

August 9, 2010

Dear Applicant,

The enclosed application for the Alternate Route Program for Basic Police Officers that will be conducted at the Essex County College Police Academy must be completed and all required information must be received at the Academy by the close of the business day of **Monday, January 10, 2011.**

The applications may be hand delivered or sent by registered mail. Any application not received by the above deadline will not be considered by the Alternate Route Selection Committee. No excuses will be entertained or exceptions granted.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Miscia, Jr.", written in a cursive style.

Rocco L. Miscia, Jr., Director
Essex County College Police Academy

AUTHORIZATION FOR RELEASE OF RECORDS

DATE: _____

TO WHOM IT MAY CONCERN:

I, _____, HEREBY AUTHORIZE ANY INDIVIDUAL COMPANY, PERSON, INSTITUTION OR GOVERNMENTAL AGENCY WITH WHOM I HAVE BEEN ASSOCIATED, TO FURNISH THE INTERNAL AFFAIRS UNIT OF THE ESSEX COUNTY SHERIFF'S OFFICE, ACTING ON BEHALF OF ESSEX COUNTY COLLEGE POLICE ACADEMY, WITH ANY INFORMATION CONCERNING ME WHICH THEY HAVE ON RECORD OR OTHERWISE. I RELEASE FROM ALL LIABILITY ALL PERSONS, COMPANIES AND CORPORATIONS SUPPLYING SUCH INFORMATION. I INDEMNIFY THE COUNTY OF ESSEX, THE SHERIFF'S OFFICE, AND THE ESSEX COUNTY COLLEGE POLICE ACADEMY AGAINST ANY LIABILITY WHICH MIGHT RESULT FROM SUCH CONTACT. I UNDERSTAND THAT ANY FALSE ANSWER OR STATEMENTS OR IMPLICATIONS MADE BY ME IN THE APPLICATION OR OTHER REQUIRED DOCUMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF ACCEPTANCE INTO THE ALTERNATE ROUTE TRAINING PROGRAM.

SIGNATURE _____

DATE: _____

ESSEX COUNTY COLLEGE POLICE ACADEMY
ALTERNATE ROUTE TRAINING PROGRAM
BACKGROUND INVESTIGATION INFORMATION

Warning: **Any misstatement of fact, omissions, or attempts to mislead this agency, its investigators or the appointing authority, whether deliberately or in error, may lead to your disqualification.** This application must be typewritten or clearly printed. Each and every question must be answered in detail. If any of the requested information does not apply to you, indicate that by entering "N/A" in the designated area. As you complete each page, you must initial that page at the bottom right-hand corner.

Attach passport size color photograph of yourself, taken within the past 90 days, where indicated below.

Attach Photograph Here

1. Last Name: _____ Date of Birth: _____

First Name: _____ Middle Name: _____

Social Security# _____ - _____ - _____ Where Issued: _____

Current Occupation: _____

2. Give any other names you have used or have been known by. Attach a statement giving reason(s): _____

3. Current Address: _____
STREET CITY STATE ZIP CODE

I have resided at current address since: _____
MONTH YEAR

Home Phone# _____ : Work Phone#: _____

Cell Phone#: _____ Email: _____

4. Place of Birth: _____
CITY STATE COUNTY

5. Age: _____ Sex: _____ Height: _____

Weight: _____ Eye Color: _____ Hair Color: _____

6. Scars, Tattoos & Distinguishing marks: _____

Initials _____

PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

7. Do you wear contact lenses or glasses? _____ What kind: _____

CITIZENSHIP

8. Are you a native born or naturalized citizen? _____ Native born: Naturalized: _____

Attach a copy of either your birth certificate or your naturalization certificate as proof of your citizenship status with your application. Applicants who neglect to have such proof attached will be automatically disqualified.

9. List in order, beginning with the most recent, all prior places of residence within the last 10 years:

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With whom did you reside there? _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With whom did you reside there?

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With whom did you reside there? _____

From: _____ To: _____

With whom did you reside there? _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With whom did you reside there? _____

From: _____ To: _____

With whom did you reside there? _____

Initials _____

From: _____ To: _____

Street Address: _____ Apt. Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

With whom did you reside there? _____

If you lived at additional locations, insert information on those residences on a new sheet and attach at the end of this form.

10. Provide three references with whom you are personally, socially or professionally acquainted.

RELATIVES ARE EXCLUDED.

