

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 Opportunity Employer

#### **Employment Opportunities**

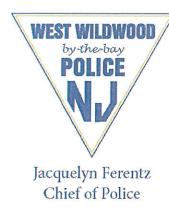
The West Wildwood Police Department is currently accepting applications for *Full-Time Police Officer* positions. Please apply online through <a href="https://www.policeapp.com">https://www.policeapp.com</a> or by downloading our application via the Borough of West Wildwood's website <a href="https://westwildwood.org/">https://westwildwood.org/</a>. You can find the application on the home page by clicking the "Full time Police Officer Application" button or under the "Job Opportunities" tab.

Starting salary for a first year Full-Time Police Officer in 2023 is \$38,464.89. That starting salary increases to \$39,234.19 in 2024. In addition, Full-time Police Officers are entitled to medical benefits and paid time off (Vacation, Holiday, Personal and Sick time) as per the current collective bargaining agreement.

All Police Officer applicants **MUST** meet the following criteria:

- > 18 years of age
- Pass a background investigation
- Pass a medical examination
- Pass a psychological examination
- Pass drug screening
- Must be eligible to enroll into the Police & Fire Retirement System (PFRS)
- Successfully complete a PTC approved Basic Course for Police Officers

All applications are kept on file for one year. After which, applicants must re-apply for the desired position(s). For further information contact (609) 522-4060.



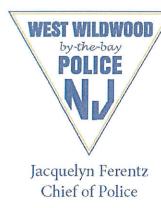
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Thank you for applying with the West Wildwood Police Department. We conduct background investigations on all applicants to determine their suitability for employment. The information you provide is confidential and will be used for determining your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

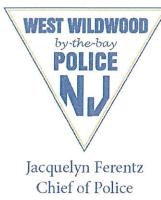
- 1. The applicant must answer ALL questions. "N/A" will be used if the information requested is not applicable.
- 2. When listing employment history, <u>begin with the current</u>, or <u>most recent employer first</u> and account for ALL work history (to include periods of unemployment) in chronological 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.
- 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:	First			Middle	
Home Address:					
Number	Street			Aı	pt. #
City	State				p Code
	State			2.	p couc
elephone Numbers:					
Cell:()					
Other:()					
				<del></del> )	
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?					
	— ∕es	No			
-If no, are you willing to relocate?					
	⊡ ∕es	No			
lave you applied to this agency in the	past?				
	Yes		No		
so, when?					



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With whom do you reside? (Name/Relationship)	
·	
7 <u></u>	

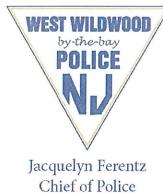
#### **EDUCATIONAL INFORMATION**

	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				

<sup>\*</sup>Provide copies of all transcripts/degrees/certifications for any College, University, Trade or Specialized Training (when applicable)

Page 3 of 20 Initials:\_\_\_\_\_

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

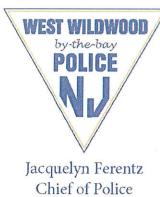


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Do you own/lease/use an automobile? Yes No -Vehicle Information: Model Registration # State -Vehicle Insurance: Policy Number Do you possess a valid Driver's License? Yes No -License Information: State of Issue \*\*Applicants MUST have a valid license 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

Page 4 of 20

Initials:\_\_\_\_\_

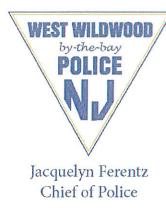


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3.	Have you ever been arrested and/or cha	arged with an	Indictable Crime in this state or a
	Felony or criminal violation in any other	r state?	
		Yes	No
1	Have you ever been arrested and/or cha	arged with an	y violation of the law

		Yes	No
4.	Have you ever been arrested and/or charge as a juvenile?	ed with any violation o	f the law
		Yes	No
5.	Have you ever had any charges against you, juvenile or adult, expunged?	, for any violation(s) of	the law, whether a
		Yes	No
6.	Have you ever received a traffic summons?	(to include parking sur	mmonses)
		Yes	No
7.	Have you ever been investigated by a law e	nforcement agency or	private firm?
		Yes	No
8.	Has your Driver's License ever been suspend	ded or revoked in this	or any other state?
		Yes	No
9.	Has your Driver's License ever been suspend	ded or revoked in this	or any other state?
		Yes	No
10.	Has any vehicle registered to you ever had t	he registration suspen	ded or revoked?
		Yes	No

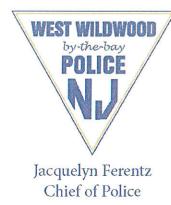
\*If answering "yes" to any of the preceding questions, a supplemental page shall be added to the application packet, identifying the question and explaining the circumstances.



