

**MANTOLOKING POLICE DEPARTMENT
AUTHORIZATION AND RELEASE**

**CHIEF OF POLICE
STACY S. FERRIS
P.O. Box 247, DOWNER AVE., MANTOLOKING, NJ
08738
(732) 295-1401**



Applicants please select desired position you are applying for:

- SLEO II
- SLEO I
- FULL TIME

I, _____, hereby request that you release to the Mantoloking Police Department and the Borough of Mantoloking, any and all information that you have on file and/or record wherein my name appears. I also hereby release you as the custodian of such information and any Federal, State, or local law enforcement agency; and all previous employers including their officers, employees, or related personnel, any school, college, university, or other educational institution; any hospital or repository of medical records; any credit bureau, lending institution, or consumer reporting agency, 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 to release information, or any attempt to comply with this release.

I hereby authorize the Mantoloking Police Department and the Borough of Mantoloking to receive and have total access to the records set forth above, and release the Mantoloking Police Department and the Borough of Mantoloking, its officers, employees, and agents from any and all liabilities from damage which may result from the authorization contained herein.

I hereby authorize a photocopy of this **AUTHORIZATION** and **RELEASE** to be considered a true copy of the original of this form which will be on file with the Mantoloking Police Department and the Borough of Mantoloking and to have the same effect as the original.

I am voluntarily furnishing the identifying information listed below to assist you in locating my records:

Legal Signature _____

Date _____

New Jersey Attorney General Guidelines for Law Enforcement Diversity

N.J.S.A. 52:17B-4.10

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Two or more races
- Other

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Gender

- Female
- Male
- X or Non-Binary

Sexual Orientation (for applicant reporting only)

Do you identify as LGBTQ+

- Yes
- No

*All answers are voluntary

**MANTOLOKING POLICE DEPARTMENT
POLICE APPLICATION**

**CHIEF OF POLICE
STACY S. FERRIS
P.O. Box 247, DOWNER AVE., MANTOLOKING, NJ
08738
(732) 295-1401**



FULL NAME (PRINT): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SS #: _____

PTC # (IF KNOWN): _____

****NOTARY REQUIRED****

The above listed individual subscribed and sworn before me on this _____ day of _____
in the year _____.

AFFIX SEAL BELOW

Notary Public Signature

PLEASE ENCLOSE THE FOLLOWING:

- Photograph – unmounted full-face photograph of yourself 2 ¾ x 2 ½ inches. Photographs must be no more than 3 months old.
- Birth Certificate
- High School Diploma
- College Diploma(s)
- Police Training Certificate

***** No appointment will be considered unless photograph and copies of certificate(s) are furnished.**

All photos and copies will become the property of the Mantoloking Police Department. If space is not sufficient to complete your answers, or you wish to furnish additional information, attach sheets, same in size, and number to the corresponding questions.

PERSONAL HISTORY

DATE: _____

CELL PHONE: _____

HOME PHONE: _____

NAME: _____
(First) (Middle) (Last)

Have you ever legally changed your name? Yes ___ No ___

If answer is "Yes" designate: _____
(Date) (Place) (Court)

Residence Address: _____
(Street) (City) (State)

Date of Birth _____ Birthplace _____
(City) (State)

Social Security Number: _____

Driver's License Number _____

State: _____ Exp. Date: _____

List any and all vehicles registered to you. Include license plate #:

Age ___ Height ___ Weight ___ Hair Color ___ Eye Color ___

Scars, marks, tattoos (Identify)

Vision Acuity _____ Corrected?? Yes ___ No ___

Color Perception _____

Are you: Single ___ Married ___ Separated ___ or Divorced ___

If single, do you live with your parents? Yes ___ No ___

Give the following information regarding marriage or marriages:

WHEN	WHERE	SPOUSE'S MAIDEN NAME & ADDRESS (if applicable)

Give the following information concerning your parents and your spouse/s.

NAME	ADDRESS	LIVING Y or N	BIRTH PLACE

Father's Name _____

Mother's Maiden Name _____

Father in Law's Name _____

Mother in Law's Name _____

Are you living with your Spouse? Yes _____ No _____

If not, state reason(s) why _____

Were you ever legally or voluntarily separated? Yes _____ No _____

If yes, how many times _____?

Were you ever divorced or had a marriage annulled? Yes _____ No _____

If yes, how many times _____?

If a marriage to which you were a party was ever dissolved, fill out the following:

	HOW	TO WHOM WAS DIVORCE GRANTED?
Separated		
Divorced		
Annulled		

List below every child born to you:

NAME	DATE OF BIRTH	PLACE OF BIRTH	WITH WHOM & WHERE CHILD RESIDES

Are you now supporting all children born to you, adopted by you, and/or any stepchildren?

Yes _____ No _____

If not, please give full details _____

Have you ever been involved as a defendant in a paternity proceeding? Yes _____ No _____

If yes, please give full details _____

Have you ever been Arrested, Charged or Convicted of a crime in this state or any other state or country? Yes: _____ No: _____

If yes, please give details and attach copies of all the paperwork you have for these matters.

