



# Hightstown Police Department

415A Mercer Street

Hightstown, New Jersey 08520

Phone: (609) 448-1234 ~ Fax: (609) 443-0310 ~ email: police@hightstownpd.org

Frank Gendron  
Chief of Police

## Preliminary Application for Employment

Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever applied to the Hightstown Police Department before? \_\_\_\_ If yes, give date(s) of applications: \_\_\_\_\_

Date you can start: \_\_\_\_\_

Are you available to work: \_\_\_ Full time \_\_\_ Part time \_\_\_ Shift work \_\_\_ Per Diem

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

May we contact your employer? \_\_\_\_ Yes \_\_\_\_ No

Are you currently on layoff status and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

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

Do you have a valid Driver's License from another state? \_\_\_\_ Yes \_\_\_\_ No

Do you possess a valid commercial driver's license? \_\_\_\_ Yes \_\_\_\_ No

Are you legally eligible to work in the United States of America? \_\_\_\_ Yes \_\_\_\_ No  
(Proof of U.S. citizenship or immigration status will be required upon employment)

Have you ever pleaded guilty or been found guilty of a crime or disorderly persons offense?  
\_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



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## Employment Experience

This section must be completed even if you attach a resume. List all present and past employment, beginning with your most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of the page.

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_



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3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

4. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

5. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_



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## Record of Education

Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or profession education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name & Location				
Years Completed				
Diploma/Degree				
Course of Study				
Specialized Training, Apprenticeship, or Skills				

## Branch of Military Service

Name:	
Enlistment Date:	Date of Discharge:
Highest Rank:	
Military Occupational Specialty (MOS):	



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## **Special Skills & Experience**

State any special skills, experience, training, licenses, certifications, foreign languages (speak, read, or write), or any other factors that make you especially qualified for the position for which you are applying.

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## **Comments & Additional Information**

Is there any additional information about you we should consider?

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## Personal References

Provide the names, addresses, and phone numbers of three people whom we may contact as a reference. They should **NOT** be relatives, former supervisors, current or previous employees of Hightstown Borough.

Name & Address:	Phone Number:	Years Known:

## Understanding and Agreements

As an applicant for a position with Hightstown Borough, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true, and accurate. If hired, I understand that I may be separated from employment if Hightstown Borough later discovers that information on this form was incomplete, untrue, or inaccurate. I give Hightstown Borough the right to investigate the information I have provided, talk to former and current employers (except where I have indicated they may not be contacted). I give Hightstown Borough the right to secure additional job-related information about me. I release the Hightstown Borough and its representatives all liability to seeking such information. I understand that Hightstown Borough is an equal opportunity employer and does not discriminate in its hiring practices. I understand that Hightstown Borough will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time, and that Hightstown Borough may terminate me at any time in accordance with its established policies and procedures. No representative of Hightstown Borough may make assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug or psychological tests. I also understand that some positions may involve complete background and criminal checks. **For your application to be considered, you must sign and date below.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_