

**TOWN OF NEWTON  
POLICE DEPARTMENT  
39 TRINITY STREET  
NEWTON, NEW JERSEY 07860  
(973) 383-2525**

<b>APPLICATION FOR EMPLOYMENT</b>  <b>POSITION: TELECOMMUNICATOR</b>	<b>APPLICATION NUMBER</b>  _____
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LAST NAME	FIRST	MIDDLE
MAILING ADDRESS NUMBER	STREET	CITY/TOWN
PHYSICAL ADDRESS (IF NOT SAME AS MAILING) NUMBER	STREET	CITY/TOWN
COUNTY	STATE	ZIP CODE
TELEPHONE NUMBER(S) HOME	WORK	CELL

DATE OF APPLICATION  _____
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## APPLICANT INSTRUCTIONS

Background investigations are conducted to develop information to show whether you are reliable, trustworthy and of good conduct and character. The information you provide in this application is confirmed during the investigation. 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 typed or printed legibly in ink. 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 accurate and complete addresses and telephone numbers. Check the information by personal verification.
5. An accurate and completed application form will help expedite your background investigation. On the other hand, deliberate omissions or falsifications may result in disqualification. Failure to return this application properly completed within the prescribed time period may result in your removal from further participation at this time. This application must be returned no later than: \_\_\_\_\_
6. Attach resume'
7. Questions 69 through 75 deal with whether or not you have ever been arrested, indicted, charged with or convicted of a criminal or disorderly offense in this State or in any other jurisdiction. (For the purpose of this question, the words "arrested", "indicted" and "charged" etc., include any detaining or taking into custody by any police or other law enforcement authorities)

Since you are applying for a law enforcement position, you must list all arrests, convictions and expungements, even though you may have been advised by you attorney, judge or prosecutor etc. that there is no record. Juvenile and expunged records are sealed and most employers will not have access to them. Law enforcement agencies, such as the Newton Police Department, have access to these records. All juvenile arrests, convictions and expungements will surface during the background investigation. NOTE: Failure to disclose the required information may result in your name being removed from the eligible roster for falsifying your application or it may cause a serious delay in completing pre-employment processing.

Also, if you were arrested and found not guilty, your arrest will always appear on your record. Remember, the question states "list all arrests". Arrests are different from convictions. A "conviction", "not guilty" or "dismissal" is the result of the arrest and should be listed in the column labeled "Disposition".

You must list the original chargeable offense for which you were arrested. For example, "Arrested for Aggravated Assault on June 10, 1988, New York City Police Department, 5<sup>th</sup> Precinct, and convicted of simple assault." The original arrest was Aggravated Assault. You must list Aggravated Assault, not Simple Assault. The Simple Assault charge is the result of the downgraded charge and would be listed in the "Disposition" column.

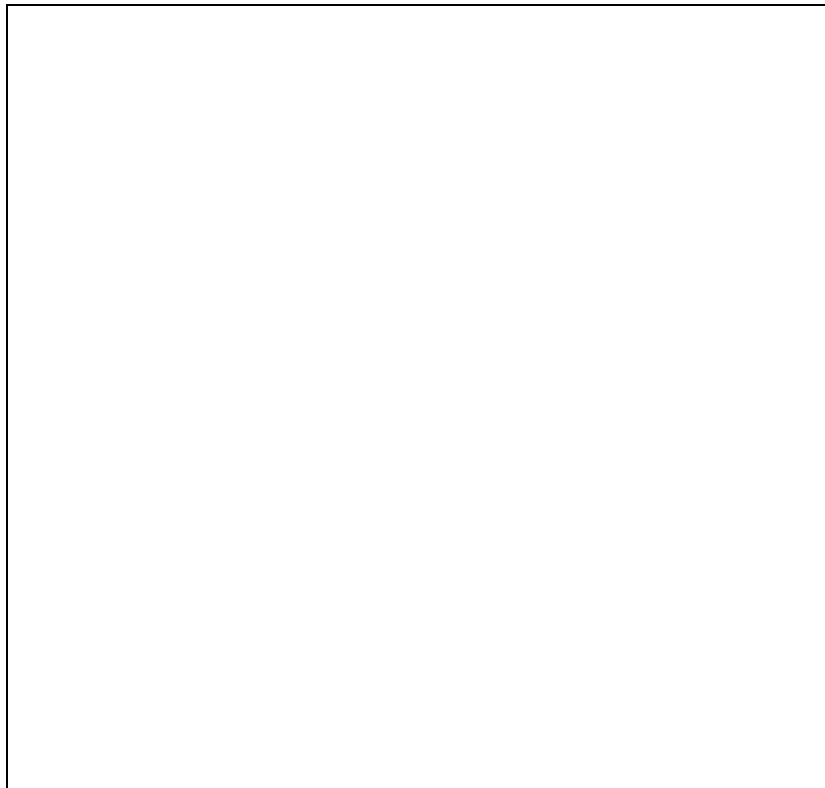
Dates and names of the arresting authority must be accurate. Do not abbreviate. If you are not sure of any of the charge dates, arrests, etc. mark "not sure" on your application. The correct information can be submitted within ten working days. If you have any further questions, ask a staff member for assistance.