DATE	PLACE	CHARGES	DISPOSITION

Have you ever been charged with a motor vehicle violation? Yes: _____ No: _____

If yes, please give details and attach copies of all the paperwork you have for these matters.

DATE	PLACE	CHARGES	DISPOSITION

Have you ever been charged with a civil violation? Yes: _____ No: _____

If yes, please give details and attach copies of all the paperwork you have for these matters.

DATE	PLACE	CHARGES	DISPOSITION

List all social media accounts that you maintain with user name:

MEDIA ACCOUNT	USERNAME

FAMILY

Give the names of every member of your immediate family who is still living: Include Father, Mother, Sisters, Brothers, Grandmother(s) & Grandfather(s).

NAME	RELATIONSHIP	ADDRESS	OCCUPATION

Are you a citizen of the United States of America? Yes: _____ No: _____
 Natural Born ____ Naturalized ____ Derivative ____

Have you ever by word of mouth or in writing advocated, advised, or taught the doctrine that the government of the United States of America or of any State or any political sub-division thereof should be overthrown or overturned by force, violence, or any unlawful means?

Yes _____ No _____

Has any member of your immediate family ever been arrested or convicted of a crime?

If yes, please list below.

NAME	RELATIONSHIP	DATE	PLACE	CHARGE	DISPOSITION

Are you now or have you ever been a member of any subversive organization?

Yes _____ No _____

If yes, please explain: _____

Have you ever been connected or affiliated in any manner with or have you ever attended any meeting of any subversive organization?

Yes _____ No _____

If answer is yes, describe the circumstances and reasons for attendance _____

List all addresses since your **10th** birthday, starting with present address at top:

STREET	CITY	STATE	FROM	TO

WORK HISTORY

What is your present occupation? _____

Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? Yes _____ No _____

If yes, give details: _____

Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or employment? Yes _____ No _____

If yes, give details: _____

Have your employers always treated you fairly? Yes _____ No _____

If not, please explain: _____

Have you had experience with Shift Work? Yes _____ No _____

Have you ever filed a claim for Workman's Compensation? Yes _____ No _____

If yes, please give details on separate sheet of paper.

Do you have any prior law enforcement experience? Yes _____ No _____

If yes, list department and position held: _____

List all jobs you have held in the last **five (5) years**. Place your present employment first:

From _____ **to** _____ **Exact Title or Position** _____

Name and Address of Employer _____

Your duties _____

Name and Title of your Supervisor _____

Number of people you Supervised _____ Salary Per Annum _____

Reason for Leaving _____

From _____ to _____ Exact Title or Position _____

Name and Address of Employer _____

Your duties _____

Name and Title of your Supervisor _____

Number of people you Supervised _____ Salary Per Annum _____

Reason for Leaving _____

From _____ to _____ Exact Title or Position _____

Name and Address of Employer _____

Your duties _____

Name and Title of your Supervisor _____

Number of people you Supervised _____ Salary Per Annum _____

Reason for Leaving _____

From _____ to _____ Exact Title or Position _____

Name and Address of Employer _____

Your duties _____

Name and Title of your Supervisor _____

Number of people you Supervised _____ Salary Per Annum _____

Reason for Leaving _____

Do you have any physical defects which would preclude unrestricted, regular participation in defensive tactics or physical training? Yes _____ No _____

If answered "yes" give details: _____

Have you ever served in a Military or Naval organization of the United States of America?
Yes _____ No _____

Branch of Service: _____ Highest Rank held: _____

Unit in which you last served: _____ Service Number: _____

List all Medals and Decorations awarded you as a member of the Armed Forces: _____

What is the type of your discharge, Exact Title: _____

Give date and location of entrance to active duty: _____

Were you ever court martialed in a grade of military or naval court? Yes _____ No _____

If yes, please give details on separate sheet of paper, and attach copies of all the paperwork you have for these matters.

REFERENCES

Give three (3) references (not relatives, former employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men or women, who have known you well during the past five years.

Complete Name _____ No. of Yrs. Acquainted _____

Address _____

Residence Phone: _____ Business Phone: _____

Occupation _____

Complete Name _____ No. of Yrs. Acquainted _____

Address _____

Residence Phone: _____ Business Phone: _____

Occupation _____

Complete Name _____ No. of Yrs. Acquainted _____

Address _____

Residence Phone: _____ Business Phone: _____

Occupation _____

Have you had any serious illnesses or any operations in the past three years

Yes _____ No _____

If yes, give details: _____

List below any extended absences from work you have had because of personal illness and describe the cause

EDUCATION

Please fill in names of schools, years attended and year graduated.

	NAME OF SCHOOL & ADDRESS	YRS ATTENDED	YEAR GRADUATED
Elementary			
Secondary			
High School			
College			
Other			

If Military Equivalent Certificate obtained set out date and name and location of high school:

If further education, set out name and locations of institutions, years attended, and degrees received: _____

What school subject/s was most difficult for you? _____
Why? _____

What school subject/s did you like best? _____
Why? _____

CERTIFICATION

I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

Applicant Signature

Date

ATTACH PHOTO HERE

