



Jacquelyn Ferentz
Chief of Police

November 22, 2022

West Wildwood Police Department

701 West Glenwood Avenue
West Wildwood, New Jersey 08260
Phone: (609) 522-2396 • Fax: (609) 522-7350

West Wildwood Police Department Employment Notice

The Borough of West Wildwood is an

**EQUAL OPPURTUNITY
EMPLOYER**

Employment Opportunities

The West Wildwood Police Department is currently hiring full-time police officers. No certification is required. Please go to the Borough of West Wildwood website (<https://westwildwood.org/>) under job opportunities for the online application or at PoliceApp.com.

Starting salary is \$33,109.98 with medical benefits and paid vacation and holiday time per the current collective bargaining agreement.

We are currently accepting applications until January 31, 2023.

College degree is preferred but not required.

All officers must meet the following criteria:

- 18 years of age
- Pass a background check
- Pass a medical examination
- Pass a psychological profile
- Pass a drug screening
- Must be eligible to enroll into the Police and Fire Retirement System (PFRS)
- Successful completion of the Basic Course for Police Officers

All job applications are kept on file for one (1) year. After one (1) year you must reapply for the desired position.

For further information please call 609-522-4060.



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Thank you for applying with the West Wildwood Police Department. We conduct background investigations on all applicants to determine their suitability for employment. The information you provide is confidential and will be used for determining your eligibility, therefore complete honesty and transparency is imperative when completing the application. Any falsification or omission of information may be immediate grounds for disqualification of your application.

Please read the application instructions carefully before completing the application. The background investigation process is lengthy and improperly completed information may delay your process. Answer all questions thoroughly and completely, do not falsify or exclude any information. If you have any contact with an investigating agency, or there is a change of your information, you are required to immediately notify your background investigator of such contact or change. If you have any questions about information requested within the application, contact your background investigator for clarification. Thank you again for your interest with the West Wildwood Police Department and good luck!

APPLICATION INSTRUCTIONS:

1. The applicant must answer ALL questions. "N/A" will be used if the information requested is not applicable.
2. When listing employment history, begin with the current, or most recent employer first and account for ALL work history (to include periods of unemployment) in chronological order. If additional pages are required, a continuation page shall be completed and added to the end of the application.
3. Clearly print in black ink. Unreadable information will delay the process and may disqualify your application.
4. Initial the bottom of each page upon successful completion of the necessary information.
5. Provide current, usable contact information for references and previous employers. Unusable contact information will hamper the investigation and may result in your removal from the application process
6. Include copies of all necessary documentation (licenses, certifications, schooling, registrations, etc.) as well as updated resume



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APPLICATION FOR EMPLOYMENT

Name: _____
Last First Middle

Home Address: _____
Number Street Apt. #

_____ City State Zip Code

Telephone Numbers:

Home: () _____

Cell: () _____

Other: () _____

Date of Birth and Age: _____
MM/DD/YYYY AGE

Are you a citizen of the United States? Yes No

Social Security Number: _____ - _____ - _____

Position applying for: _____

Do you reside locally? Yes No

-If no, are you willing to relocate? Yes No

With whom do you reside? _____



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EDUCATIONAL INFORMATION

	Name of School	Dates Attended	Did you Graduate?	Area of Study or Degree Obtained
Grade School				
High School				
College or University				
Business/Trade School				
Other School Or Specialized Training				

*Provide copies of all transcripts/degrees/certifications for any College, University, Trade or Specialized Training

**Additional pages may be added to the end of the application if necessary. If required, title any supplementary pages as "Educational Information".



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Do you own/lease/use an automobile? Yes No

-Vehicle Information: _____
Make Model Registration # State

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

-License Information: _____
License Number State of Issue

****Applicants MUST have a valid license to operate a motor vehicle to be considered for seasonal or part-time employment. All regular FULL-TIME law enforcement positions require a valid New Jersey license to operate a motor vehicle PRIOR to appointment****

Criminal/Traffic History

1. Have you ever been arrested and/or charged with a Petty Disorderly Persons Offense, Disorderly Persons Offense or a Local Ordinance Violation in this state or a misdemeanor/local offense (or any other equivalent offense) in any other state?

Yes No

2. Have you ever been convicted of a Petty Disorderly Persons Offense, Disorderly Persons Offense or a Local Ordinance Violation in this state or a misdemeanor/local offense (or any other equivalent offense) in any other state?

Yes No

3. Have you ever been arrested and/or charged with an Indictable Crime in this state or a Felony or criminal violation in any other state?

Yes No



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4. Have you ever been arrested and/or charged with any violation of the law as a juvenile?

Yes

No

5. Have you ever had any charges against you, for any violation(s) of the law, whether a juvenile or adult, expunged?

Yes

No

6. Have you ever received a traffic summons? (to include parking summonses)

Yes

No

**If answering "yes" to any of the preceding questions, a supplemental page shall be added to the application packet, identifying the question by number and explaining the circumstances*

Military Service

Branch of Service: _____

Service Serial/DoD Number: _____

Are you currently Active Duty? Yes No

-If yes, estimated date of discharge? _____

-If no, discharge date and type: _____

Are you a member of the National Guard or Reserves? Yes No

-If yes, name/location of current duty station or assignment: _____



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Have you ever been demoted, subject to negative discipline, under investigation or the recipient of an action(s) covered under the Uniform Code of Military Justice?

