



**William E. Keane**  
Chief of Police

## TOWNSHIP OF WARREN POLICE DEPARTMENT

44 Mountain Boulevard  
Warren, New Jersey 07059  
(908) 753-1000  
[www.warrenpolice.com](http://www.warrenpolice.com)



NJSACOP

# Preliminary Application for Police Officer

Last Name		First Name		M.I.
Phone Number	Email		Date	

**Please complete the following application and provide a current resume` to the Warren Township Police Department (44 Mountain Blvd. Warren, NJ 07059). Aside from the handwritten section, this application must be typed. Applicants will be notified as to the next phase in the hiring process.**

**Warren Township Police Department**

**Preliminary Application  
Probationary Police Officer**

APPLICANT INFORMATION								
Last Name				First			M.I	
Date of Birth				Phone No.				
Driver's License Number			Email					
Full Address	Number & Street							
	City			State		ZIP Code		

1. Have you ever been arrested or convicted of a crime, disorderly persons offense or a petty disorderly persons offense?       Yes       No

2. Have you ever been convicted of a motor vehicle violation?       Yes       No

If yes to questions 1 and/or 2, give details below:

Date			Age at Time			Violation/Charge			
Location	Municipality				County			State	
Guilty –Not Guilty					Police Agency Concerned			Phone No.	
Date			Age at Time			Violation/Charge			
Location	Municipality				County			State	
Guilty –Not Guilty					Police Agency Concerned			Phone No.	
Date			Age at Time			Violation/Charge			
Location	Municipality				County			State	
Guilty –Not Guilty					Police Agency Concerned			Phone No.	

3. Are you a United States citizen?       Yes       No

4. Are you able to read, write, and speak the English Language?       Yes       No

5. Do you read, write or speak a second language?  Yes  No

Fluent

Good

Fair

Speak			
Understand			

**Education**

6. Check your education level:

<input type="checkbox"/> High School Diploma or GED	
<input type="checkbox"/> Some College	Major(s): _____
<input type="checkbox"/> Associates Degree	Major(s): _____
<input type="checkbox"/> Bachelor's Degree	Major(s): _____
<input type="checkbox"/> Master's and Above	Major(s): _____

**Military Service**

7. Have you ever served in any branch of the United States Military?  Yes  No

If yes, give details below:

Branch of Service		Rank Held	
Military Specialty		Honorably Discharged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Branch of Service		Rank Held	
Military Specialty		Honorably Discharged	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you were not honorably discharged, please explain below:

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**Employment**

8. Are you presently a police officer?       Yes       No

If yes, complete below:

Agency					Phone No.	(    )
Address	Number & Street					
	City		State		ZIP	

9. If yes to question 8, where did you complete basic police training?

**\*Attach Police Training Commission (PTC) Certificate**

School/Course Name			From:	To:	Phone No.		
			_____	_____			
		Mo.	Yr.	Mo.	Yr.		
Address	Number & Street						
	City		State		ZIP	County	

10. Have you ever been employed by any other police agencies?       Yes       No

Agency					Phone No.	(    )
Address	Number & Street					
	City		State		ZIP	
Agency					Phone No.	(    )
Address	Number & Street					
	City		State		ZIP	

11. Are you currently in "lay off" status?       Yes       No

Are you subject to recall?       Yes       No

12. Have you ever had departmental charges filed against you?       Yes       No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Are you currently enrolled in, or recently graduated from an alternate route program from a New Jersey Police Training Commission (PTC) certified Police Academy?  Yes  No

Academy Name					From:	To:	Graduation Date		
					Mo.	Yr.		Mo.	Yr.
Address	Number & Street								
	City				State		ZIP		County

14. Current employer if not a police agency:

Name of Employer					Phone No. and Ext	( )			
Address	Number & Street								
	City				State		ZIP Code		
Date Hired			Position Held						

**Other Information**

15. Why do you want to join the Warren Township Police Department?

**HANDWRITTEN ONLY**

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

\_\_\_\_\_  
Date