

Borough of Bergenfield
Police Department
198 North Washington Avenue
Bergenfield, New Jersey
07621



Phone
201-387-4000
Fax
201-387-0141

Mustafa Rabboh
Chief of Police

Notice to Police Telecommunicator Applicants

You have submitted your resume to apply for the position of Police Telecommunicator for the Bergenfield Police Department, Borough of Bergenfield.

If you are interested in being considered for appointment, you must answer all the questions in this application to the best of your ability. You must be as accurate and complete as possible.

Willful false statements made by an applicant are subject to criminal prosecution and removal from the eligibility list.

This is the initial phase of a background investigation to be conducted by the Bergenfield Police Department. Once you have completed the application, return it to Captain John Maggi.

BERGENFIELD POLICE DEPARTMENT

INSTRUCTIONS: This form must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not applicable, indicate NA. Applications, which are not complete and legible, will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information. Attach sheets the same size as this form, and number the answers to correspond with questions.

PERSONAL HISTORY

a. Name in Full (Last, First, Middle Initial)

b. Social Security Number

c. List all other names you have used. If female, furnish maiden name. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used? If you ever legally changed your name, give the date, place and court.

d. Place of Birth
(City and state)

e. Are you a US Citizen? _____ Yes _____ No

Naturalized citizen? _____ Yes _____ No

***If naturalized, provide a certified copy of Naturalization Papers

Naturalization Number _____

Derivative? _____ Yes _____ No

MARITAL STATUS

Single _____
Married _____
Widowed _____
Divorced _____
Separated _____

Date and Place of Marriage: _____/_____/_____

Spouses Name: _____

Date and Place of Divorce or Legal Separation: _____/_____/_____

Court: _____

Number of Children _____

Name (s) _____ Date of Birth _____

RESIDENCES

a. Present Residence Address (Apartment, Street, City, State, Zip Code):

Home Telephone # (_____) _____ Business # (_____) _____

Cellular Phone # _____ Pager # _____

Own: _____ Rent: _____ ***

*Present Landlord: _____

*Landlord address: _____

*Landlord telephone # (_____) _____

- a. List chronologically all your residences in the past ten years. Be as accurate as possible, willful false statements by an applicant are subject to the penalties of perjury and removal from the Civil Service List. (Include addresses while attending school if away from home and all military addresses.)

From		To		Number & Street	Apt	City	State
Month	Year	Month	Year				

EDUCATION

Name of School: _____

Location: _____

From- Month/Year: _____ **To – Month/Year:** _____

Courses: _____

Degree/Diploma/GED: _____

Transcript Attached: Yes: _____ **No:** _____ **Being obtained:** _____

Name of School: _____

Location: _____

From- Month/Year: _____ **To – Month/Year:** _____

Courses: _____

Degree/Diploma/GED: _____

Transcript Attached: Yes: _____ **No:** _____ **Being obtained:** _____

Name of School: _____

Location: _____

From- Month/Year: _____ **To – Month/Year:** _____

Courses: _____

Degree/Diploma/GED: _____

Transcript Attached: Yes: _____ **No:** _____ **Being obtained:** _____

Name of School: _____

Location: _____

From- Month/Year: _____ **To – Month/Year:** _____

Courses: _____

Degree/Diploma/GED: _____

Transcript Attached: Yes: _____ **No:** _____ **Being obtained:** _____

Name of School: _____

Location: _____

From- Month/Year: _____ **To – Month/Year:** _____

Courses: _____

Degree/Diploma/GED: _____

Transcript Attached: Yes: _____ **No:** _____ **Being obtained:** _____

Were you ever dismissed from a school or was disciplinary action, including scholastic probation, ever taken against you during your scholastic career?

_____ **Yes** _____ **No**

If Yes:

School _____ **Date:** _____

Action taken: _____

List awards, honors, citations, positions held in school organizations, athletic endeavors and any other special recognition you received while attending school:

Are you Proficient in a foreign language? _____ **Yes** _____ **No**

What language? _____

Speak? _____ **Understand?** _____

Read? _____ **Write?** _____

Are you a licensed Automobile operator? ☐ Yes ☐ No

License# _____ State _____

Other Driver's Licenses: State _____ Number: _____

State _____ Number: _____

Do you own or have access to an automobile? ☐ Yes ☐ No

Make: _____ Registration: _____ State _____

Do you now owe money for traffic fines? ☐ Yes ☐ No

Do you now owe money for parking tickets? ☐ Yes ☐ No

Do you now owe money for excise taxes? ☐ Yes ☐ No

If yes to any of the above, give complete details, including amount owed and to what city or town owed.

