



APPLICATION FOR EMPLOYMENT SPECIAL OFFICER SCOTCH PLAINS POLICE DEPARTMENT



DATE OF APPLICATION	DATE OF HIRE	DATE TERMINATED
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LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE#
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PRESENT ADDRESS NUMBER STREET CITY STATE ZIP CODE	HOW LONG?	Cell#
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PRIOR ADDRESS NUMBER CITY STATE ZIP CODE	HOW LONG?	E-MAIL ADDRESS
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DO YOU HAVE TRANSPORTATION (YES) (NO) TYPE	SOCIAL SECURITY NUMBER
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LIST BELOW THE LAST TWO EMPLOYERS YOU HAD STARTING WITH THE LAST ONE
1

DATE AND REASON FOR LEAVING

2

DATE AND REASON FOR LEAVING

REFERENCES : (PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN OVER 1 YEAR).

NAME	ADDRESS	YEARS KNOWN
1.		
2.		

*****BELOW COMPLETED AFTER EMPLOYMENT IS GRANTED*****

DATE OF BIRTH:	PLACE OF BIRTH:	MARITAL STATUS	WHOM DO YOU LIVE WITH:
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HEIGHT:	WEIGHT:	EYE COLOR:	WEAR GLASSES:	PROBLEMS WITH EYESIGHT?
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CONDITION OF YOUR HEALTH GOOD () FAIR ()	EXPLAIN:	DISABLED IN ANYWAY?
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<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> APPLICANTS SIGNATURE	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> TRAFFIC OFFICERS SIGNATURE
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