I have read the application instructions and acknowledge that a member of the Newton Police Department has explained all the information to me. I fully understand what information is required of me and failure to supply all of the correct information will be considered willful falsification, which is adequate cause for my removal from the eligible roster and subsequent removal as a member of the Newton Police Department.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature



INSERT PHOTO OF APPLICANT

**SECTION 1 -- PERSONAL DATA**

1. What is your full name?

Last	First	Middle
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2. Give any other names you have used or been known by, and attach a statement, giving reasons. (If none, so state)

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3. Where were you born?

City	State	County
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4. Birth Certificate \_\_\_\_\_
- 
- |        |              |
|--------|--------------|
| Number | City or Town |
|--------|--------------|

5. Date of Birth \_\_\_\_\_
- 
- |       |     |      |
|-------|-----|------|
| Month | Day | Year |
|-------|-----|------|

Age \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_

Sex \_\_\_\_\_ Hair \_\_\_\_\_ Weight \_\_\_\_\_

RACE: White (non-Hispanic) \_\_\_\_\_ Black (non-Hispanic) \_\_\_\_\_

Hispanic \_\_\_\_\_ Asian American \_\_\_\_\_ American Indian \_\_\_\_\_

6. Social Security Number \_\_\_\_\_ State Issued \_\_\_\_\_

7. Do you wear contact lenses or glasses? Yes or No \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_  


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8. Are you a native born or naturalized citizen? Native \_\_\_\_\_ Naturalized \_\_\_\_\_

If you are of foreign birth, or are a naturalized citizen, fill in the following:

Country of Birth \_\_\_\_\_

Port or Place of Departure for the United States \_\_\_\_\_ Date: \_\_\_\_\_

How were you transported into the U.S.? (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 after arrival \_\_\_\_\_

How did you obtain citizenship? \_\_\_\_\_

Petition Number \_\_\_\_\_ Date \_\_\_\_\_ Court \_\_\_\_\_

State \_\_\_\_\_ Certificate Number \_\_\_\_\_

9. List any e-mail addresses that you may use: \_\_\_\_\_

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

**SECTION 2 - RESIDENCE**

10. Where do you reside? \_\_\_\_\_ Telephone \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County State Zip Code

11. How long have you resided there? \_\_\_\_\_ With whom do you reside? \_\_\_\_\_

Give Floor # \_\_\_\_\_ Apt.# \_\_\_\_\_ (Check) North \_\_\_ South \_\_\_ East \_\_\_ West \_\_\_  
Front \_\_\_ Rear \_\_\_

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

\_\_\_\_\_  
Name Date of Birth Occupation Social Security Number

\_\_\_\_\_  
Name Date of Birth Occupation Social Security Number

13. In chronological order, state each and every place in which you have resided since birth. For each address, list a person (such as a neighbor) who knew you at that address. List that person's name, address and telephone number. Also, be sure to indicate the actual physical location of your residence rather than a mailing address.

From \_\_\_\_\_ To \_\_\_\_\_ Address (Street, Apt., City, State, Zip Code)  
Mo. Yr. Mo. Yr.

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

question #13 cont.

From		To		Address (Street, Apt, City, State, Zip Code)
Mo.	Yr.	Mo.	Yr.	