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#### **Military Service**

Branch of Service:					
Service Serial/DoD Number:					
Are you currently Active Duty?	□ 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 sta	tion or assignme	ent:			
Have you ever been demoted, subject to recipient of an action(s) covered under the		M			
		Yes	□ No		
Are you registered with the Selective Serv	,	□ Yes	□ No		
Selective Service Number:					



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#### **Employment History**

<u>Provide a COMPLETE record of your employment (to include ALL periods of schooling and/or unemployment).</u> Beginning with the most recent or current employer, account for all time periods. Do not allow for unaccounted time.

1.	Employer:		
	Name	Full A	Address
	Business Phone Number:		
	Start Date:	End Date:_	MM/DD/YYYY
	Job Title/Occupation:		
	Supervisor:	Phone #:	
	May we contact your supervisor?	☐ Yes	□ No
	Reason for Leaving:		
	Description of Work:		
2.	Employer:		ddress
	Business Phone Number:		
	Start Date:	End Date:_	MM/DD/YYYY
	Job Title/Occupation:		

Page 7 of 20

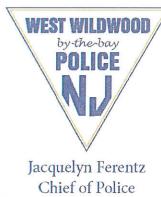
Initials:



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# Chief of Police

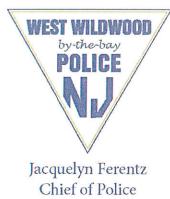
	Supervisor:	Phone #:	
	May we contact your supervisor?	☐ Yes	□ No
	Reason for Leaving:		
	Description of Work:		
3.	Employer:	Full Addr	ress
	Business Phone Number:		
	Start Date:	End Date:	MM/DD/YYYY
	MM/DD/YYYY		MM/DD/YYYY
	Job Title/Occupation:		
	Supervisor:	Phone #:	
	May we contact your supervisor?	☐ Yes	□ No
	Reason for Leaving:		
	Description of Work:		



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

Business Phone Number:\_\_\_\_\_ Start Date: \_\_\_\_\_ End Date:\_\_\_\_ Job Title/Occupation:\_\_\_\_\_ Supervisor:\_\_\_\_\_Phone #:\_\_\_\_\_ May we contact your supervisor?  $\square$  Yes ☐ No Reason for Leaving:\_\_\_\_\_ Description of Work: Business Phone Number:\_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title/Occupation:\_\_\_\_\_ Supervisor:\_\_\_\_\_Phone #: May we contact your supervisor? ☐ Yes ☐ No

Reason for Leaving:\_\_\_\_\_



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

	Description of Work:		
6.	Employer:		Full Address
	Business Phone Number:		Full Address
	Start Date:	End Dat	te:
	Job Title/Occupation:		
	Supervisor:	Phone #:	
	May we contact your supervisor?	☐ Yes	□ No
	Reason for Leaving:		
	Description of Work:		
7.	Employer:	F	Full Address
	Business Phone Number:	-	
	Start Date:	End Dat	e:
	Job Title/Occupation:		

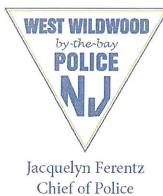


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# Chief of Police

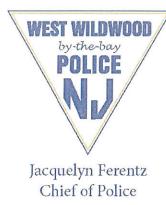
	Supervisor:	Phone #:_		
	May we contact your supervisor?	☐ Yes	□ No	
	Reason for Leaving:			
	Description of Work:			
8.	Employer:		ıll Address	
	Business Phone Number:		III Address	
	Start Date:	End Date	MM/DD/YYYY	
	Job Title/Occupation:			
	Supervisor:	Phone #:_		
	May we contact your supervisor?	☐ Yes	□ No	
	Reason for Leaving:			
	Description of Work:			
9.	Employer:			
	Name	Fu	II Address	
	Business Phone Number:			

Page **11** of **20** Initials:



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

Start Date:	End Date:		_
Job Title/Occupation:			
Supervisor:			
May we contact your supervisor?	☐ Yes	□ No	
Reason for Leaving:			
Description of Work:			
10. Employer:		2	
Name		Full Address	
Business Phone Number:			
Start Date:	End Da	te:	-
Job Title/Occupation:			
Supervisor:			
May we contact your supervisor?	☐ Yes	□ No	
Reason for Leaving:			
Description of Work:			

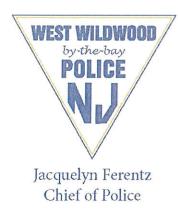


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#### **Financial Information**

1. Are you subject to any wage garnishments, liens, or judgements?

		Yes	No		
2.	Have you ever been civilly sued?				
		Yes	No		
3.	Are all your tax payments current?				
		Yes	No		
1.	Are all your student loans, mortgages, credi	t card(s), vehicle or an	y other type of loan		
	current and in good standing (if applicable)?	?			
		Yes	No		
	*By signing this application, I am certifying a credit check if I progress to the background		₩.		
	*If answering "yes" to any of the preceding questions, a supplemental page shall be added to the application packet, identifying the question by section and number, explaining the circumstances				



