



# BERLIN POLICE DEPARTMENT

## REQUIRED DOCUMENTS for the FORMAL APPLICATION

APPLICATION # \_\_\_\_\_

The attached application is required for you to proceed in the process. The completed application is due in person at the **Berlin Police Department Headquarters**. Copies of the documents listed below are also required.

**DO NOT SUBMIT THE ORIGINAL DOCUMENTS UNLESS SPECIFIED!**

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### REQUIRED PAPERS AND DOCUMENTS

1. Birth Certificate
2. High school diploma or certificate of high school equivalency. (High school equivalency certificate (e.g., GED report) must be accompanied by the test score report.)
3. Official sealed and unopened high school and college transcripts. If the school will not give you the transcripts, have it mailed to the Berlin Police Department, 59 S. White Horse Pike, Berlin, NJ 08009, and Attention **Internal Affairs**.
4. DD Form 214, Certificate of Discharge from the Armed Forces, for each period of military service. The DD Form 214 must be the copy that reflects "Reentry Code."
5. Marriage license(s).
6. Naturalization certificate.
7. All court orders or papers such as those listed below.
  - Divorce decrees(s)
  - Name Changes(s)
  - Adoptions(s)
  - Civil or criminal court orders or dispositions
  - Bankruptcy order(s)
  - Ex Parte orders
8. Social Security Card
9. Driver's license, any vehicle registrations card(s) and proof of vehicle insurance.
10. Completed Application Drug Testing Notification

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**Order the required documents now as it will take time for certain documents to arrive. Forms that are not in your possession at the time you submit your application must be delivered as soon as you receive them.**



# BERLIN POLICE DEPARTMENT

## DRUG TESTING APPLICANT NOTICE & ACKNOWLEDGMENT

APPLICATION # \_\_\_\_\_

I \_\_\_\_\_, understand that as part of the pre-employment process, the Berlin Police Department will conduct a comprehensive background investigation to determine my suitability for the position of Police Officer or SLEO II.

I understand that a part of the process, I will undergo drug testing through urinalysis.

I understand that a negative drug test result is a condition of employment.

I understand that if I produce a positive test result for illegal drug use, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use that information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to employment with a criminal justice agency.

I understand that if I produce a positive test result for illegal drug use and am not currently employed as a sworn law enforcement officer, I will be barred from future law enforcement employment in New Jersey for two years from the date of the test. After the two year period, the positive test result may be considered in evaluating my fitness for future criminal justice employment.

I understand that if I am currently employed as a sworn law enforcement officer and I produce a positive result for illegal drug use, my current law enforcement employer will be notified of the positive test result. In addition, I will be dismissed from my law enforcement position and I will be permanently barred from law enforcement employment.

I understand that if I refuse to submit to drug testing during the pre-employment process I shall be;

- Immediately removed from consideration for law enforcement employment, and
- Barred from consideration for future law enforcement employment for a period of two years from the date of the refusal.
- In addition, the appointing authority shall forward my name to the Central Drug Registry.

I have read and understand the information contained on this "Applicant Notice & Acknowledge" form. I agree to undergo drug testing through urinalysis as part of the pre-employment process.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**BERLIN POLICE DEPARTMENT**  
**Authorization for Release of Information and Records**

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Berlin Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Berlin Police Department bearing this release to obtain any information in your files pertaining to my employment records or personal records and I hereby direct you to release such information upon request of the bearer.