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

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**SECTION 3 – SOCIAL STATUS**

15. Are you married, single, separated, divorced, widowed or widowered? \_\_\_\_\_

16. Give the following information regarding marriage or marriages. List # of times married \_\_\_\_\_

When	Where	By Whom	Wife's/Husband's maiden name
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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.

Separated, Annulled, Divorced	Date issued	By Whom	Where issued Court & State	Offending party Decreed by law	Reason
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**SECTION 4 – DOMESTIC VIOLENCE**

22. Have you ever been a defendant in a Domestic Violence proceeding? *Yes or No* \_\_\_\_\_  
If so, list the following

Date	Docket	Court	Plaintiff

23. Have you ever been a plaintiff in a Domestic Violence proceeding? *Yes or No* \_\_\_\_\_  
If so, list the following

Date	Docket	Court	Defendant

24. Have you ever been involved in an investigation involving Domestic Violence either as a plaintiff, defendant, or witness? If so, give the following:

Date	Your role	Law Enforcement Agency

**SECTION 5 – FAMILY HISTORY**

25. Were you or are you the parent of any children, whether alive or deceased? Yes \_\_\_\_ No \_\_\_\_

26. List below every child born to you:

Name	Date of Birth	Place of Birth	With whom & where residing
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27. Are you now supporting all children born to you, including adopted & stepchildren?

Yes or No \_\_\_\_\_ If No, state full details: \_\_\_\_\_

28. Have you ever been involved as a plaintiff or defendant in a paternity proceeding? Yes or No \_\_\_\_\_

If yes, state full details: \_\_\_\_\_

29. If unmarried, list information of at least one current or most recent girlfriend/boyfriend.

Name	Address	Date of Birth	Occupation	SS#	Phone#
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30. Give the information of your father, mother (maiden), sisters, brothers, spouse:

Relationship	Name	Address	Occupation	Phone #
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**SECTION 7 – EDUCATION**

33. List chronologically (earliest dates first) all school, college & training courses you have attended.

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School	Exact Address
From _____ To _____	Day or Evening
	Last Grade or Term

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School	Exact Address
From _____ To _____	Day or Evening
	Last Grade or Term

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School	Exact Address
From _____ To _____	Day or Evening
	Last Grade or Term

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School	Exact Address
From _____ To _____	Day or Evening
	Last Grade or Term

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School	Exact Address
From _____ To _____	Day or Evening
	Last Grade or Term

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School	Exact Address
From _____ To _____	Day or Evening
	Last Grade or Term

34. What college degree(s) or professional license(s) do you possess?

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

Majoring in \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Total credits achieved toward degree \_\_\_\_\_

35. Other than English what language(s) do you: Speak \_\_\_\_ Understand \_\_\_\_

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

36. List any problems with school absenteeism, tardiness, poor grades, other discipline problems

Date	School	Problems	Explanation

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

37. As part of the application process you will forward a copy of any college transcript to:

Newton Police Department  
Attn: Support Services Commander  
39 Trinity Street  
Newton, New Jersey 07860

**SECTION 8 -- MILITARY SERVICE**

38. Have you ever served in a military organization of the United States? Yes \_\_\_\_ No \_\_\_\_

39. Have you ever served in a military organization of any foreign government? Yes \_\_\_\_ No \_\_\_\_  
If Yes, give details:

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

40. Give branch of service \_\_\_\_\_ Company \_\_\_\_\_  
Regiment \_\_\_\_\_ Division \_\_\_\_\_ Ship \_\_\_\_\_

41. Rank held \_\_\_\_\_ Service Serial Number \_\_\_\_\_

42. If you have had no military service give reasons \_\_\_\_\_

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

44. Give period or periods of active service:

From:                      To:                      From:                      To:  
From:                      To:                      From:                      To:

45. List all medals and decorations awarded you as a member of the Armed Forces.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46. How many discharges or separations from the service were given to you? \_\_\_\_\_

47. What is the type of your discharge(s) or separation(s)? (Honorable, Dishonorable, Honorable  
Conditions, Medical Conditions, etc.) Be Exact: \_\_\_\_\_  
Reason: \_\_\_\_\_

48. Has your discharge or separation notice ever been corrected or changed? Yes \_\_\_\_ No \_\_\_\_

49. What was the nature of the change? Changed from: \_\_\_\_\_ To: \_\_\_\_\_

50. 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?  
Yes or No \_\_\_\_\_ Number of times \_\_\_\_\_

If Yes, give details of charges & dispositions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

51. Are you now or were you ever an active or inactive member of the reserve forces (any branch) of the United States or any foreign government?

