

# ***FAIRVIEW POLICE DEPARTMENT***

***“Community First“***



## ***CANDIDATE QUESTIONNAIRE***

**INSTRUCTIONS:** Read through the 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. Print clearly. If for any reason additional space is needed to answer a question, use the blank paper provided. In description of answer write the section of the question you are answering (e.g. Personal Data, Social Status, Employment, etc.).

### **NOTICE:**

**A PERSON COMMITS AN OFFENSE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT WHICH HE DOES NOT BELIEVE TO BE TRUE, ON OR PURSUANT TO A FORM BEARING NOTICE, AUTHORIZED BY LAW, TO THE EFFECT THAT FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE.**

**N.J.S. 2C:28-3a**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

# CANDIDATE QUESTIONNAIRE

## A. Personal Data

Full Name \_\_\_\_\_  
Last Name First Name Middle Name

Address \_\_\_\_\_  
Street City State Zip Code

Home Tel. # \_\_\_\_\_ Work Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address 1- \_\_\_\_\_ 2- \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City State County Zip Code

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ U.S. Citizen (Y/N) \_\_\_\_\_  
Month Day Year

Citizenship Acquired By (check one): Birth \_\_\_ Marriage \_\_\_ Naturalization \_\_\_

If naturalized citizen list: Date \_\_\_\_\_ Court \_\_\_\_\_

Certificate # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If naturalized, copies of papers are attached: Yes/No \_\_\_\_\_ If not, please explain:

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

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Distinguishing Marks (scars, tattoos, piercings, etc.) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ State Issued \_\_\_\_\_ Glasses (Y/N) \_\_\_\_\_

Voter Registration Card: (Yes/No) \_\_\_\_\_ Presented (Yes/No) \_\_\_\_\_

List and explain any other names you have used, or have been known by, including nicknames: \_\_\_\_\_

\_\_\_\_\_

Other than English, what language(s) do you speak? \_\_\_\_\_

Have you ever possessed any pistol permits, firearm permits, firearm ID cards, or firearm dealer licenses in this or any other state, or area under federal jurisdiction? (Y/N)  
If yes, give details: \_\_\_\_\_

\_\_\_\_\_

List all firearms that you possess/own:

<b>Serial #</b>	<b>Make/Importer</b>	<b>Model</b>	<b>Caliber/Gauge</b>	<b>Registered</b>	
				<b>Circle One</b>	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Have you ever applied for and then been denied issuance of either a Firearms I.D. card or a Permit to Purchase a handgun? (Y/N ) \_\_\_\_ If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Social Status**

Are you: Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

If single, list at least one (indicate current or previous) individual that you have had a dating relationship with during the past two years.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I. (maiden)

Full Address: \_\_\_\_\_  
Address City State Zip

Home phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name of business/employer and full address: \_\_\_\_\_

\_\_\_\_\_ Work phone \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I. (maiden)

Full Address: \_\_\_\_\_  
Address City State Zip

Home phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name of business/employer and full address: \_\_\_\_\_

\_\_\_\_\_ Work phone \_\_\_\_\_

Wife's FULL maiden name (if applicable): \_\_\_\_\_

Husband's FULL name (if applicable): \_\_\_\_\_

Spouse's FULL Date of Birth: \_\_\_\_\_ Social. Security # \_\_\_\_\_

With whom do you reside?

Name \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Children: Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other: Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you now supporting all children born to you, including adopted and stepchildren?  
(Yes/No) \_\_\_\_\_

If separated or divorced, state reason \_\_\_\_\_

\_\_\_\_\_

If separated or divorced, what are the name, present address and phone number of that person? (include full maiden name if applicable) \_\_\_\_\_

\_\_\_\_\_

**Family information: Father, mother, sisters/brothers, step-parents, step-brother/sisters (include maiden names).**

Name: \_\_\_\_\_ Relation \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Full address \_\_\_\_\_  
Address City State Zip

Occupation \_\_\_\_\_ Name of Business or Employer \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Full address \_\_\_\_\_  
Address City State Zip