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Phone: () _____

Full Address: _____

Occupation: _____ Duration of association: _____

*** Reference forms are included at end of application**

EDUCATION

11. List chronologically (earliest dates first, beginning at first grade) all schools, colleges and training courses you have attended:

School: _____ From: _____ To: _____

Exact Address: _____

Grade Levels Attended: _____

School: _____ From: _____ To: _____

Exact Address: _____

Grade Levels Attended: _____

Initials _____

School: _____ From: _____ To: _____

Exact Address: _____

Grade Levels Attended: _____

School: _____ From: _____ To: _____

Exact Address: _____

Grade Levels Attended: _____

College or Trade Schools

College/School: _____ From: _____ To: _____

Exact Address: _____

Full Time: ____ Part Time: ____ Degree of Certification Sought: _____

Degree of Certification Received? _____ If not, why? _____

College/School: _____ From: _____ To: _____

Exact Address: _____

Full Time: ____ Part Time: ____ Degree of Certification Sought: _____

Degree of Certification Received? _____ If not, why? _____

College/School: _____ From: _____ To: _____

Exact Address: _____

Full Time: ____ Part Time: ____ Degree of Certification Sought: _____

Degree of Certification Received? _____ If not, why? _____

* If Degree not received, how many credits have you completed? _____

Initials _____

*** Official College Transcripts of student records must be received by the Essex County College Police Academy Director prior to the application deadline date. Request that your educational institution(s) forward your official college transcripts to:**

Essex County College Police Academy
250 Grove Avenue
Cedar Grove, New Jersey 07009
ATTN: Director Rocco L. Miscia Jr.

12. What professional licenses(s) do you possess? _____

13. Other than English what language(s) do you speak? _____

MILITARY SERVICE

14. Have you ever served on active duty in any military organization of the United States? _____

If yes, what organization: _____ From: _____ To: _____

Highest rank held: _____ Type of discharge received: _____

What was your military specialty? _____

15. Have you ever served in a Reserve military organization or National Guard Unit? _____

If yes, what organization: _____ From: _____ To: _____

Highest rank held: _____ Type of discharge received: _____

What was your military specialty? _____

16. Have you ever served in a military organization of a foreign government? _____

If yes, what organization: _____ From: _____ To: _____

Highest rank held: _____ Type of discharge received: _____

What was your military specialty? _____

- **DD 214 must be provided with this application form**

Initials _____

EMPLOYMENT HISTORY

17. Present Employer: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Immediate Supervisor: _____

Date Hired: _____ Duties: _____

18. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member? _____ If yes, give details: _____

19. List below chronologically, earliest dates first, each and every place you were previously employed since the age of 18 (**OMIT NONE**). Give correct, full addresses. Give dates of idleness between periods of employment in proper sequence. (Include all part-time employment.)

From Mo.	Year	To Mo.	Year	Name & Address Of Employer	Immediate Supervisor	Reason for Leaving

20. Have you ever possessed a license or permit (excluding driver's license and learner's permit) issued by any governmental agency? _____ If yes, give details:

Initials _____

21. Has any license or permit, including driver's license or learner's permit, issued by any city, state or federal agency ever been denied to you? _____ Has any such license or permit ever been revoked, canceled or suspended? _____ If yes, give details: _____

22. Have you previously made application for employment with any law enforcement agency? _____ If yes, give full details as to the agency, when, and the status of the application(s).

23. Have you ever been rejected by a law enforcement agency for employment? _____ If yes, give full details as to when, where and why: _____

24. Are you currently on an employment list, or have you taken any tests for potential employment with any law enforcement agency? _____ If yes, what agency? When?

GENERAL

25. Do you smoke cigarettes, cigars or pipe? _____ If yes, how frequently? _____

26. Do you consume any alcoholic beverage? _____ If yes, how frequently? _____
Quantity; _____ How would you describe your use of alcoholic beverages?

Initials _____

ARRESTS, SUMMONS, ETC.

27. Have you ever been arrested for or charged with juvenile delinquency? _____
If yes, complete the following:

Date: _____ Age: _____ Violation Charged: _____

Location: _____ Police Agency: _____

Court Disposition: _____

Sentence: _____

Date: _____ Age: _____ Violation Charged: _____

Location: _____ Police Agency: _____

Court Disposition: _____

Sentence: _____

Date: _____ Age: _____ Violation Charged: _____

Location: _____ Police Agency: _____

Court Disposition: _____

Sentence: _____

28. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state or federal agency, committees or other investigative body? _____

If yes, give complete details: _____

29. Have you ever been arrested for, or charged with, a violation of the disorderly persons act or city ordinance? _____ If yes, insert the information required below.

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Initials _____

30. Have you ever been arrested, indicted, or convicted for any violation of the criminal law? _____

If yes, complete the information required below:

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

31. Have you ever had a criminal or arrest record expunged? _____ If yes, give complete details below. _____

32. Have you ever been held as a material witness? _____ If yes, insert the information below.

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

Date: _____ Violation: _____ Age: _____

Location: _____ Court Disposition: _____

Penalty: _____ Police Agency involved: _____

33. Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reasons? _____ If yes, give details below. _____

34. Have you ever been fingerprinted for any reasons prior to submitting this application? _____

If yes, complete the following:

<u>When</u>	<u>Where</u>	<u>Purpose</u>
-------------	--------------	----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Initials _____

MOTOR VEHICLE HISTORY

35. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state?_____ If yes, insert the required information below.