I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Berlin Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education records, my financial status, my criminal history record, including and arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and /or sealed. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

A photocopy or fax copy of this release form shall be considered the same as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>State of</b> _____	<b>County of</b> _____
Before me personally appeared the said _____ <span style="font-size: small; display: block; text-align: center;">Printed Name of Applicant</span>	
Who says that he / she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.	
Sworn to and subscribed before me this _____ day of _____, 20_____	
My Commission Expires _____	Notary Public _____ <span style="font-size: small; display: block; text-align: center;">Printed Name of Notary</span>
	Notary Public _____ <span style="font-size: small; display: block; text-align: center;">Signature of Notary</span>
<i>Seal:</i>	

# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



For BPD use only APP #

This Formal Application Form will be used to record information concerning applicants for employment with the Berlin Police Department. Read every question carefully. Answer every question – leave no blank spaces – if question does not apply to you, enter *N/A* (not applicable). The applicant will personally prepare this form. All entries, except signatures, must be typed or printed legibly in block letters. Entries must be made in black ink. If space is insufficient for answering a question, add an additional page.

**SPECIFY POSITION APPLIED FOR:**

- BERLIN POLICE OFFICER
- SLEO II
- OTHER (Specify) \_\_\_\_\_

**ANSWER ALL  
QUESTIONS**

**NOTE:** *It is the continuing responsibility of the Applicant to notify the Berlin Police Department in writing of any changes.*

## PERSONAL DATA

1. What is your Full Name? \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_

Last NameFirst NameMiddle Name

2. Give any other names you have used or been known by. Attach statement and reason.

\_\_\_\_\_

Last NameFirst NameMiddle Name

3. Where were you born? \_\_\_\_\_

City/TownStateForeign CountryZip Code

Birth Certificate \_\_\_\_\_

NumberCity/TownStateCountryZip

If foreign born, are you naturalized?  Yes  No Certificate # \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

NumberState Issued



# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



## SOCIAL STATUS

8. Are you presently:    Single     Married     Divorced     Widowed

9. Give the following information regarding present marriage and all former marriages:

When	Where	By Whom	Name of Spouse (Maiden Name if Female)	
			Last Name	First Name

10. If presently separated or divorced, what is the present address of your estranged or former spouse(s)?

1. \_\_\_\_\_
2. \_\_\_\_\_

11. List below, all children that are born to you, adopted by you or related to you as a stepchild:

Name		Date of Birth	Place of Birth	With Whom Child Resides and Address
Last Name	First Name			

12. Are you now supporting all of these children?    Yes     No

If NO, explain: \_\_\_\_\_

13. List below any persons residing in your household, not listed in Block 14 or 15.

Name	Relationship	Date of Birth	Social Security #	Occupation/Employer

# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



14. List Family Information Include Spouse, Father, Mother, Sisters, Brothers, Stepparents, Stepbrothers and Stepsisters. *(If additional space is needed, copy this form)*

Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone
Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone
Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone
Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone
Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone
Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone
Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone
Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone
Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone

15. List Names of Three Friends and/or Associates - List Boyfriend, Girlfriend, or Significant Other First.

Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone
Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone
Name		Relationship	Full Address & Zip Code		BBPD Use
Date of Birth	Social Security #	Name/Business/Employer	Occupation	Work Phone	Home Phone

# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



## EDUCATION

16. List chronologically, (earliest dates first) after elementary school, all high schools and colleges that you have attended. You may also list any training course you feel may benefit this application.

From		To		Name of High School	Exact Address			Last Grade
Month	Year	Month	Year		Street	City/Town	State/Zip	

  

From		To		Name of College, University	Exact Address			Degree or No. Credits
Month	Year	Month	Year		Street	City/Town	State/Zip	

17. List all problems with school. Include but do not limit to: absenteeism, tardiness, poor grades, and other discipline problems. Include college.

Date	Name of School or College	Problem

18. **Sworn Police Officer Applicants only** will have transcripts forwarded from all colleges that they have attended. Have all transcripts forwarded to:

***Berlin Police Department  
59 S. White Horse Pike  
Berlin, NJ 08009  
Attention: Internal Affairs***

***Proper fees must be forwarded to the colleges by applicant.***

To indicate that you understand and have completed item 18: Initial here \_\_\_\_\_



# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



## EMPLOYMENT

19. List present employment. Include self, part-time, full-time, military service, and volunteer work.

Name/Company		Full Address & Zip Code		
Date Hired	Position	Duties	Immediate Supervisor	Work Phone Number (      )
Name/Company		Full Address & Zip Code		
Date Hired	Position	Duties	Immediate Supervisor	Work Phone Number (      )

20. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member?  Yes  No

If YES, please explain: \_\_\_\_\_

21. List each and every place you were previously employed. Omit NONE since AGE 18. Include all part-time, full-time, military service and volunteer work. Give correct and full addresses. Give dates of idleness between employment, including leave(s) of absence. If you had more than one supervisor at any employment location, list them as well. List Chronologically – MOST RECENT work FIRST.