Note: Proof of payment for parking tickets and/or excise taxes must be provided.

List chronologically all employment, including summer and part – time employment while attending school. All time must be accounted for. If unemployed for a period of time, indicate dates of unemployment. List your present employer first.

Name of Employer: _____ *Position* _____

Address: _____

City & State _____ *Phone* _____

From: ____/____/____ *To:* ____/____/____ *Salary:* _____

Name of Supervisor: _____

Reason for leaving: _____

Name of Employer: _____ *Position* _____

Address: _____

City & State: _____ *Phone* _____

From: ____/____/____ *To:* ____/____/____ *Salary:* _____

Name of Supervisor: _____

Reason for leaving: _____

Name of Employer: _____ *Position* _____

Address: _____

City & State: _____ *Phone* _____

From: ____/____/____ *To:* ____/____/____ *Salary:* _____

Name of Supervisor: _____

Reason for leaving: _____

Name of Employer: _____ **Position** _____

Address: _____

City & State: _____ **Phone** _____

From: ____/____/____ **To:** ____/____/____ **Salary:** _____

Name of Supervisor: _____

Reason for leaving: _____

Have you ever been dismissed or asked to resign from any employment or position you have held? _____ **Yes** _____ **No**

If Yes, give employer's name, date and reason. Use an additional sheet if necessary.

Employer's Name: _____ **Date:** ____/____/____

Employer's reason: _____

MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States?

_____ **Yes** _____ **No**

If yes, what was the highest rank attained? _____

Branch Military Service _____ **Serial Number** _____

Dates of Active Duty: From: _____ / _____ / _____ **To:** _____ / _____ / _____

Type of Discharge _____

Basis of Discharge _____

Member of Reserve? _____ **Yes** _____ **No** **Branch:** _____

National Guard: **Present** _____ **Former** _____ **None** _____

If you attended drills, meetings or camps, give the name of the unit and location.

Was any type of disciplinary action taken against you in the Service?

_____ **Yes** _____ **No**

If yes, explain: _____

Do you claim Veterans Preference? _____ **Yes** _____ **No**

Basis: _____ **Active Duty prior to June 6, 1976**

_____ **Active Duty in Grenada** _____ **Active Duty in Lebanon**

If served active duty in Grenada or Lebanon, list dates:

From: _____ / _____ / _____ **To:** _____ / _____ / _____

Are you claiming Disabled Veterans Preference? _____ **Yes** _____ **No**

If yes, for what injury? _____

What percent? _____ **Date:** _____ / _____ / _____

*** If you were a member of the Armed Forces, were you court-martialed?**

_____ **Yes** _____ **No**

If Yes, explain: _____

REFERENCES

List three references (not relatives, former or present employers, fellow employees or schoolteachers) on the following page that are responsible adults or have reputable standing in their community.

Reference #1

Complete Name: _____

Resident Address: _____

Resident Phone number: __ (____) _____

Business Address: _____

Business Phone number: (____) _____ **Occupation:** _____

Number of years acquainted: _____

Reference #2

Complete Name: _____

Resident Address: _____

Resident Phone number: __ (____) _____

Business Address: _____

Business Phone number: (____) _____ **Occupation:** _____

Number of years acquainted: _____

Reference #3

Complete Name: _____

Resident Address: _____

Resident Phone number: ____ (____) _____

Business Address: _____

Business Phone number: (____) _____ **Occupation:** _____

Number of years acquainted: _____

COURT RECORD

Have you ever been convicted of a criminal offense? (*Note: Under New Jersey Law, you may answer “no record” if any of the following circumstances are applicable.*)

- 1. You have been arrested for violation of a criminal statute;**
- 2. You have been arrested, but have never been tried for a criminal offense;**
- 3. You have been tried for a criminal offense, but were not convicted;**
- 4. You have a first conviction for any of the following misdemeanors (Non-Indictable):**
 - a. Drunkenness b. Simple assault c. Speeding d. Affray**
 - e. Minor traffic violations f. Disturbance of the peace;**
- 5. You have felony or misdemeanor convictions, which have been sealed pursuant to New Jersey Law;**
- 6. You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution;**

You must answer “YES” with regard to all criminal violations. _____ Yes _____ No

If YES, please complete the following.