Yes No

Are you registered with the Selective Service system?

Yes No

Selective Service Number: _____

Employment History

List ALL work experience for the past 5 years (to include ALL periods of schooling and/or unemployment). Beginning with the most recent or current employer

1. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____

May we contact your supervisor? Yes No

Reason for Leaving: _____

Description of Work: _____



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2. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____

May we contact your supervisor? Yes No

Reason for Leaving: _____

Description of Work: _____

3. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____

May we contact your supervisor? Yes No

Reason for Leaving: _____



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Description of Work: _____

4. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____
MM/DD/YYYY

End Date: _____
MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____

May we contact your supervisor? Yes No

Reason for Leaving: _____

Description of Work: _____

5. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____
MM/DD/YYYY

End Date: _____
MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____



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May we contact your supervisor? Yes No

Reason for Leaving: _____

Description of Work: _____

6. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____

May we contact your supervisor? Yes No

Reason for Leaving: _____

Description of Work: _____



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7. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____

May we contact your supervisor? Yes No

Reason for Leaving: _____

Description of Work: _____

8. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____

May we contact your supervisor? Yes No

Reason for Leaving: _____



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Description of Work: _____

9. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____

May we contact your supervisor? Yes No

Reason for Leaving: _____

Description of Work: _____

10. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____

May we contact your supervisor? Yes No



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Reason for Leaving: _____

Description of Work: _____

11. Employer: _____
Name Full Address

Business Phone Number: _____

Start Date: _____
MM/DD/YYYY

End Date: _____
MM/DD/YYYY

Job Title/Occupation: _____

Supervisor: _____ Phone #: _____

May we contact your supervisor? Yes No

Reason for Leaving: _____

Description of Work: _____



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Drug History

In the past 5 years, have you ever experimented with, smoked, tasted, ingested, sniffed/snorted, injected or in any other way used ANY of the following:

	YES	NO
Marijuana or Hashish		
Cocaine (powdered or rock)		
Heroin		
Morphine		
Anabolic Steroids		
LSD/PCP (or other psychedelic)		
Inhalants		
Any other narcotic not specifically listed above		

**if answered "yes" to any of the above, provide supplemental page explaining the circumstances*



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References

Supply three (3) personal references who are NOT related to you and have known you for at least one year:

1. Reference Name: _____

Full Address: _____
Number & Street City State Zip Code

Telephone Number: _____
Home / Cell

2. Reference Name: _____

Full Address: _____
Number & Street City State Zip Code

Telephone Number: _____
Home / Cell

3. Reference Name: _____

Full Address: _____
Number & Street City State Zip Code

Telephone Number: _____
Home / Cell



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Records Release Authorization

Authorization and Release
State of New Jersey
County of Cape May
Borough of West Wildwood

I, _____, do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Borough of West Wildwood Police Department, Cape May County, New Jersey, whether said records or information are of a public, private or confidential nature.

I also authorize and request every person, firm, company, corporation, government agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the West Wildwood Police Department any such information, including documents, records files regarding charges or complaints filed against me, formal or informal, pending or closed, including sealed or expunged records or any other pertinent data and to permit the Borough of West Wildwood Police Department or any of its agents or representatives to inspect and make copies of said documents, records and other information, excluding medical records.

I hereby request and authorize the Department of the Army, Navy, Air Force, Marines or Coast Guard to furnish the West Wildwood Police Department all records of my service therein. My serial/DoD number is/was _____.

I understand any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorization and release will be considered in determining my suitability for employment with the West Wildwood Police Department.



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I hereby release, discharge, exonerate the West Wildwood Police Department, It's agents, representatives and any person so furnishing information, from any and all liability of every nature arising from the furnishing, inspection or collection of such documents, records and other information or the investigation made by the West Wildwood Police Department.

A photocopy or facsimile of this authorization and release form will be valid and considered as legitimate as an original copy thereof, despite said photocopy or facsimile does not contain an original signature.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS AUTHORIZATION AND RELEASE FORM.

Subscribed and sworn to,
before me this _____ day
of _____ 20_____

Applicant Signature

Address

City State Zip Code

Date of Birth

Signature of Notary

Social Security Number

Telephone Number



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Documentation Checklist

-Provide legible photocopies of the following;

- 1. Driver's License
- 2. Social Security Card
- 3. Selective Service Registration
- 4. Vehicle Registration/Proof of current insurance policy
- 5. High School Diploma or GED
- 6. College transcripts
- 7. College Degree(s)
- 8. Business/Trade School Accreditations
- 9. Specialized Training certifications
- 10. Copies of any police reports/charges or court proceedings
- 11. Military ID (if applicable)
- 12. Updated resume