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>Court Disposition</u>	<u>Police Agency</u>

36. Was your Motor Vehicle Registration Certificate, Driver’s or other vehicle operator’s license ever revoked?_____ Suspended? _____ If yes, which license? _____
 When? _____ , Where? _____
 Why? _____

Was your Registration Certificate or Driver’s Licenses ever restored? _____
 When? _____
 Where? _____

37. Have you ever been involved in a motor vehicle accident either as registered owner, operator, passenger or pedestrian, which resulted in property damage or personal injury to you or someone else? _____ If yes, give details: _____

38. Do you currently or have you ever possessed any of the following? If yes, provide the following information:
Motor Vehicle Operator’s License: State: _____ License Number: _____
 Date Issued: _____ Expires: _____ Conditions placed upon license: _____
 Name issued to if different from applicant’s current name: _____

Initials _____

Commercial Vehicle Operator's License: Type: _____ State: _____

License Number: _____ Date Issued: _____ Expires: _____ Conditions placed upon license: _____

Name issued to if different from applicant's current name: _____

Motor Boat Operator's License: _____ State: _____ Date Issued: _____

Expires: _____ License Number: _____ Conditions placed upon license: _____

Named issued to if different from applicant's current name: _____

FAA Pilot's License: _____ Type: _____ Date Issued: _____

License Number: _____ Is this license current? _____

Bi-annual due: _____ Conditions place upon license: _____

Name issued to if different from applicant's current name: _____

39. Do you currently or have you within the past five years owned a motor vehicle, power boat or aircraft of any kind? _____ If yes, provide the following information:

<u>Type</u>	<u>Registration Number</u>	<u>State</u>	<u>Make & Model</u>	<u>Year</u>	<u>Presently Owned?</u>

40. List name and address of company (s) which carries your auto or other type craft insurance:

41. Has your auto or other type craft insurance ever been revoked or refused? _____

If yes, give details: _____

42. List below all professional, civic and social organizations of which you have been a member within the last five years. (Other than labor or fraternal)

Initials _____

43. What volunteer or community activities have you engaged in within the last five years? _____

Provide the name and address of the sponsoring organization or group and a description of the activities performed. _____

44. Do you possess expertise or competence in a particular trade, skill or technology? _____
If yes, briefly describe your level of expertise and competence. _____

45. What hobbies and sports do you engage in? _____

NOTE: If there is other information which may be relevant, directly or indirectly, that this Academy should have knowledge of in order to conduct a thorough background investigation of you, as a candidate for the Alternate Route Program, or insufficient space was provided above for complete answers, you are required to add this additional information on separate sheets of paper. Indicate the question number that the information applies to, and then the additional information. Attach the additional pages to the back of this form. Indicate below the total number of pages attached. **You are reminded that any false or deliberate misstatements of fact can result in your disqualification.**

ADDITIONAL PAGES ATTACHED: _____

Only complete application packet will be considered for review by the Alternate Route Selection Committee. All information must be received by the Essex County College Police Academy prior to the deadline date. Complete application packets should include:

- **Completed application returned by Registered/Certified Mail**
- **Copy of birth certificate or naturalization certificate**
- **Receipt of official college transcripts**
- **Receipt of three completed Reference Request Forms: Returned by Registered/Certified Mail**

Initials _____

**ESSEX COUNTY COLLEGE POLICE ACADEMY
ALTERNATE ROUTE TRAINING PROGRAM
APPLICATION REFERENCE REQUEST**

REFERENCE FOR: _____ who is seeking acceptance in the Essex County College Police Academy Alternate Route Training Program.

I, the above named applicant request that _____ serve as a
Reference's name
personal reference for me and to provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing the following form and in providing information upon which the Academy will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if that information might unfavorably impact upon my application.

Signature of Applicant

Date: _____

TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other information you provide in regarding the above applicant.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and be within the personal knowledge of the voucher.

I, the undersigned person, declare that I am over eighteen (18) years of age, that I have personally known of the applicant for at least three years, that I have read the foregoing and all the statements and information provided herein by me is true to the best of my knowledge, **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. I understand that my response will be considered to be confidential and will not be provided to the applicant.

(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)

NAME OF CANDIDATE: _____

VOUCHER:

Name: _____ Phone#: _____

Home Address: _____

Relationship to Candidate: _____

Do you personally know of any reason why the applicant should not be accepted into this program?

On a scale from one to ten, where would you place the applicant as an individual who possesses all of the character, qualities, personality and mental ability necessary to be a good and successful law enforcement officer? _____

Signature

Date

PLEASE MAIL THIS FORM DIRECTLY TO:

Essex County College Police Academy
250 Grove Avenue
Cedar Grove, New Jersey 07009
Attention: Alternate Route Training Program

Initials: _____

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