



Department of Corrections County of Burlington New Jersey



Teechey Blango/Acting Warden

ADMINISTRATION (609) 265-5042
DETENTION (609) 265-5947 / 5979
ID SECTION (609) 265-5993
SOCIAL SERVICES (609) 702-7039
PURCHASING (609) 265-5818
FAX (609) 265-5805

Physical Address:
54 Grant Street
Mount Holly, NJ 08060

Mailing Address:
49 Rancocas Road
P.O. Box 6000
Mount Holly, NJ 08060-6000

APPLICANT INSTRUCTION FORM

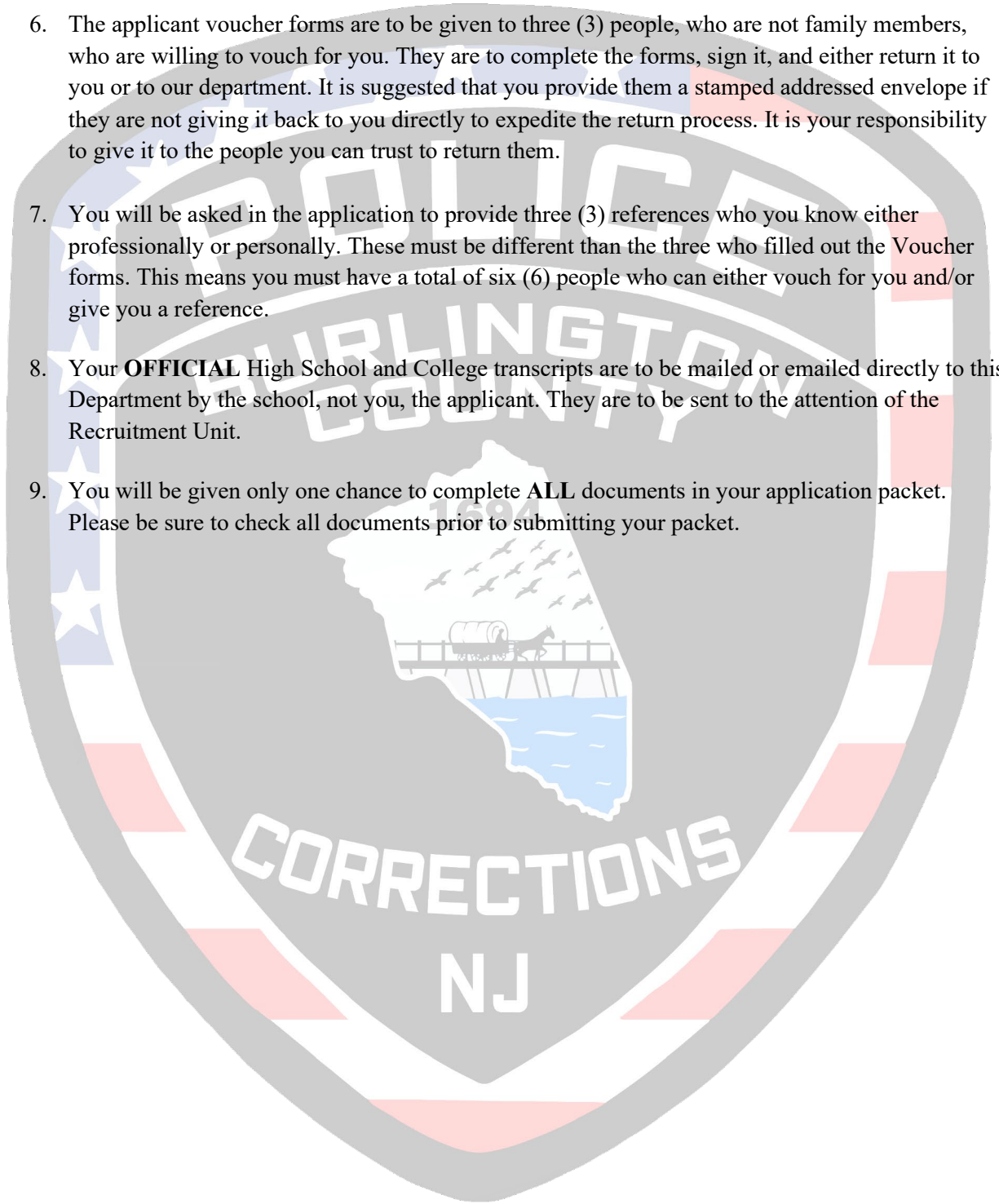
On behalf of the Burlington County Department of Corrections we would like to welcome you to the County Correctional Police Officer hiring process. Below you will find detailed instructions on filling out this pre-employment application packet. It is important that you follow all the instructions on this form and the forms enclosed. Any misstatement of fact, omissions, or attempt to mislead this agency, its investigators, or the appointing authority, deliberate or in error, may lead to your disqualification. If you should have any questions or need clarification, please contact the Recruitment Unit at: 609-726-7276