From		To		Employer's Name / Branch of Military	Phone Number	Immediate Supervisor	Job Title
Month	Year	Month	Year	Employer's Full Address (or where stationed)			Reason for Leaving



# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



22. Did you ever serve in the military of any country:  Yes  No  
 If YES, for what country? \_\_\_\_\_

Complete the following information:

Served From	Served To	Branch of Service	Highest Rank	Military Specialty	Service Serial #

23. Were you ever Discharged or asked to Resign from **Employment** or **Military Service**?  Yes  No  
 If YES, how many times? \_\_\_\_\_ Give details of discharge or forced resignation below:

Employer or Branch of Service	Date of Action	Supervisor	Type of Discharge and Reason

24. Were you ever subjected to disciplinary action in connection with any **Employment, Military Service or Volunteer Organization?**  Yes  No

If YES, how many times? \_\_\_\_\_ Give details of discipline below:

Employer or Branch of Service	Date of Action	Supervisor	Type of Discipline and Reason

25. Have you previously made application to the Borough of Berlin?  Yes  No  
 Have you previously made application to any other Law Enforcement Agency?  Yes  No

If YES, for what position? \_\_\_\_\_ Complete information below:

Agency Name and State	Date Applied	What is Status of Application?

# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



## ARRESTS, SUMMONSES

26. Have you ever been arrested for or charged with Juvenile Delinquency?  Yes  No  
 Have you ever been arrested, indicted or convicted for a Criminal Violation?  Yes  No  
 Have you ever had any Criminal Record Expunged?  Yes  No  
 Have you ever been arrested for or charged as a Disorderly Person?  Yes  No  
 Have you ever been arrested for or charged for violating a City Ordinance?  Yes  No  
 Have you ever been investigated by any Law Enforcement or Private Agency?  Yes  No  
 Have you ever been held or detained by a Law Enforcement Agency?  Yes  No  
 Have you ever been held as a Material Witness?  Yes  No  
 Have you ever had issued/delivered to you in person or by mail a summons to appear in court?  Yes  No

Date	Age	Violation, Charge or Reason	Location	Disposition (convicted, not charged, etc.)	Law Enforcement or Other Agency

27. Have you or your spouse ever been summoned, subpoenaed, requested or required to testify before any municipal, state, federal agency, committee, court, or other investigative body?  Yes  No  
 Have you or your spouse ever had a restraining order filed against you or have you or your spouse ever been a victim of domestic violence?  Yes  No  
 If YES to any of the above, please indicate below every action or proceeding and reason:

Date	Action or Proceeding	Reason	Name of Agency, Body, etc.

## ILLEGAL DRUGS

28. Have you ever, or are you presently using illegal drugs?  Yes  No  
 Have you ever inhaled, injected or ingested any substance to experience euphoria or a feeling of well being?  Yes  No  
 If YES to either, please explain: \_\_\_\_\_

***Drug screening through urinalysis is mandatory during pre-employment and again during training. A positive confirmation of the presence of illegal drugs in the applicant's urine will result in: 1) Rejection for employment; and 2) Inclusion of applicant's positive testing in a central registry maintained by N.J.S.P. which information will be available through court order or should applicant again apply for future law enforcement employment. Failure to provide the urine sample will result in rejection for employment.***