Occupation \_\_\_\_\_ Name of Business or Employer \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Full address \_\_\_\_\_  
Address City State Zip  
Occupation \_\_\_\_\_ Name of Business or Employer \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Full address \_\_\_\_\_  
Address City State Zip  
Occupation \_\_\_\_\_ Name of Business or Employer \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Full address \_\_\_\_\_  
Address City State Zip  
Occupation \_\_\_\_\_ Name of Business or Employer \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Full address \_\_\_\_\_  
Address City State Zip  
Occupation \_\_\_\_\_ Name of Business or Employer \_\_\_\_\_

### C. Residences

List **all** past residences in reverse order, beginning with your present address.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own or Rent \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own or Rent \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own or Rent \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own or Rent \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own or Rent \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own or Rent \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own or Rent \_\_\_\_\_

## D. Education

Grammar: \_\_\_\_\_

Graduated [Y/N] \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

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

High: \_\_\_\_\_

Graduated [Y/N] \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

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

College: \_\_\_\_\_

Graduated [Y/N] \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

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

Post College: \_\_\_\_\_

Graduated [Y/N] \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

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

Vocational: \_\_\_\_\_

Graduated [Y/N] \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

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

Other: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Address City State Zip

Other: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Address City State Zip

Other: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Address City State Zip



List College degrees, if any: \_\_\_\_\_

List any other specialized schooling, if any: \_\_\_\_\_

\_\_\_\_\_

List any problems at school, including college (absenteeism, tardiness, failing grades, discipline, suspensions)

School \_\_\_\_\_ Date \_\_\_\_\_ Problem \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_ Problem \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_ Problem \_\_\_\_\_

**E. Military Service**

\* Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_

Date of Enlistment \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Military Specialty \_\_\_\_\_ Type of Discharge \_\_\_\_\_

*\* If you served in more than one branch of the military, you must provide the above requested information for that additional branch of service. Use blank paper provided.*

If other than Honorable, explain:

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When in the military, were you ever the subject of any disciplinary actions and if so give the details of the charges and disposition of each incident. \_\_\_\_\_

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List all medals and decorations awarded to you as a member of the armed forces:

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

Branch: \_\_\_\_\_ Address: \_\_\_\_\_  
Address City State Zip

Reserve duty: From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Are you registered for selective service? Yes/No \_\_\_\_\_

a. If yes, detail date, and Selective Service Number: \_\_\_\_\_

\_\_\_\_\_

b. If no, give reason why not registered: \_\_\_\_\_

\_\_\_\_\_

**F. Employment**

***Present Employer:***

Name/Company \_\_\_\_\_

Address \_\_\_\_\_  
No. and Street City/Town State/Zip Tel. Number

Date Hired \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

***List ALL previous employers in reverse:***

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you ever subjected to disciplinary action or a warning in connection with any employment? Y/N \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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

Were you ever terminated (fired) or asked to resign from employment? Y/N \_\_\_\_\_  
How many times? \_\_\_\_\_

Date \_\_\_\_\_ Employer Name and Address \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Reason for Discharge \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Employer Name and Address \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Reason for Discharge \_\_\_\_\_

\_\_\_\_\_

## G. Financial

List all credit cards and loans (mortgage, home equity, car, educational, personal) including those of your spouse.

Type Loan/Credit Card \_\_\_\_\_ Name of Institution/Company \_\_\_\_\_

Original Amount of Loan \$ \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly payments \_\_\_\_\_

Type Loan/Credit Card \_\_\_\_\_ Name of Institution/Company \_\_\_\_\_

Original Amount of Loan \$ \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly payments \_\_\_\_\_

Type Loan/Credit Card \_\_\_\_\_ Name of Institution/Company \_\_\_\_\_

Original Amount of Loan \$ \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly payments \_\_\_\_\_

Type Loan/Credit Card \_\_\_\_\_ Name of Institution/Company \_\_\_\_\_

Original Amount of Loan \$ \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly payments \_\_\_\_\_

Type Loan/Credit Card \_\_\_\_\_ Name of Institution/Company \_\_\_\_\_

Original Amount of Loan \$ \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly payments \_\_\_\_\_

Type Loan/Credit Card \_\_\_\_\_ Name of Institution/Company \_\_\_\_\_

Original Amount of Loan \$ \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly payments \_\_\_\_\_

Is your spouse employed? (Yes/No) If yes, include description of duties, employer's name, address, telephone number, and name of spouse's immediate supervisor.

