



WALL TOWNSHIP POLICE DEPARTMENT

- APPLICATION FOR EMPLOYMENT -

Information and Technology Specialist

PERSONAL INFORMATION

NAME (Last, First, Middle)		Date of Birth	
Driver's License Number/State:		Social Security Number	
Home Phone	Cell Phone		Email Address
CURRENT ADDRESS Number & Street		PREVIOUS ADDRESS Number & Street	
City		City	
State	Zip Code	State	Zip Code

QUESTIONNAIRE

Are you 18 years old or older? Yes No

Have you ever pled "guilty: or no contest: to, or convicted of a crime? Yes No

Have you ever been convicted of a crime which has not been expunged by the Court? Yes (If yes, specify in explanation block below) No

Are you seeking full-time or part-time employment?

Have you applied to the Township of Wall before? Yes No

Indicate preferred work schedule:

Full-time Part-time Days Evenings Night s Any Shift Rotating

If necessary for the job, are you able to work overtime? Yes No

Date you can start working: _____

Are you a U.S. citizen or alien authorized to work in the U.S.? Yes No

Have you ever been employed under a different name? Yes (If yes, specify here _____) No

Explanations: (Use this block for explanations to questions. Attach additional sheets if necessary)

EMERGENCY CONTACT

In case of accident or illness, please contact:

Name	Phone Number
Address	Relationship

MILITARY

Are you a veteran? Yes No

Duty/specialized training

EDUCATION

	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Additional/Other				

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving	
	Supervisor:	Telephone:	
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving	
	Supervisor:	Telephone:	
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving	
	Supervisor:	Telephone:	
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving	
	Supervisor:	Telephone:	
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving	
	Supervisor:	Telephone:	

Summarize other employment related to the position you are applying for.

SKILLS AND QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations (Please attached EMT-B and CPR Health Care card, SLEO II or other certificates if applicable):

Additional skills, including supervisory skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

Typing speed: _____ per minute

REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical and/or mental examination and a drug test. I also understand that some positions may require background and criminal checks. I understand and agree to the information shown above.

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Signature of Applicant

Date



Wall Township Police Department

Phone: 732.449.4500 ~ Fax.732-449-1273

www.wallpolice.org



Records Release Form

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Wall Township Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Wall Township Police Department.

I hereby authorize any representative of the Wall Township Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer.

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Wall Township Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and investigation that may provide pertinent data for the Wall Township Police Department to consider in determining my suitability for employment in that Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organization, and others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.



P.O. Box 1168 / 2700 Allaire Rd ~ Wall Township NJ 07719



I hereby release you, as the custodian of such records for the organization, 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 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 this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Wall Township Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose information requested. For and in consideration of the Wall Township Police Department's acceptance and processing of my application for employment, I agree to hold the organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Wall Township Police Department.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Wall Township Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release for will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of ninety (90) days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant (print): _____

Date: _____

Applicant (signature): _____

Address: _____

Home Phone: _____

Cell Phone: _____