1. All forms must be printed **LEGIBLY**. Where requested, you must give completed addresses and contact information for all prior employers. If you fail to do this, your application will be considered incomplete and will be rejected.
2. The words "ANY" and "ALL" mean exactly that. You must give ANY and ALL information requested.
3. Any form requiring notarization must be signed in the presence of a **NOTARY ONLY**.
4. The Pre-Employment Background Investigation Information and the Authority to Release Information must be notarized. The notary expiration date should be valid for at least six (6) months from the date of notarization. You may obtain a certified NJ State Notary through a Bank, Clerk, or Attorney as examples. All forms returned must be the originals. Copies will not be accepted.
5. Under motor vehicle history, this department requires that you inform us of **ALL** motor vehicle infractions. **DO NOT** submit a motor vehicle abstract from the Motor Vehicle Commission as that will only show the last five (5) years and not your complete history. Also, **DO NOT HAVE ANY LAW ENFORCEMENT OFFICIAL ACCESS THE MOTOR VEHICLE COMMISSION DATA BASE AND PRINT IT OUT FOR YOU. THIS VIOLATES THE NEW JERSEY STATE POLICE REGULATIONS AND WILL NOT BE ACCEPTED.**

APPLICANT INSTRUCTION FORM

Continued

6. The applicant voucher forms are to be given to three (3) people, who are not family members, who are willing to vouch for you. They are to complete the forms, sign it, and either return it to you or to our department. It is suggested that you provide them a stamped addressed envelope if they are not giving it back to you directly to expedite the return process. It is your responsibility to give it to the people you can trust to return them.
7. You will be asked in the application to provide three (3) references who you know either professionally or personally. These must be different than the three who filled out the Voucher forms. This means you must have a total of six (6) people who can either vouch for you and/or give you a reference.
8. Your **OFFICIAL** High School and College transcripts are to be mailed or emailed directly to this Department by the school, not you, the applicant. They are to be sent to the attention of the Recruitment Unit.
9. You will be given only one chance to complete **ALL** documents in your application packet. Please be sure to check all documents prior to submitting your packet.





EMPLOYMENT APPLICATION COUNTY OF BURLINGTON

* DEPARTMENT OF CORRECTIONS *

PART TIME FULL TIME

OFFICE: _____

(PRINT OR TYPE)

NAME (LAST)	(FIRST)	(MIDDLE)	AREA CODE & TELEPHONE NO.	
PRESENT ADDRESS (NUMBER & STREET)		(CITY)	(STATE)	(ZIP)
ARE YOU A RESIDENT OF: BURLINGTON COUNTY _____ YEARS NEW JERSEY _____ YEARS		POSITION APPLYING FOR N.J. DRIVERS LICENSE MAY BE REQUIRED FOR SOME POSITIONS.		

MILITARY RECORD-WHAT IS YOUR PRESENT SELECTIVE -SERVICE CLASSIFICATION:
 NON-VETERAN VETERAN TYPE OF DISCHARGE _____
 DATES OF SERVICE: FROM _____ TO _____

LIST ALL HIGH SCHOOL, VOCATIONAL TRAINING SCHOOLS, COLLEGES, UNIVERSITIES OR GRADUATE SCHOOLS WHICH YOU HAVE ATTENDED.

NAME	DATES ATTENDED	GRADUATE	MAJOR AREA OF STUDY	DEGREE OR LICENSE
	FROM: _____ TO: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	FROM: _____ TO: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	FROM: _____ TO: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		

1. HAVE YOU EVER BEEN ARRESTED OF A CRIME WHICH HAS NOT BEEN EXPUNGED BY THE COURT? YES NO

2. HAVE YOU EVER BEEN CONVICTED OF A CRIME WHICH HAS NOT BEEN EXPUNGED BY THE COURT? YES NO
 IF YES, GIVE DETAILS AND DATES OF EACH DISPOSITION IN REMARKS SECTION (A CONVICTION WILL NOT NECESSARILY PRECLUDE YOU FROM OBTAINING EMPLOYMENT UNLESS THE NATURE OF THE CONVICTION RELATES ADVERSELY TO THE POSITION SOUGHT)
 REMARKS: _____

3. HAVE YOU EVER ENGAGED IN ANY SEXUAL ABUSE IN A PRISON, JAIL, LOCKUP, COMMUNITY CONFINEMENT FACILITY, JUVENILE FACILITY, OR OTHER INSTITUTION? YES NO

4. HAVE YOU EVER BEEN CONVICTED OF ENGAGING OR ATTEMPTING TO ENGAGE IN SEXUAL ACTIVITY IN THE COMMUNITY FACILITATED BY FORCE, OVERT OR IMPLIED THREATS OF FORCE OR COERCION, OR IF THE VICTIM DID NOT CONSENT OR WAS UNABLE TO CONSENT OR REFUSE? YES NO

5. HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN THE ACTIVITIES DESCRIBED IN THE PREVIOUS QUESTION? YES NO

6. DO YOU UNDERSTAND THAT YOU HAVE A CONTINUING DUTY TO DISCLOSE ANY ADVERSE CONTACT WITH LAW ENFORCEMENT OR SEXUAL MISCONDUCT THROUGHOUT THE TERMS OF YOUR EMPLOYMENT?
 YES, I UNDERSTAND NO, I DON'T UNDERSTAND

MACHINES OPERATED AND/OR SPECIAL SKILLS:

LIST ANY OTHER LICENSES, CERTIFICATES OR INTERNSHIPS RELATED TO YOUR SKILL, PROFESSION OR TRADE.

TYPING: YES NO APPROX. SPEED _____

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FEDERAL, STATE OF NEW JERSEY OR OTHER STATE'S PENSION FUND OR RETIREMENT FUND? YES NO
 (IF YES, PLEASE IDENTIFY THE PENSION FUND(S) OR RETIREMENT FUND(S) AND STATE WHETHER YOU ARE PRESENTLY RECEIVING A PENSION FROM ONE OR MORE OF THESE FUNDS)

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE COUNTY OF BURLINGTON? YES NO
 (IF YES, WHEN?) DATE: _____

I HEREBY GIVE MY CONSENT FOR THE COUNTY OF BURLINGTON TO OBTAIN EMPLOYMENT AND PROFESSIONAL REFERENCES. _____
 Signature

EMPLOYMENT RECORD / BEGIN WITH PRESENT POSITION / ATTACH ADDITIONAL SHEETS OR RESUME IF APPLICABLE

NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:

DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
		NUMBER OF HOURS PER WEEK: _____

NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:

DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
		NUMBER OF HOURS PER WEEK: _____

NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:

DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
		NUMBER OF HOURS PER WEEK: _____

REFERENCES: (GIVE NAMES OF THREE (3) UNRELATED PERSONS WHOM YOU HAVE KNOWN FOR MORE THAN TWO (2) YEARS.)			
NAME	ADDRESS	TELEPHONE NUMBER	POSITION

HAVE YOU EVER BEEN EMPLOYED BY BURLINGTON COUNTY? YES NO
 (IF YES, EXPLAIN): FROM: _____ TO: _____
 DEPARTMENT: _____ SUPERVISOR: _____
 REASON FOR LEAVING: _____

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE OR MISLEADING STATEMENT WILL BE CAUSE FOR REJECTION OR REMOVAL. PLEASE TAKE NOTICE THAT THE APPLICANT IF EMPLOYED WILL NOT BE EMPLOYED AS A LATERAL TRANSFER FROM ANY OTHER POSITION. PLEASE TAKE FURTHER NOTICE THAT IN RETURN FOR BEING EMPLOYED, IF EMPLOYED, THE APPLICANT BY HIS OR HER SIGNATURE AFFIXED BELOW DOES PRESENTLY WAIVE AND GIVE UP ANY AND ALL RIGHTS AND BENEFITS HE OR SHE MIGHT OTHERWISE HAVE BEEN ENTITLED TO BY VIRTUE OF THE PROVISIONS OF NJSA 40A:9-5 AND ANY APPLICABLE STATUTES.

DATE OF APPLICATION: _____ SIGNATURE: _____
 (DOC)

Burlington County Corrections

Promis /Gravel and ATS/ACS Warrant check

NAME (Last, First, MI) _____ MAIDEN NAME (if Applicable) _____

SOCIAL SECURITY NO. _____ DOB (MO/DAY/YR) _____ RACE _____ SEX _____

I AUTHORIZE A COMPLETE WARRANT/ BACKGROUND AND DRIVER ABSTRACT CHECK FOR EMPLOYMENT IN BURLINGTON COUNTY _____

*****DO NOT WRITE BELOW THIS LINE*****

PROMIS GAVEL CHECK:

ALL COUNTIES: IN SYSTEM: _____ YES _____ NO _____

IF YES WHAT COUNTY _____

BURLINGTON COUNTY: _____ YES _____ NO _____

DRUG REGISTRY CHECK: _____ YES _____ NO _____

ATS WARRANTS: _____ YES _____ NO _____

ACS WARRANTS: _____ YES _____ NO _____

NDI (NATIONAL DECERTIFICATION INDEX) _____ YES _____ NO _____

MEGAN LAW: _____ YES _____ NO _____

PREA CHECK: _____ YES _____ NO _____

DATE CHECKED _____

CHECK BY _____

POSITION APPLIED FOR: _____

BURLINGTON COUNTY CORRECTIONS
ADMINISTRATIVE CLEARANCE FORM

All questions must be answered to provide adequate comparisons to computerized history records.

