



# Warren Township Police Department

Serving the community since 1972



## PRELIMINARY APPLICATION Part-Time Police Dispatcher

Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LIC.#: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ \*

CELL# \_\_\_\_\_

\*Applicants are not required to furnish social security numbers pursuant to the Federal Privacy Act of 1974. They are requested for (1) identification purposes and (2) compliance with wage reporting laws.

Have you ever applied for employment in this Township before? \_\_\_\_\_  
If yes, give date \_\_\_\_\_

Name of relative or friends employed by the Township of Warren \_\_\_\_\_

Have you ever been arrested or convicted of a crime, disorderly persons offense, petty disorderly persons offense or motor vehicle violation which has not been expunged? \_\_\_\_\_

If yes, give details below.

DATE	PLACE	CHARGE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a United States citizen? Yes \_\_\_ No \_\_\_

Are you able to read, write & speak the English Language? Yes \_\_\_ No \_\_\_

Do you read, write or speak a second language? Yes \_\_\_ No \_\_\_

If yes, what language? \_\_\_\_\_

**A. Education**

(Check your education level)

High School Diploma or GED \_\_\_\_\_

Some College \_\_\_\_\_

Associates Degree \_\_\_\_\_

Bachelor's (BA or BS) \_\_\_\_\_

Master's and above \_\_\_\_\_

**B. Employment**

Are you presently a Police Dispatcher? \_\_\_\_\_ If "YES", complete below. If "NO", go to #5.

1. At what police agency are you presently employed?

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone #) \_\_\_\_\_

(Dates of Service) \_\_\_\_\_

(Immediate Supervisor) \_\_\_\_\_

2. Do you have any departmental or criminal charges pending against you? If so, list details:

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been employed by any other police agencies? If so, list below.

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone #) \_\_\_\_\_

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone #) \_\_\_\_\_

4. List all Dispatch related training you have received:

DATE(S)	PLACE	CERTIFICATE EARNED
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Employer (non-police)

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone #) \_\_\_\_\_ (Date of hire) \_\_\_\_\_

(Position held) \_\_\_\_\_

**C. Military Service**

Branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Current Status \_\_\_\_\_

*\*If discharged under less than honorable conditions, describe circumstances regarding discharge on an attached sheet*

**REFERENCES**

List the names of three persons, not related to you, whom you have known for at least one year who are most familiar with your work ability and training.

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone #) \_\_\_\_\_

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone #) \_\_\_\_\_

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone #) \_\_\_\_\_

Please read the Applicant's Statement below and complete the attached Release Authorization. Sign and return to this department with your application. If you are chosen to continue with the hiring process you will be contacted by the Warren Police Department in the near future.

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts requested is basis for Township refusal to process this application further or, in the event of employment, cause for dismissal. Further, I understand that my employment is subject to the personnel policies, rules, regulations, applicable employment contracts and labor agreements, ordinances of the Township of Warren and laws of the State of New Jersey and the United States.

I release former employers and others from any liability that might arise from disclosure of information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, employment contracts, labor agreements or personnel policies, any employment relationship with this organization is an "at will" nature. This means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Township Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE AUTHORIZATION**

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception:

I, \_\_\_\_\_, am making application for appointment  
(Applicant's Name)

to the Warren Township Police Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Warren Township Police Department or its representative any and all information, documentary or otherwise pertaining to me that they may request.

I hereby release, discharge and exonerate the \_\_\_\_\_  
(Agency providing information)

its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Warren Township Police Department.

A photocopy of this authorization will be considered as effective and valid as the original.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_