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#### **Drug History**

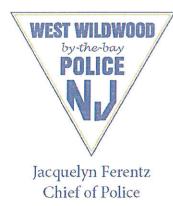
Have you ever experimented with, smoked, tasted, ingested, sniffed/snorted, injected or in any other way used ANY of the following:

	YES	NO
Cocaine (powdered or rock)		
Heroin		
Morphine		
Anabolic Steroids		
LSD/PCP (or other psychedelic)		
Inhalants		
Any other narcotic not specifically listed above		
Have you ever used prescription medication other than the way prescribed?		

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

\*By signing this application, I am certifying
I understand drug testing is mandatory and I also understand the consequences for either not providing a urine sample or for such sample testing positive for illegal substances.

Page <b>14</b> of <b>20</b>	Initials:



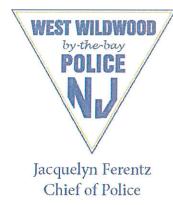
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#### References

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

lumber & Street  Home	2	/	Cell	Zip Code
Home	2	/	Cell	
Home	2	/	Cell	
e:				
umber & Street	City		State	Zip Code
ber:				
		1	Cell	
e:				
umber & Street	City		State	Zip Code
	ber:Home	ber:Home e:umber & Street City ber:	ber:/	ber:Home / Cell e:umber & Street City State ber:

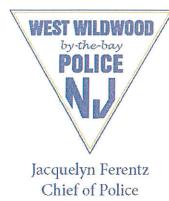
Page **15** of **20** Initials:\_\_\_\_\_



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

#### **General Information**

1.	Have you ever been fingerprinted?		
	4	Yes	No
	-If "yes" explain:		
2.	Have you ever been denied a pistol per state or any other?	rmit, firearms ID	card or dealer's license in this
	state of any other:		
		Yes	□ No
	*	163	NO
3.	Are you a member of any fraternal or s	ervice club or o	ganization?
		Yes	No
	-If "yes" name of Organization	MANGEN	
4.	Are you a member of any sports team	either as a playe	r or coach?
		Yes	No
	-If "yes" explain:		
5.	Do you know anyone else in this hiring	process?	
	1		
		Yes	No
	-If "yes" who?		
_	De very passes and Casial Madia (Natur		/-tal
6.	Do you possess any Social Media/Netw	orking accounts	(either active or inactive)?
		Yes	No
	-If "yes" list all accounts:		

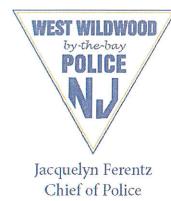


701 West Glenwood Avenue West Wildwood, New Jersey 08260 Phone: (609) 522-2396 • Fax: (609) 522-7350

7.	Are you now or have you ever been subversive organization, association any individuals, including relatives we members of any such organization constitutional form of government, Federal government by unconstituti	n, movement, or grow whom you have reason or group which advoor or which seeks to a	up, or have you associate on to believe are or have cates the overthrow of o ter the form of the State	d with been ur
		Yes	No	
8.	Are you now or have you ever been, organized crime group or family, ass individuals, including relatives whom members of any such organization or	ociation, or have yo n you have reason t	u associated with any	6.50
		163	140	
9.	Do you have any knowledge or inforthe preceding questions which is or with an investigation of your eligibility not limited to, knowledge or information employment, education, family, assortesidence or otherwise?	may be relevant, ding ty and qualification ation concerning yo	rectly or indirectly, in con s for this position, includi ur character temperance	nectior ng but
	ii.			
		Yes	No	
	*If answering "yes" to any of the preced application packet, identifying the q			

Page **17** of **20** 

Initials:



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

#### **Records Release Authorization**

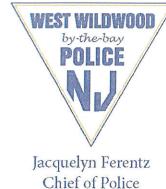
Authorization and Release State of New Jersey County of Cape May Borough of West Wildwood

Wildwood Police Department.

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 it's 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

Page 18 of 20 Initials:

release will be considered in determining my suitability for employment with the West



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

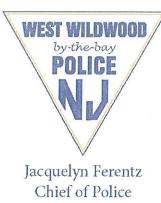
I hereby release, discharge, exonerate the West Wildwood Police Department, It's agents, representatives and any person so furnishing information, from any and all

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 original OR legible photocopies of the following upon request;

Ш	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
	13. Credit report from an online source such as "creditkarma.com" or
	"annualcreditreport.com"
	14. Completed and Notarized Records Release Authorization Form