



TOWNSHIP OF HANOVER

APPLICATION FOR EMPLOYMENT

LAW ENFORCEMENT POSITIONS

Before answering any questions, please read all directions and instructions carefully.

**TOWNSHIP OF HANOVER
EMPLOYMENT GUIDELINES FOR
LAW ENFORCEMENT JOB POSITIONS**

**BEFORE COMPLETING THE ACCOMPANYING APPLICATION FOR EMPLOYMENT,
PLEASE READ THE FOLLOWING INSTRUCTIONS AND STATEMENTS**

1. To be considered for employment, all questions on the application must be answered.
2. The application requires that you provide the Township with the names, addresses and telephone numbers of four (4) prior work-related managers or supervisors who can verify prior employment and rate your performance.
3. The application process may require one or more interviews with Township officials.
4. An individual hired by the Township is required to complete a twelve (12) month probationary period for law enforcement positions and attain a satisfactory job performance evaluation.
5. The Township may inquire whether you need reasonable accommodation if you voluntarily disclose a medical condition, display an obvious need for a reasonable accommodation for a medical condition, or after a conditional offer of employment has been extended.
6. The Township's offer of employment to you may also be conditioned upon the results of a post-offer physical and/or psychological examination, and upon drug and alcohol testing. The Township reserves the right to withdraw the conditional job offer and reject employment if the medical examinations determine that the job functions of this position cannot be performed even with reasonable accommodations.
7. In compliance with the Hanover Township Employee Drug Screening Policy and Procedures, and New Jersey Attorney General's Guidelines, applicants receiving conditional offers of employment are also required to take a pre-employment urine analysis.
8. The Township prohibits discrimination in employment and ensures that all applicants are recruited, employed and treated without regard to their age, race, color, creed, national origin, religion, ancestry, marital or veteran status, sex, affectional or sexual orientation or the presence of a non-job-related medical condition or disability or any other legally protected status.

9. False or misleading information or the submission of any false or misleading documents provided in or with the application, or as part of any interview, may result in the discharge of the person should he/she be employed by the Township. Residency in New Jersey is a legal requirement for employment by the Township, and all applicants will be required to submit evidence of New Jersey residency.

10. Township employees are required to conduct themselves in a professional and courteous manner in their relationships with other employees and especially the public which they serve. Employees shall comply with all the rules, regulations and ordinances of the Township.

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE A CLARIFICATION OF ANY ITEM, PLEASE ASK BEFORE SIGNING THIS DOCUMENT.

I _____, DO HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE INSTRUCTIONS AND STATEMENTS SET FORTH ABOVE.

RETURN THIS SIGNED FORM WITH THE FULLY COMPLETED AND SIGNED APPLICATION. A COPY OF THIS FORM WILL BE GIVEN TO YOU IF YOU LIKE.

**TOWNSHIP OF HANOVER
APPLICATION FOR EMPLOYMENT**

ACKNOWLEDGEMENT STATEMENT AND WAIVER

I certify that to the best of my knowledge, the information contained in this application and the answers given by me are true and complete. Furthermore, I give Hanover Township authorization to investigate all of the statements made in this application as may be necessary in arriving at a decision to employ me.

I FULLY UNDERSTAND THAT NOTHING SET FORTH IN THIS EMPLOYMENT APPLICATION, OR IN THE GRANTING OF AN INTERVIEW(S), IS/ARE INTENDED TO CREATE AN EMPLOYMENT AGREEMENT BETWEEN MYSELF AND THE TOWNSHIP FOR EITHER EMPLOYMENT, OR THE PROVISION OF ANY BENEFITS.

In the event I am employed by the Township, and it is discovered that I have provided false or misleading information on the application or in the interview(s), I may be liable to disciplinary action including termination. I further accept and acknowledge that I am required to abide by all the rules, regulations and ordinances of the Township should I be employed.

Pursuant to Federal Law, proof of U.S. Citizenship or authorization of work and proof of New Jersey residency, will be required if you are hired. This is a condition of employment and will result in removal if such proof is not submitted within three (3) business days of the beginning date of employment.

Applicant Signature

Date Signed

Your interest in employment opportunities with the Township is appreciated.