Date of Arrest: ____/____/____ **Charge:** _____

Police Department: _____

Court Date: ____/____/____ **Specific Court:** _____

Final Disposition: _____

Date of Arrest: ____/____/____ **Charge:** _____

Police Department: _____

Court Date: ____/____/____ **Specific Court:** _____

Final Disposition: _____

Are you now under charge for any criminal offense on which you are awaiting trial or final disposition? _____ **Yes** _____ **No**

If YES, give the charge and court.

Charge: _____ **Court:** _____

Have you ever been, or are you now, a defendant in any civil court action?
_____ **Yes** _____ **No**

If YES, give the nature of action and court.

Nature of Action: _____ **Court:** _____

Are you now, or have you ever been a member of 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 others persons their rights under the Constitution of the United States by unconstitutional means.
_____ **Yes** _____ **No**

If the answer to either of the last two (2) questions is YES, explain fully.

RELATIVES

Name (first, middle, last) and address (complete even if parent(s) is/are deceased)

Father: _____ *Occupation* _____

Address: _____

Date of Birth: ____/____/____ *Phone Number* _____

Mother: _____ *Occupation* _____

Address: _____

Date of Birth: ____/____/____ *Phone Number* _____

Wife/Husband (give maiden name) of applicant: _____

Address: _____ *Occupation* _____

Date of Birth: ____/____/____ *Phone Number* _____

Ex-Wife/Husband if divorced (give maiden name): _____

Address: _____

Date of Birth: _____ *Occupation:* _____

List all relatives with whom you have resided with for an extended period and their relationship to you. Exclude children.

Name: _____ Relation: _____

Address: _____ Date of birth: _____

Name: _____ Relation: _____

Address: _____ Date of birth: _____

*If more room is needed please continue on a separate 8 ½ x 11 sheet of paper

LICENSES

a. Have you ever been issued a firearm license? _____ Yes _____ No

Date issued: ____/____/____ License number # _____

b. Has you license to operate motor vehicles in this state, or any other state ever been suspended or revoked? _____ Yes _____ No

If YES, give details (including specific dates): _____

c. Have you ever been rejected for any other police position? _____ Yes _____ No

d. Have you ever been rejected for any other civil service position? _____ Yes _____ No

e. If the answer to “c” or “d” above in Yes, give date and details.

f. Have you ever been sued or had your wages garnished? _____ Yes _____ No

If yes, give details: _____

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Chief of Police

NOTARY PUBLIC SEAL

State of New Jersey
County of Bergen

I, _____ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand, or typed, answers to each and every question therein and I solemnly swear that each and every answer is full, true and correct in every respect.

(Candidate Sign Here)

Sworn to before me this _____

Day of _____, 20 _____

(Notary Public or Commissioner of Deeds)

****Do NOT Sign Below Until Directed****

(Candidate Sign Here)

_____/_____/_____
Date

Signature of Investigation Officer

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Police Department
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Mustafa Rabbob
Chief of Police

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any Police Officer of the Bergenfield Police Department, bearing this release or copy of this release, to obtain any copies of information in your files pertaining to my employment records, educational records, including, but not limited to, achievement, attendance, personal history and disciplinary records. I do further authorize any Police Officer of the Bergenfield Police Department, to obtain any copies of information pertaining to my medical records, credit/financial history records, criminal history records, including juvenile delinquency records, formal or informal, and residence records, including copies of leases. This release is executed with full knowledge and understanding that the information is for the official use of the Bergenfield Police Department. Consent is granted for the Bergenfield Police Department to furnish such information, as described above, to third parties, in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and employer, educational institution, physician, hospital, landlord/leasing agent, U.S. Post Office, credit bureau or consumer reporting agency, including its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with authorization and request to release information, or attempt to comply with it.

This release shall expire one year from the date of signing unless revoked sooner by the undersigned.

NAME: _____ **DATE of BIRTH:** _____
(Printed)

(Signature) **S.S.** _____

(Address) (Telephone #)

(Date)

Sworn and subscribed before me this _____ day of _____, 20____

Notary Public, State of New Jersey

My commission expiration date: _____