ALTERNATE ROUTE CANDIDATE EXAMINATION APPLICATION 2015

Taking the Alternate Route Candidate Examination is the first step in the process to become an Alternate Route candidate in one of our upcoming Basic Training for Police Officer courses. The examination will be held on Saturday, May 16, 2015 at the Essex County College Police Academy, 250 Grove Avenue, Cedar Grove, NJ 07009. Check in time begins at 8:30AM.

To register for the Alternate Route Candidate Examination, complete this form making sure to include all of the requested information below, along with your nonrefundable $75 examination fee (check or money order should be made payable to the Essex County College Police Academy). THE APPLICANT MUST PERSONALLY hand-deliver this application to the Main Office at the Essex County College Police Academy, 250 Grove Avenue, Cedar Grove, New Jersey, Monday through Friday between the hours of 9AM and 4PM. DEADLINE FOR SUBMISSION IS 4pm ON THURSDAY, APRIL 23, 2015. Photo identification is required to submit this registration form AND when you arrive at the Police Academy to take the examination.

Upon submission of your registration to the Police Academy, you will be given additional instructions regarding the Alternate Route Candidate Examination.

PLEASE ANSWER THE FOLLOWING QUESTIONS

- YES □ NO □ I am a citizen of the United States.
- YES □ NO □ I am able to read, write and speak the English language well and intelligently.
- YES □ NO □ I am of good moral character, and have not been convicted of any criminal offense involving moral turpitude.
- YES □ NO □ I have a minimum of 60 earned academic credits from an accredited college or university.

OR

- YES □ NO □ I am a qualified veteran as defined by the New Jersey Department of Military and Veterans Affairs and I understand that two (2) years of full-time, active duty will substitute for the 60 college credits and that one (1) year would substitute for 30 credits.

If you do not meet the above requirements, you are NOT eligible to take the Test.

By your signature below, you will also attest that this information is accurate and truthful.

PLEASE PRINT CLEARLY AND LEGIBLY

Name __________________________________________________

Present Street Address ____________________________________________________________________

City, State, Zip ____________________________ County ____________________________

Date of Birth ____________________________ Telephone: Home _______ - _______ - _______

Telephone: Cell _______ - _______ - _______ Work _______ - _______ - _______

Email Address ________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

FOR POLICE ACADEMY USE ONLY:

Received by __________________ Date________ Time________

Payment: Check #_____________________ Money Order #_____________________

Photo Identification Presented: License/Passport/Other (specify) __________________________

Study Guide and Pre-Test Instructions Received: __________________________________________

Registrant Signature