***"I have read and understand the consequence of refusing to provide a urine sample."***

Applicant Initial Here: \_\_\_\_\_

# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



## MOTOR VEHICLE HISTORY

29. If you possess any of the following items, complete the information below:

Item	Number	State	Year, Make, Model, Color	Date Issued	Date Expires
Motor Vehicle Registration	Plate Number		Year, Make, Model, Color		
Second Motor Vehicle Registration	Plate Number		Year, Make, Model, Color		
Motor Vehicle Driver's License	D / L Number		Restriction Codes		
Operator's License for Any Other Vehicle	Number		D/L Type		

30. Have you ever received a summons for violating *any* motor vehicle laws in N. J.?  Yes  No  
 Have you ever received a summons for violating any motor vehicle laws in any other state?  Yes  No  
 Has your Motor Vehicle Registration ever been revoked or suspended in any state?  Yes  No  
 Has your Driver's License ever been revoked or suspended in any state?  Yes  No

If you answered **YES** to any of the above, provide details below: (attach additional sheet if necessary)

Date	Age	Violation, Charge, or Reason	Location	Disposition (Guilty, dismissed, revoked, etc.)	Name of Law Enforcement Agency

31. Have you ever been involved in a motor vehicle accident as a registered owner or operator whether reported or not reported to the police, regardless of fault?  Yes  No

If you answered **YES**, how many times? \_\_\_\_\_ Give details of each accident below:

Location	Date of Accident	Name and Address of Investigating Law Enforcement Agency

32. Has your motor vehicle insurance ever been revoked or issuance refused?  Yes  No

If **YES**, please explain: \_\_\_\_\_

Insurance Company who dropped or refused coverage	Policy Number	Name of Agency	Phone Number
Insurance Company by whom you are currently covered	Policy Number	Name of Agency	Phone Number

# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



## GENERAL

**\*\*\*Applicants must include a copy of a recent credit report with this completed form in addition to providing the following financial information\*\*\***

33. Have you any garnishment, wage assignment, lien, or judgment pending against you?  Yes  No

If YES, give details:

TYPE: Garnishment Judgment, etc.	WITH WHOM: Name, address, zip code	Phone Number with Area Code	When Incurred	Original Amount	Present Amount	Monthly Payment	Amount in Arrears

34. Are all tax payments required to be made by you current?  Yes  No  
 Are all payments on all loans, including student loans, current?  Yes  No  
 Are all charge accounts or other monthly installment obligations current?  Yes  No

If NO to any above questions, please explain:

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35. Have you ever been bonded?  Yes  No  
 Have you ever been refused a bond?  Yes  No  
 Have you ever received or are you currently receiving public assistance?  Yes  No  
 (welfare, etc.)

If YES to any above questions, please explain:

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36. Were you or your spouse ever summoned or subpoenaed to court in a civil action or proceeding in this state or elsewhere, or could such a possibility ensue as a result of any recent transaction or occurrence?  Yes  No

Indicate below, every civil action or proceeding in which you or your spouse were summoned or subpoenaed, or in which you or your spouse were a party and also the contingent possibilities as described above.

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, or Witness	Court Disposition (Judgment for, against, amount, etc.)

37. Have you ever applied for any pistol license, firearm license, firearm identification card, or dealers license in this or any other state?  Yes  No

If YES, explain: \_\_\_\_\_

# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



## ALL APPLICANTS MUST COMPLETE THIS SECTION

### LAW ENFORCEMENT ACQUAINTANCES

38. List the names of all Federal, State or Local Law Enforcement Officers with whom you are personally acquainted.

Name	Phone Number (with area code)	Name of Law Enforcement Agency	How are you acquainted with them?

### SUBVERSIVE ACTIVITY

39. Are you now, or have you ever been, a member, associated with, or affiliated with any subversive organization, association, movement, or group, or have you associated with any individuals, including relatives whom you have reason to believe are or have been members of any such organization or group which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the state or federal government by unconstitutional or unlawful means?