NAME (Last, First, MI) _____ (MAIDEN NAME (If Applicable) _____)

SOCIAL SECURITY # _____ DOB (MO/DAY/YR) _____ RACE _____ SEX _____

EYE COLOR _____ HAIR COLOR _____ PLACE OF BIRTH _____

ADDRESS: _____ Street _____ Town/City _____ State _____ Zip Code _____

PHONE # INCLUDING AREA CODE _____ DRIVER LICENSE #/STATE ISSUED _____

Have you ever been arrested, indicted, charged with/or convicted of a criminal or disorderly offense in this state or in any other jurisdiction even if the charges have been dismissed? (For the purpose of this question, the words "arrested" "indicted" or "charged" includes any detaining, **holding** or **taken into custody by any police agency or other law enforcement authority**).

YES / NO _____ (This information will not necessarily preclude you)

If YES, supply the following information. Also disclose any offense which has legally been expunged, other than motor vehicle violations. (Use additional paper if necessary).

Nature of Charge, Arrest or Conviction	Date of Arrest	Name/Address of Police Agency/Court	Disposition

I hereby authorize the Veterans Administration, US Army, Air Force, Marine Corps, Navy, Coast Guard, medical doctors, insurance companies, former employers, educational institutions, and/or other agencies to furnish the Department of Corrections with any and all information regarding me, at their request, in order that they may determine my suitability for clearance.

DATE

SIGNATURE OF APPLICANT

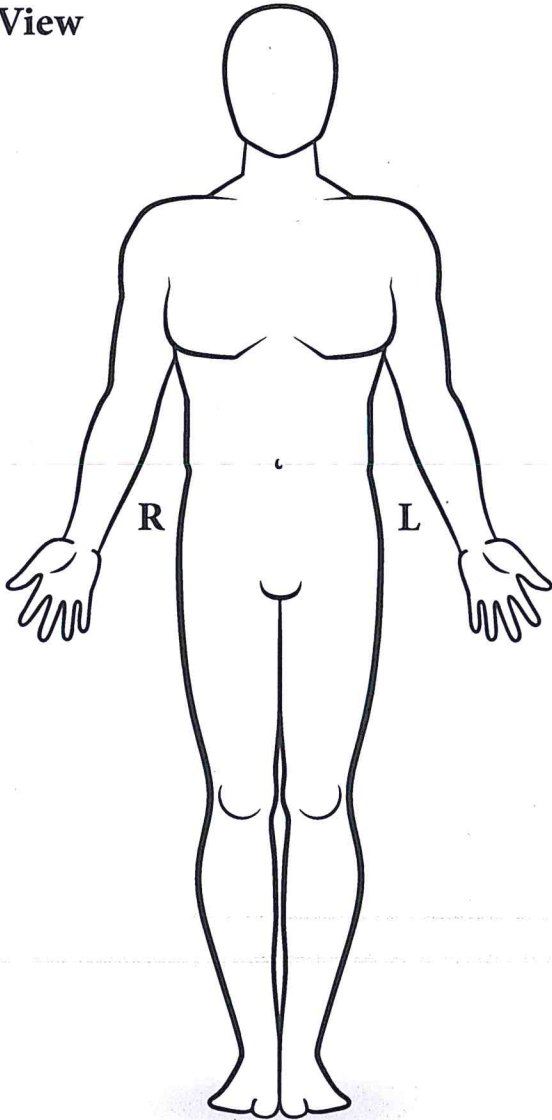
BURLINGTON COUNTY DEPARTMENT OF CORRECTIONS

TATTOO IDENTIFICATION FORM

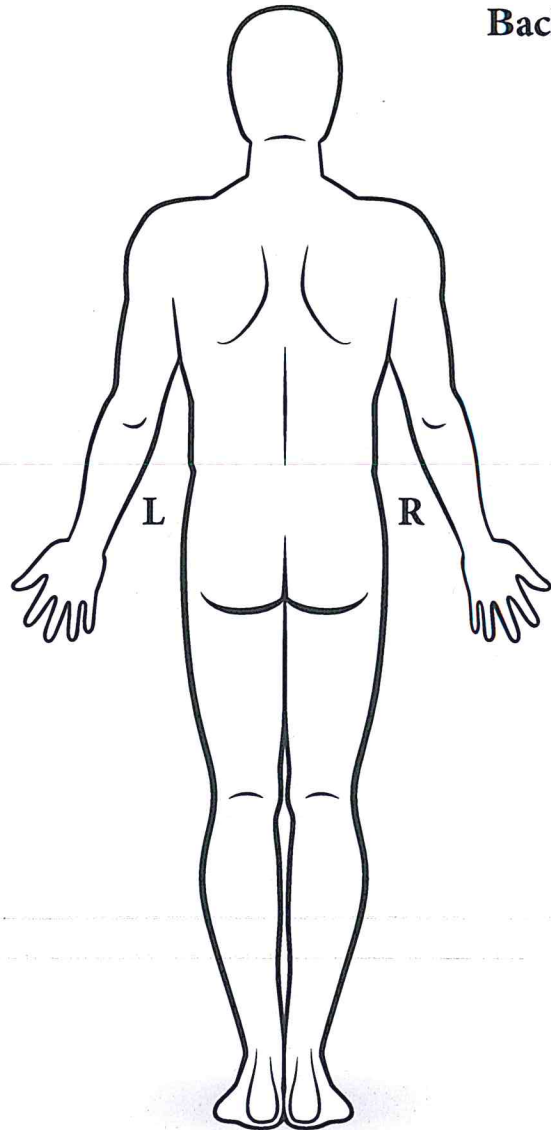
Note any tattoos in detail. Note information on appropriate body area below.