Yes or No \_\_\_\_\_ If Yes, state which: Active or Inactive \_\_\_\_\_

Branch \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

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

**SECTION 9 -- SELECTIVE SERVICE**

52. How many Selective Service Classifications have you had? \_\_\_\_\_

53. Were you ever classified 4-F (not qualified for Military service) ? Yes or No

If Yes, state reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

54. If not 1-A (Available for unrestricted military service), state reasons:

\_\_\_\_\_

\_\_\_\_\_

55. Selective Service Number \_\_\_\_\_ Local Board \_\_\_\_\_

Address \_\_\_\_\_

56. Last Classification \_\_\_\_\_ Date Classified \_\_\_\_\_

**SECTION 10 – EMPLOYMENT**

57. What is your present occupation? \_\_\_\_\_

58. Are you engaged in any business as an owner (active or silent) partner, stockholder or corporate

member? Yes or No \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

59. Has your name ever been submitted or used as a trustee, officer or of any capacity of any labor or trade union or organization or affiliate? Yes or No \_\_\_\_\_

If Yes, give details: \_\_\_\_\_

\_\_\_\_\_



61. Were you ever discharged or asked to resign from employment? *Yes or No* \_\_\_\_\_

How many times? \_\_\_\_\_ Give details of discharge or forced resignations below:

Employer	Address	Date	Supervisor	Reason for Discharge
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62. Were you ever subjected to disciplinary action in connection with any employment?

*Yes or No* \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

63. Have you, your spouse, or any corporation or partnership in which he/she was an officer, director or partner ever possess a license of permit (excluding driver's license or learners permit) issued by any governmental agency?

*Yes or No* \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

64. 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, cancelled or suspended?

Yes or No \_\_\_\_\_ If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

65. 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? (Continued next page)

Yes or No \_\_\_\_\_ If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

66. Have you ever received unemployment insurance or other federal, state or local benefits or assistance?

Yes or No \_\_\_\_\_ If Yes, what 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



67. Have you made application with any other law enforcement agency? *Yes or No* \_\_\_\_\_

If Yes, explain

When \_\_\_\_\_ Where \_\_\_\_\_ Why \_\_\_\_\_

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68. Have you ever been rejected by another law enforcement agency for employment? *Yes or No* \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

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69. Have you ever filed for bankruptcy, had your wages garnished or had your property repossessed?

If Yes, Explain: \_\_\_\_\_

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70 Do you have income from sources other than your salary and your spouse's salary? If yes, specify the source and amount: \_\_\_\_\_

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76. Have you ever been arrested, indicted or convicted of any violation of the criminal law?  
*Yes or No* \_\_\_\_\_ If Yes, insert information below:

Date	Violation	Location	Court Disposition	Age at the time	Police Agency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

77. Have you ever been held as a material witness? *Yes or No* \_\_\_\_\_ If Yes, insert information:

Date	Reason	Location	Court Disposition	Age at the time	Police Agency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

78. Have you ever been held as a suspicious person or investigated by any law enforcement agency for any reason? *Yes or No* \_\_\_\_\_ If Yes, insert information below:

Date	Reason	Location	Court Disposition	Age at the time	Police Agency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

79. Have you ever been fingerprinted? If Yes, insert information below:

When	Where	Purpose

80. The following question pertains to the illegal use of drugs or drug activity. You are required to answer the question fully and truthfully, and your failure to do so could be grounds for an adverse employment decision, but neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.