Yes                       No

Are you now, or have you ever been, a member, associated with, or affiliated with any organized crime group or family, association, or have you associated with any individuals, including relatives whom you have reason to believe are or have been members of any such organization or group?

Yes                       No

If YES to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

40. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for this position, including but not limited to, knowledge or information concerning your character, temperance, habits, employment, education, family, association, criminal records, traffic violations, residence or otherwise?

Yes                       No

If YES to the above please explain: \_\_\_\_\_

\_\_\_\_\_

*If you have read and understand Items 39 and 40, Initial Here:* \_\_\_\_\_

41. You have been provided with a list of the essential functions for the position of police officer in this municipality. Having read those essential functions, and having had any questions answered, do you believe that you can perform satisfactorily all of those essential functions once you receive basic training at a Police Training Commission approved police academy?

Yes                       No

# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



## CERTIFICATION

*I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that if it is determined that I have made any misrepresentations, omissions, or if there are any other inconsistencies in any facts in this application, that I will be disqualified from the selection process, without appeal. Further, I authorize the Berlin Police Department to verify any and all information contained herein and to review my employment, education, financial and criminal history, military, medical, disciplinary and other records and information from any source as noted in the duly executed Authorization and Release Form.*

*If and when I receive a Conditional Offer of Employment from the Berlin Police Department I will withdraw my candidacy from any other potential employer at the time that the conditional offer is sustained and I further certify that I will not be on a leave of absence.*

*I have read this Certification and I understand and agree to the conditions imposed herein.*

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## AFFIDAVIT

**State of** \_\_\_\_\_ **County of** \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_  
Printed Name of Applicant

Who says that he / she executed the above instrument of his/her own free will and accord,  
with full knowledge of the purpose therefore.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_  
Printed Name of Notary

Notary Public \_\_\_\_\_  
Signature of Notary

*Seal:*



# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



*Reference must not be a Sworn Member of this department, or persons who are already listed in any other section of this application.*

***Applicant must obtain three reputable citizens (no relatives) who will vouch for the honesty, reputation and ability of this applicant.***

## **PERSONAL REFERENCE # 1**

*I, the undersigned, declare that I am over eighteen years of age, that I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant.*

*I will, upon request, give further facts concerning the applicant as I may possess.*

**ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL**

**(PLEASE PRINT OR TYPE)**

Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business City/State/Zip \_\_\_\_\_

Home City: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Home State/Zip: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ How long have you personally known the applicant? \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Is the applicant of good character and reputation? \_\_\_\_\_

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

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



*Reference must not be a Sworn Member of this department, or persons who are already listed in any other section of this application.*

***Applicant must obtain three reputable citizens (no relatives) who will vouch for the honesty, reputation and ability of this applicant.***

## **PERSONAL REFERENCE # 2**

*I, the undersigned, declare that I am over eighteen years of age, that I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant.*

*I will, upon request, give further facts concerning the applicant as I may possess.*

**ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL**

**(PLEASE PRINT OR TYPE)**

Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business City/State/Zip \_\_\_\_\_

Home City: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Home State/Zip: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ How long have you personally known the applicant? \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Is the applicant of good character and reputation? \_\_\_\_\_

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

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BERLIN POLICE DEPARTMENT FORMAL EMPLOYMENT APPLICATION



*Reference must not be a Sworn Member of this department, or persons who are already listed in any other section of this application.*

***Applicant must obtain three reputable citizens (no relatives) who will vouch for the honesty, reputation and ability of this applicant.***

## **PERSONAL REFERENCE # 3**

*I, the undersigned, declare that I am over eighteen years of age, that I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all the statements therein to be true. I am not related in any way to the applicant.*

*I will, upon request, give further facts concerning the applicant as I may possess.*

**ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL**

**(PLEASE PRINT OR TYPE)**

Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business City/State/Zip \_\_\_\_\_

Home City: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Home State/Zip: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ How long have you personally known the applicant? \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Is the applicant of good character and reputation? \_\_\_\_\_

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

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_