



# Wall Township Police Department

Phone: 732-449-4500 / Fax: 732-449-1273  
info@wallpolice.org / www.wallpolice.org



Sean O'Halloran  
Chief of Police

## PRELIMINARY APPLICATION FOR THE POSITION OF POLICE OFFICER

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name, First Name, Middle Initial

Home Address: \_\_\_\_\_  
Address City State Zip Code

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License # / State: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Email will be the primary method of communications

Current Occupation/ Employer: \_\_\_\_\_

- Do you possess a valid certificate of completion for Basic Course for Police Officer as described by the NJ PTC? .....  Yes  No
- Do you possess a valid certificate of completion for Basic Course for Class II Special Law Enforcement Officer as described by the NJ PTC? .....  Yes  No
- Are you currently enrolled in a Police Academy? .....  Yes  No
- Do you possess a valid NJ EMT Certification? .....  Yes  No
- Do you possess a valid NJ Dispatch Certification? .....  Yes  No
- Are you a Veteran? .....  Yes  No

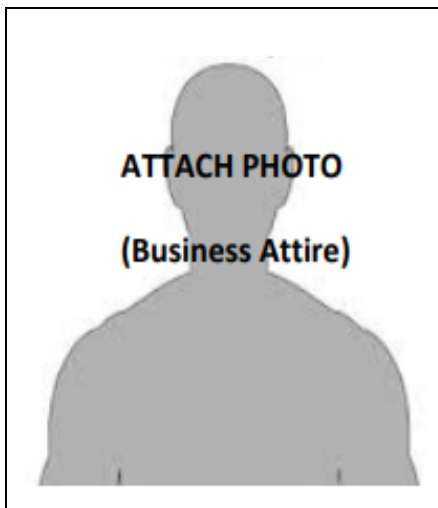
How did you hear about our testing process? Check all that apply.

- Friend
- Wall Police Website
- Facebook
- Current Officer \_\_\_\_\_
- Newspaper \_\_\_\_\_
- Search Engine \_\_\_\_\_
- Other Website \_\_\_\_\_

### Wall Township Police Department Tattoo Policy

Visible tattoos or similar markings that are visible on the face, head, scalp, neck, and hands are not permitted.

Visit our website at [www.wallpolice.org/career-leo](http://www.wallpolice.org/career-leo) for eligibility requirements and current testing information.



\_\_\_\_\_  
Signature Date

*An Equal Opportunity Employer*



P.O. Box 1168 / 2700 Allaire Road, Wall Township, NJ 07719





# Wall Township Police Department

Phone: 732-449-4500 / Fax: 732-449-1273  
info@wallpolice.org / www.wallpolice.org



Sean O'Halloran  
Chief of Police

## 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.

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.



---

P.O. Box 1168 / 2700 Allaire Road, Wall Township, NJ 07719





# Wall Township Police Department

Phone: 732-449-4500 / Fax: 732-449-1273  
info@wallpolice.org / www.wallpolice.org



Sean O'Halloran  
Chief of Police

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.

Name: \_\_\_\_\_  
Last Name, First Name, Middle Initial

Home Address: \_\_\_\_\_  
Address City State Zip Code

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature Date



P.O. Box 1168 / 2700 Allaire Road, Wall Township, NJ 07719





# Wall Township Police Department

Phone: 732-449-4500 / Fax: 732-449-1273

info@wallpolice.org / www.wallpolice.org



Sean O'Halloran  
Chief of Police

## Applicant Waiver Form

Applicant Name: \_\_\_\_\_

### Acknowledgement of Receipt of Waiver

I hereby absolve and release the Wall Township Police Department, it's members, the Township of Wall, the Wall Township Board of Education, from any injuries, damages to personal property or loss due to damage or theft of personal property that I may receive or incur during my participation in the Wall Township Police Department Applicant Physical Fitness Test, which is being conducted for the position of Patrolman in the Wall Township Police Department.

Applicant Signature: \_\_\_\_\_

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

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

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



---

P.O. Box 1168 / 2700 Allaire Road, Wall Township, NJ 07719



# VOLUNTARY AFFIRMATIVE ACTION INFORMATION

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application.

Date: \_\_\_\_\_ Position(s) Applied For: Police Officer

Referral Source:

Advertisement     Friend     Relative     Walk-in     Newspaper

Employment agency     Wall Police Website     Social Media     Other

Gender:     Male     Female     X or Non-Binary

Ethnicity:

Are you Hispanic or Latino?

No, I am not Hispanic or Latino.

Yes, I am Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

What is your race? Select ONE of the following categories(s):

American Indian / Alaskan Native

White

Asian

Two or More Races

Black or African American

Other

Native Hawaiian or Other Pacific Islander

Do you identify as LGBTQ+:     Yes     No

## FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:     Yes     No    Date: \_\_\_\_\_

Position(s) Considered For: \_\_\_\_\_