Have you ever illegally used or been involved in the purchase or transfer of any controlled dangerous substances, for example, marijuana, cocaine, heroin, amphetamines, LSD, PCP or prescription drugs? *Yes or No* \_\_\_\_\_ If answered Yes, provide the date, identify the controlled substance and/or prescription drug used and the number of time each was used:

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**SECTION 12 – SUBVERSIVE AFFILIATIONS**

81. 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* \_\_\_\_\_

82. Are you now, or have you ever been affiliated or associated with any of the organizations or groups described in questions #81. *Yes or No* \_\_\_\_\_

83. 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 #81. *Yes or No* \_\_\_\_\_

84. Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described in question #81 or any petition which has as its purpose the aiding of any person, cause or program connected in anyway with the organizations or groups described in question #81. Yes or No \_\_\_\_\_

85. 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 #81? Yes or No \_\_\_\_\_

B. Payment or collection of any money, dues, contributions or donation to any organization or group described in question #81? Yes or No \_\_\_\_\_

C. Sale or distribution of any written or printed matter prepared, reproduced, or published by any group or organization described in question #81 or 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 #81 or any of its agents? Yes or No \_\_\_\_\_

86. If you answered yes to any of questions #81 through #85 inclusive, please explain:

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

**SECTION 13 - MOTOR VEHICLE HISTORY**

87. Have you ever received a summons for violation of the motor vehicle laws in this or any other state? Yes or No \_\_\_\_\_ If Yes, insert information below:

Table with 6 columns: Date, Violation, Location, Court Disposition, Age at the time, Police Agency. Includes three horizontal lines for data entry.

question #87 cont.

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88. Was your motor vehicle registration certificate, driver's or other vehicle operator's license ever  
Revoked? *Yes or No* \_\_\_\_\_ Suspended? *Yes or No* \_\_\_\_\_ Which license? \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_ Why? \_\_\_\_\_

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89. If the answer to the previous question (#88) is "Yes" was such registration certificate or driver's  
license ever restored?  
*Yes or No* \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

90. Have you ever been involved in a motor vehicle accident either as a registered owner, operator,  
passenger or pedestrian, which resulted in any property damage or personal injury to you or anyone  
else?  
*Yes or No* \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

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

Item	Number	State	Regular or Conditional	Explain	Expires
Vehicle Registration	_____	_____	_____	_____	_____
Driver's License	_____	_____	_____	_____	_____
Operator's License (Any other Veh)	_____	_____	_____	_____	_____

92. 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 \_\_\_\_\_

**SECTION 14 - OTHER INFORMATION**

93. Have you ever possessed any pistol or firearm permit or dealer's license? Yes or No \_\_\_\_\_  
 If Yes, enter: Permit Number \_\_\_\_\_  
 Dealer's License Number \_\_\_\_\_  
 Issuing Agency \_\_\_\_\_

94. Have you ever previously taken an examination for appointment to the Newton Police Department?  
 If Yes, give dates of application \_\_\_\_\_

95. 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 the position of 911 Telecommunicator? Are you aware of any information about yourself or anyone with whom you have been closely associated (including relatives and roommates) that tends to reflect unfavorably on your reputation, morals, character, or abilities? This should include information concerning your physical or mental condition, temperance, habits, employment, education, subversive activities, family, associations, criminal records, traffic violations, residence or otherwise? Yes or No \_\_\_\_\_  
 If Yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

96. Do you have an account on an internet website such as FACEBOOK or similar type of personal website? If so, provide the website address: \_\_\_\_\_



**SECTION 15 - VOUCHERS**

Upon completion of this form, the applicant must obtain two reputable citizens 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.

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I, the undersigned, declare: that I am over eighteen years of age; that I have personally known the applicant for at least three years; that I have read the foregoing application and believe all the statements therein to be true, 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.

**ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL**

Voucher 1  
(Please print)

Name \_\_\_\_\_ Business Address \_\_\_\_\_

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

City, State \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

How long have you personally known this applicant? \_\_\_\_\_

Is this applicant of good character and reputation? \_\_\_\_\_

Present date \_\_\_\_\_ Signature \_\_\_\_\_

Voucher 2  
(Please print)

Name \_\_\_\_\_ Business Address \_\_\_\_\_

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

City, State \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

How long have you personally known this applicant? \_\_\_\_\_

Is this applicant of good character and reputation? \_\_\_\_\_

Present date \_\_\_\_\_ Signature \_\_\_\_\_

State of New Jersey.....}  
County of Sussex.....}

I, \_\_\_\_\_ being duly sworn, depose and say that I am the above named person. I personally read and printed by hand, 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

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC OR COMMISSIONER OF DEEDS

DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_  
Signature of applicant made in presence of investigating officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigating Officer