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Spouses' net monthly income: \$ \_\_\_\_\_ Current monthly rent: \$ \_\_\_\_\_

Do you have any debt not listed above? Y/N \_\_\_\_ If yes, give details \_\_\_\_\_

\_\_\_\_\_

Do you presently, or have you ever had, a lien or judgments pending against you?

Y/N \_\_\_\_ If yes, give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a co-signer on an outstanding loan? Y/N \_\_\_\_ If yes, give details \_\_\_\_\_

\_\_\_\_\_

Have you ever petitioned for bankruptcy? Y/N \_\_\_\_ If yes, give details \_\_\_\_\_

\_\_\_\_\_



## H. Motor Vehicle History

Driver's License(s)

Current: \_\_\_\_\_  
Number State Expiration Date

Other: \_\_\_\_\_  
Number State Expiration Date

Vehicle Registration(s): List all vehicles presently owned / leased:

Year	Make/Model/Color	Registration/State	Insurance Policy No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you do not own or lease a vehicle, what vehicle do you operate as your primary mode of transportation?

Year	Make/Model/Color	Registration/State	Insurance Policy No.
_____	_____	_____	_____

Owner's Name, full address, and telephone number: \_\_\_\_\_

\_\_\_\_\_

Have you ever held a drivers license or vehicle registration in any other state or province?  
Y/N \_\_\_\_\_ If yes, where and when? \_\_\_\_\_

Has your Drivers License or registration ever been revoked or suspended in any state or province? Y/N \_\_\_\_\_ If yes, in which state(s) or province(s)? \_\_\_\_\_

Explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Have you ever had your auto insurance discontinued for any reason? Y/N \_\_\_\_\_

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

Have you ever been involved in a motor vehicle accident? \_\_\_\_\_

\_\_\_\_\_

## I. References

List three, **DO NOT** use relatives:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

**J. Criminal / General Information**

**Notice: Expungements must be disclosed at this time. Such disclosure is for law enforcement purposes.**

Have you ever been charged with a crime, **disorderly person's offense, juvenile delinquency or violation of a city ordinance**? Y/N \_\_\_\_\_ If yes, explain:

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Date	Violation	Location (municipality, County and State)
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Court Disposition	Your age at Time	Involved Police Agency	Phone No.
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Date	Violation	Location (municipality, County and State)
------	-----------	---

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Court Disposition	Your age at Time	Involved Police Agency	Phone No.
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Have you ever been the subject of a **Domestic Violence** complaint in this or any other State or jurisdiction? Y/N \_\_\_\_ If yes, explain:

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Date	Violation	Location (municipality, County and State)
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Court Disposition	Your age at Time	Involved Police Agency	Phone No.
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Additional Comments: \_\_\_\_\_

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Have you ever had a **Restraining Order** issued against you prohibiting you from having contact with any person or place? Y/N \_\_\_\_ If yes, explain:

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Date	Violation	Location (municipality, County and State)
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Court Disposition	Your age at Time	Involved Police Agency	Phone No.
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Additional Comments: \_\_\_\_\_

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Have you ever had a criminal **record expunged**, or been accepted into a pre-trial intervention program? Y/N \_\_\_\_ If yes, explain.

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Date	Violation	Location (municipality, County and State)	
Court Disposition	Your age at Time	Involved Police Agency	Phone No.

Additional Comments: \_\_\_\_\_

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Date	Violation	Location (municipality, County and State)	
Court Disposition	Your age at Time	Involved Police Agency	Phone No.

Additional Comments: \_\_\_\_\_

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Have you ever been fingerprinted? Y/N \_\_\_\_ If yes, explain. \_\_\_\_\_

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Have you ever been involved in a criminal investigation as a suspect, witness or victim? Y/N \_\_\_\_ If yes, explain. \_\_\_\_\_

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Have you ever been professionally licensed or certified (i.e. law, real estate, nursing)? Y/N/ \_\_\_\_ If yes, list \_\_\_\_\_

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Has any such license or permit been revoked, cancelled or suspended? Y/N \_\_\_\_\_

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

Have you had any previous police experience? Y/N\_\_\_\_\_ If yes, do you have a Police Training Commission Basic Training Certificate? Y/N\_\_\_\_\_ If yes, furnish:

