



# Far Hills Police Department

Chief Michael C. DeCarolis

## EMPLOYMENT APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Position Applying For Law Enforcement Officer

It is the policy of the Borough of Far Hills to provide employment, compensation and benefits related to employment without regard to gender, race, creed, color, religion, national origin, ancestry, age, marital or political status, affectional or sexual orientation, domestic partnership status, civil union status, atypical heredity, cellular or blood trait, genetic information, disability (including AIDS or HIV infection), liability for service in the United States armed forces, gender identity or expression and/or any other characteristic protected by law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment.

This application is valid for 30 days from the date completed, or until the position is filled, whichever occurs first. If you wish to apply for another position after that time, please complete a new application.

### PERSONAL

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street Address \_\_\_\_\_



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Chief Michael C. DeCarolis

City \_\_\_\_\_

State/Zip Code \_\_\_\_\_

Telephone Number (H) \_\_\_\_\_

Telephone Number (C) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## List All Previous Addresses

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

When are you able to start work? \_\_\_\_\_

How did you learn of this position opening? \_\_\_\_\_

If referral, who referred you? \_\_\_\_\_

Have you ever applied or worked here before? Yes \_\_\_ No \_\_\_

If yes, provide dates: \_\_\_\_\_

Have you ever applied or worked at our Company before? Yes \_\_\_ No \_\_\_

If yes, provide dates: \_\_\_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_ No \_\_\_



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Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes \_\_\_ No \_\_\_

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification “Form I-9” be completed for every new hire and that within 3 business days of beginning work, every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

## DRIVING RECORD

Do you have a valid drivers license? Yes \_\_\_ No \_\_\_ State \_\_\_\_\_

License No.: \_\_\_\_\_

Has your license ever been suspended or revoked? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis.

1:

Company

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

Address:

\_\_\_\_\_



# Far Hills Police Department

Chief Michael C. DeCarolis

Supervisor Name &

Title: \_\_\_\_\_

May We Contact? Now \_\_\_\_\_ Later \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_

Job Title &

Duties: \_\_\_\_\_

Reason for

Leaving: \_\_\_\_\_

2:

Company

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

Address:

\_\_\_\_\_

Supervisor Name &

Title: \_\_\_\_\_

May We Contact? Now \_\_\_\_\_ Later \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_

Job Title &

Duties: \_\_\_\_\_



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Reason for

Leaving: \_\_\_\_\_

3:

Company

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

Address:

\_\_\_\_\_

Supervisor Name &

Title: \_\_\_\_\_

May We Contact? Now \_\_\_\_\_ Later \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_

Job Title &

Duties: \_\_\_\_\_

Reason for

Leaving: \_\_\_\_\_

4:

Company

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

Address:

\_\_\_\_\_



# Far Hills Police Department

Chief Michael C. DeCarolis

Supervisor Name &

Title: \_\_\_\_\_

May We Contact? Now \_\_\_\_\_ Later \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_

Job Title &

Duties: \_\_\_\_\_

Reason for

Leaving: \_\_\_\_\_

## EDUCATION/TRAINING/CERTIFICATIONS

Name, City, State of Institution	Graduated? Yes/No	Type of Degree Completed	If No Degree, Credits Earned	Major	Minor	GPA
High School						
College						
Technical/GED						

**Certifications and Professional Licenses Held:**

\_\_\_\_\_

**MILITARY SERVICE (If applicable)**



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Branch of Service \_\_\_\_\_

Number of Years/Months of Service \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the position for which you are applying:

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Are you a member of the Reserve or National Guard?

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If you have attended drills, meetings, etc.-give name of unit and location:

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Service number

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Any important additional information?

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## OTHER ORGANIZATIONS

Are you employed by any other organization that requires work from you? If yes, please explain.

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List any business, scientific or professional organization membership. Exclude those that indicate race, religion, national origin or other protected classification.

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## CRIMINAL RECORD INFORMATION

Have you been convicted of a crime or completed a period of incarceration?

Yes \_\_\_ No \_\_\_

Date of Conviction: \_\_\_\_\_

Have you been charged with plead guilty or been found guilty of a crime, Disorderly Persons Offense or a Municipal Ordinance? Yes \_\_\_ No \_\_\_

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

If the answer to the above question is "yes", please list all information below describing in detail:

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**REFERENCES:** Please include persons not related to you who know your qualifications.

Name	Relationship	Position	Address	Telephone

## APPLICANT'S ACKNOWLEDGMENT

As an applicant for a position with the Borough of Far Hills, I understand and agree that I must provide truthful and accurate information in this application. I certify that the answers given herein are true and complete to the best of my knowledge and that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts may be cause for my dismissal at any time without prior notice.

I understand that any offer of employment may be subject to job related medical physical, drug or psychological testing. I also understand that some positions may involve complete background and criminal checks.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.



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I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

I understand that as a condition of employment, I must be able to perform all the duties of the position applied for. I also understand that if employed, by the Borough of Far Hills, I must abide by all rules and regulations of the Borough of Far Hills.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent for drug testing and if the test results are positive and are not accounted for by their legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. For your application to be considered, you must sign and date below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_