Jackson Township Police
Explorer Post 168
102 Jackson Drive, Jackson, NJ 08527
Sgt. Campbell Brown #248
Jpddet248@yahoo.com
(732) 928-1111 x 5248

IMPORTANT – TYPE OR BLOCK PRINT IN BLACK INK

ALL APPLICATIONS MUST BE ACCOMPANIED BY COPIES (NOT ORIGINALS) OF FINAL SCHOOL REPORT CARDS FROM THE PAST TWO YEARS AND HIGH SCHOOL DIPLOMA AND COLLEGE OR TRADE SCHOOL DEGREES (IF APPLICABLE).

IF SPACE IS NOT SUFFICIENT FOR COMPLETE ANSWERS OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, PLEASE ATTACH SHEETS OF THE SAME SIZE, AND NUMBER THE CORRESPONDING QUESTIONS.

ALL APPLICANTS ARE SUBJECT TO LOCAL AND STATE BACKGROUND INVESTIGATIONS.

RETURN APPLICATION TO THE ABOVE OFFICER AND ADDRESS FOR CONSIDERATION OF ENTRY INTO THE POST. YOU WILL BE CONTACTED VIA E-MAIL ON THE STATUS OF YOUR APPLICATION WITHIN THREE WEEKS.

Jackson Police Explorer Application

_____
DATE OF APPLICATION

_____
NAME LAST FIRST MIDDLE

_____
STREET ADDRESS CITY STATE ZIP

_____
HOME PHONE CELL PHONE WORK PHONE

_____
EMAIL ADDRESS

_____
AGE DATE OF BIRTH

_____
DRIVER LICENSE NUMBER STATE OF ISSUE

SECTION II

1. WITH WHOM DO YOU RESIDE? _____

_____

2. WHO MAY WE CONTACT IN THE EVENT OF AN EMERGENCY? _____

_____
ADDRESS PHONE NUMBER

3. HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY BEEN ARRESTED FOR OR CONVICTED OF A CRIMINAL OFFENSE? _____ IF YES, GIVE DETAILS BELOW:

NAME	RELATIONSHIP	CRIME COMMITTED	TOWN ARRESTED IN

4. HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENSE, MUNICIPAL ORDINANCE, ADMINISTRATIVE CODE, OR A MOTOR VEHICLE VIOLATION? _____ IF YES, GIVE DETAILS BELOW:

DATE OF VIOLATION	PLACE	CHARGE	DISPOSITION

5. HAVE YOUR DRIVER'S LICENSE, VEHICLE REGISTRATION, OR DRIVING OR REGISTRATION PRIVILEGE EVER BEEN SUSPENDED OR REVOKED IN THIS OR ANY OTHER STATE? _____ IF YES, GIVE DETAILS:

_____

_____

CONTINUE TO NEXT PAGE

SECTION III

1. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? _____

2. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY SUBVERSIVE ORGANIZATION OR GANG?_____

3. HAVE YOU EVER BEEN CONNECTED OR AFFILIATED IN ANY MANNER WITH OR HAVE YOU EVER ATTENDED ANY MEETING OF ANY SUBVERSIVE ORGANIZATION OR GANG? _____

4. DO YOU KNOW ANY MEMBERS OF ANY SUBVERSIVE ORGANIZATION OR GANG? _____

SECTION IV

1. LIST THE ADDRESSES YOU HAVE LIVED FOR THE PAST TEN YEARS, STARTING WITH CURRENT.

DATES FROM / TO MO / YR	MO / YR	ADDRESS	CITY / STATE

SECTION V

1. WHAT IS YOUR OCCUPATION (TYPE OF WORK OR STUDENT)? _____

2. HAVE YOU EVER BEEN TERMINATED FROM A JOB? IF SO, WHY? _____

_____

_____

3. HAVE YOUR EMPLOYERS / TEACHERS ALWAYS TREATED YOU FAIRLY? IF NOT, EXPLAIN:_____

_____

_____

4. DO YOU OBJECT TO WEARING A UNIFORM? _____

AS AN EXPLORER YOU WILL BE EXPECTED TO PERFORM VIGOROUS PHYSICAL TRANING SESSIONS WHICH WILL INCLUDE CARDIOVASCULAR AND STRENGTH BUILDING EXERCISES TO SET MINIMUM STANDARDS.

5. ARE YOU CAPABLE OF PERFORMING SUSTAINED VIGOROUS PHYSICAL ACTIVITY? _____

SECTION VI
RECORD OF EDUCATION

SCHOOL NAME	LAST YEAR COMPLETED				DID YOU GRADUATE?		LIST DEGREE OR DIPLOMA
ELEMENTARY	5	6	7	8	YES	NO	
HIGH SCHOOL	9	10	11	12	YES	NO	
COLLEGE	1	2	3	4	YES	NO	
TRADE OR OTHER	1	2	3	4	YES	NO	
TRADE OR OTHER	1	2	3	4	YES	NO	

SECTION VII
EXTRACURRICULAR ACTIVITIES

1. LIST ALL EXTRACURRICULAR ACTIVITIES THAT YOU HAVE BEEN INVOLVED IN WITHIN THE LAST FOUR YEARS. (CLUBS, SPORTS, ORGANIZATIONS, ETC.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

CONTINUE TO NEXT PAGE

SECTION VIII
REFERENCES

GIVE FOUR REFERENCES (NOT RELATIVES) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, SUCH AS HOMEOWNERS, PROPERTY OWNERS, BUSINESS OR PROFESSIONAL PERSONS, AND WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS. CURRENT OR FORMER MEMBERS OF THE JACKSON TOWNSHIP POLICE DEPARTMENT MAY NOT BE UTILIZED FOR PERSONAL REFERENCES.

NAME _____ ADDRESS_____

NUMBER OF YEARS ACQUAINTED _____ CITY/STATE _____

OCCUPATION _____PHONE NUMBER _____

NAME _____ ADDRESS_____

NUMBER OF YEARS ACQUAINTED _____ CITY/STATE _____

OCCUPATION _____PHONE NUMBER _____

NAME _____ ADDRESS_____

NUMBER OF YEARS ACQUAINTED _____ CITY/STATE _____

OCCUPATION _____PHONE NUMBER _____

NAME _____ ADDRESS_____

NUMBER OF YEARS ACQUAINTED _____ CITY/STATE _____

OCCUPATION _____PHONE NUMBER _____

IF REFERENCES ARE NOT FILLED OUT – YOUR APPLICATION WILL NOT BE ACCEPTED.

CONTINUE TO NEXT PAGE

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

Name and Address of Company and Type of Business	From		To		Describe in Detail the work you did	Weekly Starting Salary	Weeky Last Salary	Reason for Leavig	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

Name and Address of Company and Type of Business	From		To		Describe in Detail the work you did	Weekly Starting Salary	Weeky Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

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Telephone									

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Telephone									

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	Mo.	Yr.	Mo.	Yr.					
Telephone									

May we contact the employers listed above? __________ If not, list those which you do not wish us to contact:

____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I acknowledge that any false statement or omission made in this application is punishable by law and constitute a fourth degree crime punishable by a fine of not more then $1000.00 and/or imprisonment for not more than 18 months as per N.J.S.A. 2C:28-3. You are hereby authorized to make any investigation of my personal, financial and credit histories through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I also understand that an investigative report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative report.

Signature: ____