



BOROUGH OF LAVALLETTE
DEPARTMENT OF POLICE
 1300 GRAND CENTRAL AVENUE
 LAVALLETTE NJ, 08735
 732-793-4800



Application must be filled in completely or it will not be processed. If a box does not pertain to you, indicate with N/A in that space

Borough of Lavallette is an equal opportunity employer whose policy is to select the most qualified candidates without regard to race, religion, color, sex, age, marital or military status, history of disability or national origin.

Date _____ Social Security #

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Drivers License # _____ State _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Home Phone # (_____) _____ Cell Phone # (_____) _____

Have you ever worked or attended school under another name? () Yes () No

If yes, state dates and name: _____

Position Applying for: 1. _____ 2. _____ Salary Desired _____

How did you hear about the Borough of Lavallette?
 () Newspaper () Employee Referral () Employment Agency () Other

Please Specify: _____

Have you ever worked for the Borough of Lavallette? () Yes () No

When? _____ Where? _____

Do you have any relatives employed with the Borough of Lavallette ? () Yes () No

If yes, name _____ Where? _____

Are you a citizen of the USA, or lawfully admitted resident alien? () Yes () No If Alien Reg.# _____

Have you ever been convicted of a crime or offense other than for minor traffic violations? () Yes () No

If "yes," Explain _____

Conviction of a crime is not an automatic disqualification for employment. All factors will be considered.

Have you ever served in the Armed Forces? () Yes () No Military occupation _____

Date of duty, from ____/____/____ to ____/____/____ Branch _____ Serial # _____

EDUCATION	NAME & ADDRESS	NUMBER of YEARS ATTENDED	COURSE MAJOR or DEGREE
High School	_____		

College	_____		

Post Graduate	_____		

Business or Trade	_____		

Other	_____		

PRIOR WORK HISTORY (List in order, present employer first)

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Phone Number
From	To		Start	Finish		

Briefly describe what you did: include job title:

Reason for Leaving

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Phone Number
From	To		Start	Finish		

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Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Phone Number
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From	To		Start	Finish		

Briefly describe what you did: include job title:

Reason for Leaving

Other experience(s) Skills you would like to mention: _____

At Least two(2) Personal References:

Name: _____ Phone#: _____

Address: _____ Years Known: _____

Name: _____ Phone#: _____

Address: _____ Years Known: _____

In case of emergency notify: _____

Phone Numbers: _____

Address: _____

Relationship: _____

Print Name _____ S.S. # _____

I AGREE AND UNDERSTAND THAT ALL THE STATEMENTS AND INFORMATION ON MY APPLICATION ARE CORRECT AND NO ATTEMPT HAS BEEN MADE TO CONCEAL OR WITHHOLD PERTINENT INFORMATION. I AGREE THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION IS CAUSE FOR IMMEDIATE TERMINATION AT ANY TIME DURING MY EMPLOYMENT.

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS AT THIS TIME WITH NO LIABILITY ARISING THERE FROM _____
(SIGNATURE)

I WILL ABIDE BY ALL RULES, REGULATIONS, AND POLICIES OF THE BOROUGH OF LAVALLETTE.

AT THE OPTION OF THE BOROUGH OF LAVALLETTE, I AGREE TO PHYSICAL EXAMINATION BY A PHYSICIAN CHOSEN BY THE BOROUGH OF LAVALLETTE WITH THE UNDERSTANDING THAT MY EMPLOYMENT DEPENDS UPON MY PASSING THE PHYSICAL.

I UNDERSTAND THAT A 90 DAY WORKING PROBATIONARY PERIOD WILL BE IN EFFECT IN THE EVENT EMPLOYMENT IS OFFERED.

DATE ____ / ____ / ____ SIGNATURE _____