Name of Department \_\_\_\_\_

Employed: From \_\_\_\_\_ To \_\_\_\_\_

Immediate Supervisor and Rank: \_\_\_\_\_

Have you ever taken a written test for any other police organization? Y/N \_\_\_\_\_

If yes, list: \_\_\_\_\_

Date	Organization	Present Status
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Date	Organization	Present Status
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Were you ever rejected or have you ever withdrawn from the selection process of any other police organization? Y/N\_\_\_\_\_ If yes, list:

Date	Organization	Reason
------	--------------	--------

Date	Organization	Reason
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Have you ever been formally charged with, or accused of violating the civil rights of another person? Y/N\_\_\_\_\_ If yes explain: \_\_\_\_\_

Have you ever been involved in a civil court action in this state or elsewhere? Y/N \_\_\_\_\_

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

Do you, or have you ever belonged to a volunteer organization? Yes/No \_\_\_\_\_

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

\_\_\_\_\_

Do you now, or have you ever belonged to any Fraternal Organizations? Y/N \_\_\_\_\_

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

\_\_\_\_\_

Are you now, or have you ever been, a member or supported any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of The United States, or which seeks to alter the form of Government of the United States by unconstitutional means? Yes/No: \_\_\_\_\_

If yes, explain fully: \_\_\_\_\_

\_\_\_\_\_

Do you have any knowledge or information in addition to that specifically called for in the proceeding questions which may be relevant, directly or indirectly, to an investigation of your eligibility and qualifications for the position of Fairview Police Officer.

Y/N \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**K. Social Network / Computer Skills**

Are you a registered member of any “Social Networking” sites (e.g. MySpace, Facebook, Twitter, ICQ, Instagram, Google+, Classmate.com, etc..)

Y/N \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

What user name, screen name and registered names are used.

\_\_\_\_\_

\_\_\_\_\_

Additional Email Addresses not provided in **section A (work and personal)**

\_\_\_\_\_

\_\_\_\_\_

Do you possess any special skills or familiar with software programs for computers (e.g. Microsoft operating systems/programs, Linux operating systems/programs, Mac operating system/programs).

Y/N \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT AND CERTIFICATION  
OF APPLICANT**

**I will assist in any way that I am able to obtain any and all documents and information requested by the Fairview Police Department.**

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that any misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Fairview Police Department to review and verify any and all information contained herein and any and all records and information from any source as noted in the duly executed Release Authorization Form.

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

**\*To be signed in the presence of the Notary Public**

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

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

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

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

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

Notary Public, my Commission

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



**“ *Hiring Questions* ”**

Using the following pages provided, and in your most legible form of handwriting, answer the below questions.

**\*SIGN THE BOTTOM OF EACH PAGE USED.**

Q. #1 Why do you want to become a *FAIRVIEW POLICE OFFICER*?

Q. #2 What do you believe is the current role of a police officer in society?

Q. #3 What do you believe is meant by personal integrity, and explain its significance in a career in law enforcement?









**FAIRVIEW POLICE DEPARTMENT  
59 ANDERSON AVENUE  
FAIRVIEW, NEW JERSEY 07022  
(201)943-2100 FAX (201)943-5536**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

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

**I Authorize** any detective, police officer, representative or duly accredited representative of the Fairview Police Department conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, social networking internet sites, 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, criminal history record information, and financial and credit information. I authorize the Fairview Police Department conducting my investigation to disclose the record of my background investigation to the requesting hiring authority for the purpose of making a determination of suitability or eligibility for a security clearance.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further Authorize** any detective, police officer, representative or duly accredited representative of the Fairview Police Department to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National/State/County/Local security position, in accordance of law. I also understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and sources of information pertaining to me to release such information upon request of the detective, police officer, representative or duly accredited representative of the Fairview Police Department authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Fairview Police Department only for the purposes in this form and that it may be redisclosed by Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Fairview Police Department, whichever is sooner. Read, sign and date this release below.

Signature (sign in ink)	Full Name (Type or Print legibly)	Date Signed
Other names used		Social Security Number
Current Address (NO Post Office Box) Street:	City:	State      Zip Code
Contact Telephone Number (include area code)		
Home:	Work:	Cellular:
Sworn to and subscribed before me this _____ day of _____, 20____		
Signature of Notary Public:		Commission Expires: _____ day of _____, 20____