APPLICATION FOR EMPLOYMENT QUESTIONNAIRE

The Township prohibits discrimination in employment and ensures that all applicants are recruited, employed and treated without regard to their age, race, color, creed, national origin, religion, ancestry, marital or veteran status, sex, affectional or sexual orientation or the presence of a non-job-related medical condition or disability or any other legally protected status.

 Date of Application

Position(s) Applied for _____

Referral Source Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name: _____
 Last First Middle

Address: _____
 Number Street City State Zip Code

Telephone:(____) _____ Social Security Number: _____

Are you 18 years of age? Yes No

If not, can you furnish a work permit? Yes No

If not, employment is subject to verification that you are of minimum legal age and able to supply any required work permit.

Attached to this application is a job description describing the essential job functions of the position for which you are applying. After reviewing the job description, please state whether or not you would be able to perform all of the job functions listed.

Are you able to perform each of the essential job functions listed for this position with or without accommodation? Yes No

Military Service:

Veteran of the U.S. military service? Yes No _____
Branch

Date and Status of Discharge: _____
(e.g., Honorable, General, Dishonorable, etc.)

List any training you have had or special skills acquired during your military service:

Was any type of disciplinary action taken against you in the service? Be sure to include discipline for which there was no "judicial punishments," if applicable. Detail date, type of action and disposition:

Are you a member of the Reserve or National Guard? Yes No
If yes, provide branch of service, dates, currently active/inactive:

Have you ever had any job-related training in the United States military? Yes No
If yes, please describe:

Employment History:

Have you filed an application here before? Yes No _____
Give Starting and Ending Date

Have you ever been employed here before? Yes No _____
Give Starting and Ending Date

Are you employed now: Yes No

If yes, may we contact your present employer? Yes No

Are you authorized to work in the United States? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

Are you on a lay-off and subject to recall? Yes No

Any employee whose work requires the operation of motor vehicles while on duty for the Township must hold a valid New Jersey State Driver's License.

All new employees who will be assigned work entailing the operating of a Township vehicle while on duty will be required to submit to a Motor Vehicle Commission driving records check as a condition of employment. A report indicating a suspended or revoked license status may be cause to deny or terminate employment.

Have you ever made application to any police department or public safety agency?
If yes, detail date, name and address of agency; and the result of the application (e.g., hired, not hired, decision pending, etc.):

Were you ever, or are you now, on any employment list for any police department or public safety agency? If yes, detail date, agency name and address, and position on any list:

Have you ever been rejected for employment by any police department or public safety

agency? If yes, detail date, name and address of agency, and reason for rejection:

EMPLOYMENT EXPERIENCE
LIST YOUR MOST RECENT EMPLOYER FIRST
 (Add additional pages if necessary)

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	From	To	
	Supervisor		Reason for Leaving

Employer	From	To	Work Performed
Address			
Telephone Number(s)			
	Supervisor		Reason for Leaving

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Court Records:

Have you ever been convicted of/found guilty of/pled guilty to any crime:

Do not include motor vehicle offenses or municipal offenses except as noted in b. and c. below. Do not include cases in which you were exonerated of the charges. A conviction will not automatically disqualify you from employment although it may be grounds for denial of employment for job-related reasons, such as where the conviction(s) relates adversely to the employment sought.

a. Criminal offenses. Yes No Unsure

b. Disorderly or petty disorderly persons offenses (often called misdemeanor offenses in other states) Yes No Unsure

c. Driving under the Influence (DUI) or Driving While Intoxicated (DWI). Yes No Unsure

Note: if you check "yes" or "unsure" about any of your answers above, please explain below, giving approximate dates of the events and details of any dispositions.

Have you ever been admitted into a Pre-Trial Intervention, Conditional Discharge or Conditional Dismissal program? If you checked "yes" or "unsure" please explain below, giving approximate dates of the events and details of any dispositions.

Yes No Unsure

Do you have any pending criminal or non-criminal charges (including motor vehicle offenses and municipal offenses) or unresolved arrests? If you checked "yes" or "unsure" please explain below, giving approximate dates of the events and details of the pending charges or unresolved arrests below.

Yes No Unsure

Have you ever had a conviction, an offense for which you were found guilty or pled guilty, or a Pre-Trial Intervention, Conditional Discharge or Conditional Dismissal program record expunged? The Township is entitled to obtain information regarding expunged records of those seeking employment pursuant to *N.J.S.A. 2C:52-27(c)*. If you checked "Yes" or "Unsure" please explain below, giving approximate dates of the events and details of any dispositions or unresolved arrests below.

