

3. Have you ever been in the military?

4. Yes No If yes, check type of discharge

Honorable General Under Honorable Dishonorable

A. What Branch? _____

B. How long? _____

C. Highest rank? _____

D. What was your job? _____

5. Have you **ever** been arrested, incarcerated or charged with any crime?

Comments:

6. Have you ever been arrested or charged with any offense which involves stalking, the use or attempted use of force or any weapon, involving a current or former spouse, parent, or guardian. Current or former spouse, parent or guardian are persons who share a child in common, are cohabitating or have cohabitated with another, as a spouse, parent, or guardian.

If you answer yes to any of these questions, please provide detailed information about the date and location of the offense; the identity of the other party(s) involved; the type of charge, and the disposition of the case (plea, nol pros, withholding of adjudication, conviction, etc.); the nature of the relationship between the parties (spouse, cohabitant, parents, etc.); and a general description of the incident.

Yes No If yes, explain in detail:

Comments:

7. Have you ever been found guilty, pled guilty, or pled no contest to a felony?

Yes No If yes, please describe the offense(s) and give date(s)

Comments:

8. Have you **ever** been found guilty, pled guilty, or pled no contest to a misdemeanor?

Yes No If yes, please describe the offense(s) and give date(s):

Comments:

9. Have you **ever** sold any type of controlled substance (e.g., Marijuana, cocaine, ecstasy, heroin, LSD), whether for profit or not?

Yes No

10. Have you used or possessed any type of controlled substances (e.g. marijuana, cocaine, ecstasy, heroin, LSD) **within the last three (3) years?**

Yes No

Comments:

11. Have you received any traffic citations, excluding parking tickets, within the last three (3) years?

Yes No If yes, please give dates and types of infractions:

12. Have you **ever** had a driver's license, professional license or certificate suspended or revoked?

Yes No If yes, please give dates and types of infractions:

Comments:

13. Has your driver's license been suspended **within the last twelve (12) months?**

Yes No If yes, please give reason for suspension and date(s):

Comments:

14. Have you **ever** been involuntarily terminated or asked to resign from a job?

Yes No If yes:

- a. Job title: _____
- b. Date of termination/resignation: _____
- c. Reason for leaving: _____

15. Have you **ever** worked as a law enforcement officer?

Yes No If yes:

- a. Where: _____
- b. Dates of employment: _____

16. Why do you want to become an S.P.C.A. law enforcement officer?

Comments:

17. What have you done to enhance your chances to become an S.P.C.A. officer?

Comments:

18. Have you discussed with your family members the dangers and hazards surrounding law enforcement work?

Yes No Comments, if any:

Comments:

Current Occupation_____

Employer_____

Business Address_____

Business Phone Number_____

How many hours per month do you feel you could devote to our work? _____

My signature indicates that all of the information I have provided is complete and accurate. I understand that if I am found to have falsified or omitted **any** information at **any** time in the selection process, I will be disqualified even if the accurate information would not have disqualified me.

Signature

Date

NEW JERSEY STATE S.P.C.A. LAW ENFORCEMENT DIVISION		_____ Date
Name: _____ Last First MI		Home Phone _____ Business Phone _____
Address: _____ Street _____ City State Zip		
Social Security #	Date of Birth	American Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No High School Grad <input type="checkbox"/> Yes <input type="checkbox"/> No
This information is required to monitor affirmative action. We are an equal opportunity employer.		
Sex: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		National Origin/Race: (Check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> Oriental <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Spanish <input type="checkbox"/> Other
FOR OFFICIAL USE ONLY	Recruitment Source:	

**PLEASE RETURN COMPLETED APPLICATION TO:
NJ SPCA
1119 LIVINGSTON AVENUE
NEW BRUNSWICK, NJ 08901**

ATT: MEMBERSHIP COMMITTEE