CANDIDATE NAME (PRINT) _____ DATE _____

Front View



Back View



CANDIDATE SIGNATURE _____

FOR DEPARTMENTAL USE ONLY

REVIEWED BY _____ DATE _____



**Department of Corrections
County of Burlington
New Jersey**



Matthew Leith / Warden

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PRE-APPLICATION CERTIFICATION

Read through this entire questionnaire before completing the required information. Answer every question. If a question does not apply to you, write NA (Not Applicable) in the space provided for the answer. The answers to each question must be printed by the applicant in black ink.

Name: _____

Date: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

1. Have you ever been arrested in this or any other state or country? If yes, list all, including date, location, charge, and disposition. (Include juvenile offenses and expungements)

2. Have you ever been issued a summons for any crime of disorderly persons offense in this or any other state or country? If yes, list all, including date, location, charge, and disposition. (Include expungements)

3. Have you ever been issued a summons for violations of the motor vehicle laws, inclusive of any parking offenses in this or any other state or country? If yes, list all, including date, location, charge, and disposition.

 (INITIAL)

4. Have you ever been issued a summons for violations of Fish and Game Laws in this or any other state? If yes, list all, including date, location, charge, and disposition.

5. Have you ever been disciplined at any place of employment including military service? (Counseling, reprimands, suspensions, termination, court martial, etc.)? If yes, list all; explain citing names of employer, date, reason for job action.

6. Have you ever been fingerprinted by a law enforcement agency? Yes No If yes, list all; explain giving date, agency, and reason thereof.

7. Have the police ever been summoned to your residence or place of employment to speak with you? Yes No If yes, specify date, department, and reasons thereof.

8. Do you now or have you in the past had a driver's license in any state other than the State of New Jersey? Yes No If yes, list state(s) and approximate year.

(INITIAL)

9. Has your driver's license or motor vehicle registration ever been revoked or suspended in New Jersey or any other state? Yes No If yes, list all events including jurisdiction, date, and reason.

10. Have you ever applied to, made application to, or been interviewed by a law enforcement agency? Yes No If yes, list all events including jurisdiction, date, and outcome/reason.

11. Have you ever been rejected for a law enforcement position? Yes No List where, date, and circumstances.

12. List any motor vehicle accidents you have been involved in since receiving your driver's license. Provide all dates, locations, and details such as who was at fault.

13. Are you currently a certified police officer by the New Jersey Police Training Commission?

Yes No Specify type of certification, date of certification, and the name of the academy that issued your certification.

14. Have you ever been involved in a domestic violence incident either as a plaintiff or defendant?

Yes No If yes, list all events including jurisdiction, date, and outcome/reason.

(INITIAL)

I certify the foregoing statements made by me are completely true to the best of my knowledge. I further state that I have not failed to list any information and that I have fully and completely answered all questions. A candidate will be disqualified for not answering all questions completely and honestly. No question, or part of a question may be left blank or unanswered. Applicants who do not follow all directions will be disqualified. I also understand that I am subject to criminal prosecution under N.J.S.A. 2C:28-3b (2) for any misleading material, false statements or omissions.

Print Name

SIGNATURE

Complete Street Address

Town, State, Zip

Home Telephone #

Cell Phone #

Email Address

List ANY Facebook, Instagram, TikTok, Snapchat, Twitter, Youtube channel, Patreon, or other Social Network Account(s) active **and** deactivated within the last 5 years you have registered for.



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BURLINGTON COUNTY DEPARTMENT OF CORRECTIONS BACKGROUND QUESTIONNAIRE

**READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT QUESTIONNAIRE
 UPON COMPLETION, THIS QUESTIONNAIRE MUST BE NOTARIZED**

INSTRUCTIONS: Read and complete this entire questionnaire, answering every question. If a question does not apply to you, then write NA (Not Applicable). A candidate may be disqualified or dismissed for not answering all questions completely. No question, or part of a question, may be left blank or unanswered. A candidate can be rejected from the selection process that has intentionally made a false or misleading statement(s). Any candidate can be rejected attempting to commit deception or fraud in this questionnaire, in any examination, interview, or in securing or maintaining eligibility for employment with the Burlington County Department of Corrections. Any misstatement of fact is reason for disqualification for employment, or may be punished by law as per N.J.S. 2C:28-2, 2C:28-3, and 2C:28-7. The questionnaire must be prepared by the applicant with the exception of Reference Information. References will complete, date and sign their own required information for submission with this questionnaire. If there is insufficient space available for answering any question, use the continuation pages provided. Precede each answer on continuation pages with the corresponding section title and number of the question being answered, and then continue answering the question.