Yes No Unsure

List any outstanding judgments or liens, giving dates, names of judgment creditor or lienor, amount, docket number and court name and location.

Have you ever filed for bankruptcy, or been adjudicated bankrupt? Yes No

If yes, detail date, name, and location of court:

Motor Vehicle:

Do you possess a valid NJ Driver's License? Yes No

License Number: _____ Exp. Date: _____

If yes, complete the following:

Issuing State: _____ Dates: From _____ to _____

Has your driving privileges or motor vehicle registration ever been revoked or suspended?

PERSONAL REFERENCES

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Friend Relative Co-Worker

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Friend Relative Co-Worker

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Friend Relative Co-Worker

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Friend Relative Co-Worker

State any additional information you feel may be helpful in considering your application:

EMPLOYMENT REFERENCES

Please provide the Township with the names, addresses and telephone numbers of four (4) prior work-related managers or supervisors who can verify prior employment and rate your performance.

LIST THE MOST RECENT EMPLOYER FIRST

Employer: _____
Address: _____
Manager or Supervisor to Contact: _____
Telephone No.: _____
Employer: _____
Address: _____
Manager or Supervisor to Contact: _____
Telephone No.: _____
Employer: _____
Address: _____
Manager or Supervisor to Contact: _____
Telephone No.: _____
Employer: _____
Address: _____
Manager or Supervisor to Contact: _____
Telephone No.: _____

EDUCATION

Elementary School

School Name & Location _____ _____
Describe Course of Study

High School

School Name & Location _____ _____
Describe Course of Study

Undergraduate College/University

School Name & Location _____ _____
Describe Course of Study

Graduate/Professional

School Name & Location _____ _____
Describe Course of Study

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any honors you have received:

State any additional information you feel may be helpful in considering your application.

CONSENT TO CONDUCT RECORDS CHECK

Dear Prospective Employee:

As part of the Township of Hanover's overall review of your employment application, it is necessary for the Hanover Township Police Department to conduct a records check. Therefore, please read the following statement carefully before it is signed.

I, _____, hereby give my consent to the Hanover Township Police Department to conduct a records check with local, county, state police, and the Federal Bureau of Investigation as part of my application for the position noted in this application. I further understand that this check includes a review of my driver's license record through the New Jersey Motor Vehicle Commission.

I also give my consent to any Police Department Record Bureau to forward a copy of any record that may exist against me or to notify the Township of Hanover that no record exists. I further understand that an offer of employment may be conditioned on the results of a medical examination.

I will, upon request, execute a full and complete release authorizing the Hanover Township Police Department to obtain copies of all personnel, disciplinary and internal affairs records maintained by any law enforcement agency whom I was previously employed.

I further understand that any records check or any review of past medical records shall be kept confidential and shall not be released to any other potential employer without my express written consent.

Applicant's Signature

Date: _____

**Privacy Waiver
Personal Inquiry Waiver
Authority for Release of Information**

TO: Concerned Person or Authorized Representative of Any Organization, Institution or Repository Records

Applicant's Name: _____
(please print)

Date of Birth: _____ Social Security Number: _____

I respectfully request and authorize you to furnish the **Township of Hanover Police Department** any and all information that you may have concerning my employment, work record, school record, military record, Police Academy records, reputation, state and federal income tax records and financial and credit status. Please include any and all medical records (physical or mental) and reports including information of a confidential or privileged nature. Please allow a representative from all Township of Hanover Police Department to review my entire personnel file and any disciplinary action and/or internal affairs investigations which may have resulted during my employment and photocopy any document(s). This information is to be used to assist the Township of Hanover Police Department in determining my qualifications and fitness for the position I am seeking with that Department.

I hereby release you, your organization or others from any liability or damage that may result from furnishing the information requested above.

A photocopy of this Waiver shall be considered a valid original.

Applicant's Signature _____
Date

Number and Street Name Town/City State Zip Code

AFFIDAVIT

STATE OF NEW JERSEY)
COUNTY OF MORRIS)

Before me personally appeared the said _____, who says he/she executed the above instrument of his/her own freewill and accord with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____, 20__.

My commission expires _____ Notary Public SEAL: