Give the names and addresses of the individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debts and payments. Include account numbers where applicable:

<u>Type</u>	<u>Name & Address Of Creditor</u>	<u>Reason for Debt or Item Purchased</u>	<u>Account #</u>	<u>Total Balance</u>	<u>Monthly Payment</u>
-------------	---	--	------------------	--------------------------	----------------------------

ARRESTS, SUMMONSES, ETC

93. Have you ever been arrested for or charged with Juvenile Delinquency?

Yes or No: _____

If yes, insert information below:

<u>Date</u>	<u>Age</u>	<u>Violation Actual Charge</u>	<u>Location</u>	<u>Charge Reduced To</u>	<u>Court Disposition or Sentence</u>	<u>Police Agency Concerned</u>
--------------------	-------------------	---	------------------------	-------------------------------------	---	---

94. 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: _____

95. Have you ever received a summons for any violation of the fish and game laws? Yes or No: _____ If yes, insert the information below:

<u>Date</u>	<u>Age</u>	<u>Violation Actual Charge</u>	<u>Location</u>	<u>Charge Reduced To</u>	<u>Court Disposition or Sentence</u>	<u>Police Agency Concerned</u>
--------------------	-------------------	---	------------------------	-------------------------------------	---	---

96. Have you ever been arrested for, or charged with, a violation of the disorderly person's act or city ordinance? Yes or No: _____ If yes, insert the information below:

<u>Date</u>	<u>Age</u>	<u>Violation Actual Charge</u>	<u>Location</u>	<u>Charge Reduced To</u>	<u>Court Disposition or Sentence</u>	<u>Police Agency Concerned</u>
--------------------	-------------------	---	------------------------	-------------------------------------	---	---

97. Have you ever been arrested, indicted, or convicted for any violation of the criminal law? Yes or No: ____ If yes, insert the information below:

<u>Date</u>	<u>Age</u>	<u>Violation</u> <u>Actual Charge</u>	<u>Location</u>	<u>Charge</u> <u>Reduced To</u>	<u>Court Disposition</u> <u>or Sentence</u>	<u>Police Agency</u> <u>Concerned</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

98. Have you ever had a criminal or arrest record expunged? Yes or No: ____
If yes, give details: _____

99. Have you ever been held as a material witness? Yes or No: ____
If yes, insert the information below:

<u>Date</u>	<u>Your Age</u> <u>at the Time</u>	<u>Violation</u>	<u>Location</u>	<u>Court Disposition</u>	<u>Police Agency</u> <u>Concerned</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

100. 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 the information below:

<u>Date</u>	<u>Your Age</u> <u>at the Time</u>	<u>Violation</u>	<u>Location</u>	<u>Court Disposition</u>	<u>Police Agency</u> <u>Concerned</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

101. Have you ever been fingerprinted? (Exclude only present application with this Department). Yes or No: _____ If yes, fill in the following:

When

Where

Purpose

SUBVERSIVE AFFILIATIONS

102. 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 the government of the United States by unconstitutional or unlawful means?

Yes or No: _____

103. Are you now, or have you ever been, affiliated or associated with any of the organizations or groups described in question 101?

Yes or No: _____

104. 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 101?

Yes or No: _____

105. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question 101, 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 101?

Yes or No: _____

106. 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 101?

Yes or No: _____

- b.** Payment or collection of any money, dues, contributions, or donations to any organization or group described in question 101?

Yes or No: _____

- c.** Sale or distribution of any written or printed matter prepared, reproduced, or published by a group or organization described in question 101 or by any of its 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 101 or any of its agents?

Yes or No: _____

107. If your answer is yes to any of the above questions, explain:

MOTOR VEHICLE HISTORY

108. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (Exclude overtime parking violations) Yes or No: _____

If yes, insert the information below:

<u>Date</u>	<u>Your Age at the Time</u>	<u>Violation</u>	<u>Location</u>	<u>Court Disposition</u>	<u>Police Agency Concerned</u>
-------------	---------------------------------	------------------	-----------------	--------------------------	------------------------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

109. Was your Motor Vehicle Registration Certificate, driver's or other vehicle operator's license ever revoked? Yes or No: _____ Suspended? Yes or No: _____

If yes, which license: _____

When? _____ Where? _____

Why? _____

110. If the answer to the previous question is "yes", was such Registration Certificate or Driver's License ever restored? Yes or No: _____ When? _____

Where? _____

111. Have you ever been involved in a motor vehicle accident either as a registered owner, operator, passenger or pedestrian, which resulted in any personal injury or property damage to you or anyone else? Yes or No: _____

If yes, state details: _____

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

<u>Item</u>	<u>Number</u>	<u>State</u>	<u>Regular or</u> <u>Conditional (Explain)</u>	<u>Date</u> <u>Issued</u>	<u>Expires</u>
Motor Vehicle Registration					
Pasenger Vehicle Drivers License					
Operators License For Any Other Vehicle					

113. Did you ever possess a chauffeur's or operator's license issued by any state other than New Jersey? Yes or No: _____ If yes, give city and state: _____

114. List name and address of company which carries your auto insurance:

Has your auto insurance ever been revoked or refused? Yes or No: _____

If yes, give details: _____

INTERNAL AFFAIRS AND POLICE LICENSING

115. Is there any sustained finding that you have filed a false report or submitted a false certification in any criminal, administrative, employment, financial, or insurance matter in his/her professional or personal life?

YES or NO: _____

116. Is there a sustained finding that you were untruthful or has demonstrated a lack of candor?

YES or NO: _____

117. Is there a pending criminal charge or conviction of any crime, disorderly persons, petty disorderly persons, or driving while intoxicated matter, noting that any such charges or convictions will be reviewed for disclosure under N.J.R.E. 609?

YES or NO: _____

118. Is there a sustained finding that undermines or contradicts your educational achievements or qualifications as an expert witness?

YES or NO: _____

119. Is there a finding of fact by a judicial authority or administrative tribunal that is known to your agency, which includes a finding that you were intentionally untruthful in a matter, either verbally or in writing?

YES or NO: _____

120. Is there a sustained finding, or judicial finding, that you intentionally mishandled or destroyed evidence?

YES or NO: _____

121. Is there any allegation of misconduct bearing upon truthfulness, bias, or integrity that is the subject of a pending investigation?

YES or NO: _____

122. Is there any information that may be used to suggest that you are biased for or against a defendant?

YES or NO: _____

123. Is there a sustained finding, or judicial finding, that you are biased against a particular class of people, for example, based on a person's gender, gender identity, race, or ethnic group?

YES or NO: _____

124. Do you currently have any active internal affairs investigations open against or involving you?

YES or NO: _____

125. Do you possess a valid police license?

YES or NO: _____

126. If not, do you meet all of the necessary requirements in order to receive a police license?

YES or NO: _____

OTHER INFORMATION

127. Have you ever possessed any pistol, firearm, firearms ID card or dealer's license in this or any other state? Yes or No: _____ Permit #: _____
Dealer's license #: _____
Issuing agency: _____
Has any agency ever refused you such a permit or license? Yes or No: _____
If yes, give details: _____

128. 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 fitness for this position, including but not limited to, knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, associations, criminal records, traffic violations, residence or otherwise? Yes or No: _____
129. If yes, give details: _____

VOUCHERS

NOT TO BE SWORN MEMBERS OF THIS DEPARTMENT OR PERSONS LISTED IN ANY OTHER SECTION OF THIS APPLICATION

Upon completion of this form, the applicant must obtain three reputable citizens, who are not related to the applicant, 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 (18) years of age that I have PERSONALLY known the applicant for at least one year, that I have read the whole text of the foregoing application and believe all the statements therein 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: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

SOCIAL SECURITY (optional): _____

OCCUPATION (optional): _____

TELEPHONE #: _____

HOW LONG HAVE YOU PERSONALLY KNOWN APPLICANT?: _____

IS APPLICANT OF GOOD CHARACTER AND REPUTATION?: _____

BUSINESS ADDRESS: _____

PRESENT DATE: _____

SIGNATURE: _____

VOUCHER TWO

(please print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

SOCIAL SECURITY (optional): _____

OCCUPATION (optional): _____

TELEPHONE #: _____

HOW LONG HAVE YOU PERSONALLY KNOWN APPLICANT?: _____

IS APPLICANT OF GOOD CHARACTER AND REPUTATION?: _____

BUSINESS ADDRESS: _____

PRESENT DATE: _____

SIGNATURE: _____

VOUCHER THREE

(please print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

SOCIAL SECURITY (optional): _____

OCCUPATION (optional): _____

TELEPHONE #: _____

HOW LONG HAVE YOU PERSONALLY KNOWN APPLICANT?: _____

IS APPLICANT OF GOOD CHARACTER AND REPUTATION?: _____

BUSINESS ADDRESS: _____

PRESENT DATE: _____

SIGNATURE: _____

APPLICATION MUST BE NOTARIZED

STATE OF NEW JERSEY.....

) ss.

COUNTY OF _____

I, _____ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and completed myself, 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 sign here

Sworn to before me this _____ day of _____ 20____

Notary Public or Commissioner of Deeds

Application emailed, mailed, or delivered on: _____

HADDON HEIGHTS POLICE DEPARTMENT
POLICE OFFICER – ESSENTIAL FUNCTIONS

- Walk, sometimes for long periods of time, in extreme weather conditions, in physically hazardous locations.
- Run, sometimes sprinting at a high rate of speed for a short distance, in extreme weather conditions, in physically hazardous locations.
- Ascend or descend stairs.
- Climb over, pull up over, and 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.
- Sit or stand for extended periods of time.
- Employ defensive tactics as well as control and custody, using balance, leverage, concentration of power, and opponent's power.
- Swim
- Possess a valid New Jersey Drivers License.
- Operate a full size motor vehicle, during the day or at 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.
- Operate a bicycle, during the day or at night, in the 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, or excessive heat.
- Detain individuals.
- Stop suspicious individuals and vehicles.
- Pursue fleeing suspects, in a vehicle, bicycle 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, 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 videotape 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 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 evaluate persons from particular areas, using either verbal commands or the appropriate degree of physical force.
- Perform rescue and support functions at the scenes of accidents, emergencies, and disasters.
- 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 objects, and walking for long periods of time.
- Search for missing, wanted, or lost persons and evidence.

- Load, unload, aim, and fire a handgun and shotgun in day and night conditions from a variety of body positions at the proficiency level required by qualification standards.
- Process arrested persons, which includes examining documents, communicating verbally, and eliciting and recording information.
- Understand and follow orders, policies, 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 the telephone, 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 decisions concerning choice of action and equipment.
- Perform a variety of tasks involving different and sometimes contrasting skills in rapid succession during a short period of time.
- 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; incidents of suicide and domestic violence.
- Work on holidays including Thanksgiving, Christmas and New Years.

- Above 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 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 submit your formal application.
- By submitting my formal application, I acknowledge that I have read and understand the essential functions of being a Haddon Heights Police Officer and I can perform these functions described herein. I fully understand that falsification of any part of the application process is immediate grounds for rejection and if hired, I will be immediately dismissed from the Haddon Heights Police Department.