PRINT NAME:	Last (Include Maiden Name)	First	Middle
MAILING ADDRESS:	Number & Street (or R.D.#)	City	State Zip Code
County	Home Phone Number ()		
E-Mail Address	Web Site Address		

IF CURRENT RESIDENCE IS DIFFERENT FROM ABOVE, COMPLETE THE FOLLOWING:

RESIDENCE LOCATION	Number & Street, Apartment No.		
City	State	County	Home Phone Number ()

AN EQUAL OPPORTUNITY EMPLOYER

B. Citizenship

8. Are you a native born or naturalized citizen of the United States? Native Born Naturalized
9. Have you ever renounced your United States citizenship? Yes No
10. Are you now or have you ever been a citizen of another country? Yes No

If yes, explain _____

11. If you are a naturalized citizen, fill in the following:

Country of birth: _____

Port or place of departure for the United States: _____ Date: _____

How were you transported into the United States? (Ship, Plane, Train, etc.) _____

Name of transport conveyance and/or company you arrived on: _____

Port or place of entry into the United States: _____ Date: _____

If a naturalized citizen, state the name, address, and date of birth of the person who sponsored you on arrival:

12. First address after arrival: _____

13. How did you obtain citizenship? _____

14. Petition Number: _____ Date: _____ Court: _____

State: _____ Certificate Number: _____

15. List county where you are currently registered to vote and all counties where you were ever registered to vote.

If none, check box

County	State	Year

24. Are you the biological, adoptive, foster parent or step-parent or legal guardian of any children (whether children are alive or deceased)? Yes No
 If deceased, explain: _____

25. List below the information on any child identified under question 24.

Name:	Date of Birth:	Place of Birth:
With Whom and Where Does Child Reside:		
Name:	Date of Birth:	Place of Birth:
With Whom and Where Does Child Reside:		
Name:	Date of Birth:	Place of Birth:
With Whom and Where Does Child Reside:		

26. Are you now supporting each of the children listed in question #25? Yes No
 If no, as to any child identified under question #25, explain on continuation page.

27. Have you ever been involved as a plaintiff or defendant in a paternity proceeding? Yes No
 If yes, state full details: _____

28. Family information: Father, mother, father-in-law, mother-in-law, step-parents, sisters/brothers, step-brothers/sisters, half-brothers and half-sisters names: If deceased, state in answer.

Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()
Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()
Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()
Name:	Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()
Occupation:	Name of Business or Employer:	Work Phone: ()

29. If currently engaged, list parents and step-parents of fiancée:

Name:		Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()	
Occupation:	Name of Business or Employer:		Work Phone: ()
Name:		Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()	
Occupation:	Name of Business or Employer:		Work Phone: ()
Name:		Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()	
Occupation:	Name of Business or Employer:		Work Phone: ()
Name:		Relation:	Date of Birth:
Full Address with Zip Code:		Home Phone: ()	
Occupation:	Name of Business or Employer:		Work Phone: ()

30. List full names (first, middle, last – include maiden name) of three friends and/or associates other than references or employers, past or present.

Name:		Relationship:	Date of Birth:
Full Address, Zip Code:		Home Phone: ()	
Occupation:	Business or Employer and Full Address		Work Phone and Extension: ()
Name:		Relationship:	Date of Birth:
Full Address, Zip Code:		Home Phone: ()	
Occupation:	Business or Employer and Full Address		Work Phone and Extension: ()
Name:		Relationship:	Date of Birth:
Full Address, Zip Code:		Home Phone: ()	
Occupation:	Business or Employer and Full Address		Work Phone and Extension: ()

D. Residence

31. Where do you now reside? _____ From _____ to Present

Number & Street ()

City _____ County _____ State _____ Zip Code _____ Phone No. _____

Apt. No. _____ Floor No. _____ Landlord Name: _____ Phone No. () _____

Address: _____

No. & Street City County State Zip Code

32. Do you have any ownership interest (full, partial or joint) in this residence or any other real property?

List lot/block numbers: Lot _____ Block _____

Other real property, list location, including State/County/Lot/Block: _____

33. If you reside with someone other than your spouse, parents or siblings, list complete information below. Include any and all persons with whom you have lived during the past two years.

Full Name (Maiden)		Relationship	Date of Birth	Dates of Residence
Occupation	Employer & Address		Work Phone and Ext. ()	
Full Name (Maiden)		Relationship	Date of Birth	Dates of Residence
Occupation	Employer & Address		Work Phone and Ext. ()	
Full Name (Maiden)		Relationship	Date of Birth	Dates of Residence
Occupation	Employer & Address		Work Phone and Ext. ()	
Full Name (Maiden)		Relationship	Date of Birth	Dates of Residence
Occupation	Employer & Address		Work Phone and Ext. ()	
Full Name (Maiden)		Relationship	Date of Birth	Dates of Residence
Occupation	Employer & Address		Work Phone and Ext. ()	
Full Name (Maiden)		Relationship	Date of Birth	Dates of Residence
Occupation	Employer & Address		Work Phone and Ext. ()	
Full Name (Maiden)		Relationship	Date of Birth	Dates of Residence
Occupation	Employer & Address		Work Phone and Ext. ()	

34. **Past Residences:** In chronological order, starting with most recent past residence, state each and every previous residence since birth (include college residence, summer homes, military residence, etc.)

FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	
FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	
FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	
FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	
FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	
FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	
FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	
FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	
FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	
FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	
FROM:		TO:		Full Address (Apartment #)	Landlord Name	Landlord Phone No. ()
Mo.	Yr.	Mo.	Yr.	City State Zip Code	County	

E. Education & Intern Study Programs

35. List (most recent dates first) all post secondary schools attended, including trade schools and colleges/universities:

Name of College	No. of Credits Earned/ Cumm. G.P.A.	From	To	Registrar Phone No. & Ext.		
		Mo. Yr.	Mo. Yr.	()		
List Major/Degree	Date Confirmed	City/Town of College		State	Zip Code	County
Name of College	No. of Credits Earned/ Cumm. G.P.A.	From	To	Registrar Phone No. & Ext.		
		Mo. Yr.	Mo. Yr.	()		
List Major/Degree	Date Confirmed	City/Town of College		State	Zip Code	County
Name of College	No. of Credits Earned/ Cumm. G.P.A.	From	To	Registrar Phone No. & Ext.		
		Mo. Yr.	Mo. Yr.	()		
List Major/Degree	Date Confirmed	City/Town of College		State	Zip Code	County

36. List chronologically (most recent dates first) all schools attended, grades 9 through 12

School	From _____ To _____ Month/Year Month/Year	Phone No. ()		
Address: No. & Street	City/Town	State	Zip Code	County
School	From _____ To _____ Month/Year Month/Year	Phone No. ()		
Address: No. & Street	City/Town	State	Zip Code	County
School	From _____ To _____ Month/Year Month/Year	Phone No. ()		
Address: No. & Street	City/Town	State	Zip Code	County
School	From _____ To _____ Month/Year Month/Year	Phone No. ()		
Address: No. & Street	City/Town	State	Zip Code	County
School	From _____ To _____ Month/Year Month/Year	Phone No. ()		
Address: No. & Street	City/Town	State	Zip Code	County

37. List any suspensions or expulsions from college, high school or trade school.

School	Year	Reason
School	Year	Reason
School	Year	Reason

38. List other formal schooling or specialized training (i.e., teaching, EMT, trade certification, SCUBA, counseling, intern programs, etc.). Submit respective certification documents.

Date Attended	School/Course Name	Location	Certification
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Date Attended	School/Course Name	Location	Certification
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Date Attended	School/Course Name	Location	Certification
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39. Were you ever or are you a member of any social, fraternal, charitable, educational or nonprofit organizations (include collegiate team, club, and college fraternity/sorority organizations)? Yes No
If yes, list every such organization.

From	To	Organization Name	Type of Organization
Mo. Yr.	Mo. Yr.		
Organization Address and Phone No. ()			
From	To	Organization Name	Type of Organization
Mo. Yr.	Mo. Yr.		
Organization Address and Phone No. ()			
From	To	Organization Name	Type of Organization
Mo. Yr.	Mo. Yr.		
Organization Address and Phone No. ()			
From	To	Organization Name	Type of Organization
Mo. Yr.	Mo. Yr.		
Organization Address and Phone No. ()			

40. Foreign Languages: 1. _____ 2. _____ 3. _____

(Place checkmark in appropriate box)

Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Selective Service

41. Draft Registration Number (Male applicants only) _____ Registration Date _____

To obtain your Draft Number, call (1-847-688-6888).

G. Military Service

42. Have you ever served in an active military organization of the United States? Yes No

43. Have you ever served in a military organization of any foreign government? Yes No

If yes, give details: _____

44. Give branch of service: _____

Military Specialty: _____

45. Rank held: _____

46. How many periods of active military service have you had (drafts, enlistments or recalls to service)? Note the branch of service: _____

47. Give period or periods of active service:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

48. How many discharges or separations from the service were issued to you? _____

49. List type of discharge(s) or separation(s) (honorable, dishonorable, honorable conditions):

Be exact. _____

50. Has your discharge or separation notice ever been corrected or changed? Yes No

51. What was the nature of the change? Changed from _____ to _____

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?

