



LITTLE SILVER POLICE DEPARTMENT

EMPLOYMENT APPLICATION

Position: Little Silver - Certified Class 2 Officer

Applicant

Name

Address

Note: This name and address is the most recent and may differ from that on the application.

Department Requirements

Please answer each item. All requirements are subject to verification.

Are you a United States citizen?	Yes	No
Are you at least 18 years of age and no older than 35 years of age?	Yes	No
Do you have a high school diploma or GED?	Yes	No
Do you possess a valid New Jersey Driver's License?	Yes	No
Are you a New Jersey resident?	Yes	No

New Jersey Police **Certification (type/status/expiration date):**

You must possess an eligible certification to continue the application. Enter the certification you currently possess.



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Personal Information

This application is considered part of the hiring process and MUST be fully completed. Be brief, but include all important information related to your qualifications for this position. All statements are subject to investigation, and any facts found to be false, exaggerated, or misleading may result in disqualification. This is a preliminary application; additional information may be required if you advance in the hiring process.

First Name

Middle Name

Last Name

Current Address (Number & Street):

City:

State:

ZIP:

Home Phone Number

Cell Phone Number

Are you currently certified as a Police Officer in any State?

Yes

No

If yes, what State?

Are you now or have you ever been employed by a law enforcement agency?

Yes

No

Driver's License #:

Driver's License State:



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Armed Forces Information

Complete this section only if applicable. Leave blank if you have no Armed Forces experience.

Have you served in the U.S. Armed Forces?

Yes

No

Branch of Service

From:

To:

Type of Separation (Enter N/A if Non-Applicable):

If available, include a copy of your DD-214 with your application materials.

Education

For each category below, provide the highest education level you have completed.

High School

High School:

City

State

Highest Year Completed

High School Equivalency Diploma (GED) - complete if applicable

Date of Diploma

Number

Do you have 60 credits from an accredited college or university?

Yes

No

Do you have a Bachelor's Degree from an accredited college or university?

Yes

No



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Education - Colleges / Universities

College / University 1

College / University:

City

State

Highest Year Completed

Did you graduate?

Yes

No

Major

Minor

Highest Degree Earned:

College / University 2

College / University:

City

State

Highest Year Completed

Did you graduate?

Yes

No

Major

Minor

Highest Degree Earned:



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Education - College / University 3

College / University 3

College / University:

City

State

Highest Year Completed

Did you graduate?

Yes

No

Major

Minor

Highest Degree Earned:

Employment History

Provide your last four places of employment, beginning with your current employer.

Employer 1

Company Name:

Company Address (Number & Street, City, State):

Company Phone Number

Your Job Title

From:

To:

Supervisor and Title:

Reason for Leaving:

Duties:



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Employment History - Continued

Employer 2

Company Name:

Company Address (Number & Street, City, State):

Company Phone Number

Your Job Title

From:

To:

Supervisor and Title:

Reason for Leaving:

Duties:

Employer 3

Company Name:

Company Address (Number & Street, City, State):

Company Phone Number

Your Job Title

From:

To:

Supervisor and Title:

Reason for Leaving:

Duties:



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Employment History - Continued

Employer 4

Company Name:

Company Address (Number & Street, City, State):

Company Phone Number

Your Job Title

From:

To:

Supervisor and Title:

Reason for Leaving:

Duties:

Additional Qualifications

Are there any other experiences, skills, or qualifications that would benefit you in the job of police officer (such as CPR, firearms training, etc.)? If so, please explain below.



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Voluntary Compliance Information

The following information is requested for compliance with government selection requirements and Equal Employment Opportunity reporting. It will not affect your standing in the testing process.

Date of Birth

Race

Ethnicity

Gender

Do you identify as LGBTQ+?

Yes

No

Prefer not to answer

Certification

By selecting "Yes" below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application. By selecting "Yes," you certify that the information provided in this application is true and accurate to the best of your knowledge and belief.

I certify the above statement and electronically sign this application.

Yes

No

Signature

Date

Applicant Reminder

Review every page for completeness before submitting. Incomplete or inaccurate information may delay or disqualify the application. Include any requested supporting documentation, such as certification records and a DD-214 if applicable.