Yes No Number of times: _____

If yes, give details of charges and dispositions: _____

53. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, the National Guard of any state or any foreign government?

Yes No If yes, state which – active or inactive _____

Branch: _____ Regiment: _____ Unit: _____ Rank: _____

Address: _____ From: _____ To: _____

H. Employment

54. Present and Past Employers: List all employer(s) starting with your present employer and work back to your past employers until the age of 18. Include part-time, self-employment, military service, school (not working), part-time, summer employment, and unemployed. OMIT NONE. For example: 9/97 to 6/98 Unemployed – Attending College.

<u>From</u> Mo. Yr.	<u>To</u> Mo. Yr.	Employer Name and Complete Address	Occupation
Immediate Supervisor		Phone No. & Ext. ()	Reason for Leaving
<u>From</u> Mo. Yr.	<u>To</u> Mo. Yr.	Employer Name and Complete Address	Occupation
Immediate Supervisor		Phone No. & Ext. ()	Reason for Leaving
<u>From</u> Mo. Yr.	<u>To</u> Mo. Yr.	Employer Name and Complete Address	Occupation
Immediate Supervisor		Phone No. & Ext. ()	Reason for Leaving
<u>From</u> Mo. Yr.	<u>To</u> Mo. Yr.	Employer Name and Complete Address	Occupation
Immediate Supervisor		Phone No. & Ext. ()	Reason for Leaving
<u>From</u> Mo. Yr.	<u>To</u> Mo. Yr.	Employer Name and Complete Address	Occupation
Immediate Supervisor		Phone No. & Ext. ()	Reason for Leaving
<u>From</u> Mo. Yr.	<u>To</u> Mo. Yr.	Employer Name and Complete Address	Occupation
Immediate Supervisor		Phone No. & Ext. ()	Reason for Leaving
<u>From</u> Mo. Yr.	<u>To</u> Mo. Yr.	Employer Name and Complete Address	Occupation
Immediate Supervisor		Phone No. & Ext. ()	Reason for Leaving
<u>From</u> Mo. Yr.	<u>To</u> Mo. Yr.	Employer Name and Complete Address	Occupation
Immediate Supervisor		Phone No. & Ext. ()	Reason for Leaving
<u>From</u> Mo. Yr.	<u>To</u> Mo. Yr.	Employer Name and Complete Address	Occupation
Immediate Supervisor		Phone No. & Ext. ()	Reason for Leaving

55. Are you now or have you ever engaged in any business as an owner (active or silent), partner, or corporate member?
 Yes No
 If yes, give details: _____

56. Were you ever subjected to disciplinary action in connection with any employment? Yes No If yes, explain:

57. Were you ever terminated or asked to resign from employment (this does not include being laid off)? Yes No
 How many times? _____ List each event below.

Date	Employer Name & Address		
Immediate Supervisor	Phone No. and Ext.	Reason for Discharge	
Date	Employer Name & Address		
Immediate Supervisor	Phone No. and Ext.	Reason for Discharge	

58. Whether or not employed in a specified area, have you ever been professionally licensed or certified (i.e., law, real estate, nursing)? Specify if license or certification is current. Yes No If yes, list:

59. Has any such license or permit been revoked, cancelled or suspended? Yes No If yes, give details:

60. Were you ever or are you a member of a social, labor or fraternal organization? Yes No
 If yes, list every such organization.

From	To	Organization Name	Type of Organization
Mo. Yr.	Mo. Yr.		
Organization Address and Phone No.			
()			
From	To	Organization Name	Type of Organization
Mo. Yr.	Mo. Yr.		
Organization Address and Phone No.			
()			

61. Have you ever applied for and received unemployment insurance or other federal, state or local benefits or assistance?

Yes No

If yes, explain: _____

Benefit Assistance Given: _____ Local Office: _____

Address: _____

Give periods:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

62. Have you ever applied for or received any unemployment insurance, workman's compensation, public assistance or disability insurance allowance or benefit to which you were not entitled?

63. List applications submitted to other law enforcement agencies.

Organization & Address	Phone No.	Test Date	App. Date	Status	Withdraw Date	Reject Yes/No

64. Have you ever attended a police academy? Yes No

If yes, where? _____ Dates: _____ Graduated? _____

Reason for discontinuation: _____

I. Financial

65. List all credit cards and loans (mortgage, home equity, car, educational, personal):

Type Loan/Credit Card		Name of Institution		Address	
Account No.	Original Amount	Present Balance	Monthly Payments	Amount of Arrears	
Type Loan/Credit Card		Name of Institution		Address	
Account No.	Original Amount	Present Balance	Monthly Payments	Amount of Arrears	
Type Loan/Credit Card		Name of Institution		Address	
Account No.	Original Amount	Present Balance	Monthly Payments	Amount of Arrears	
Type Loan/Credit Card		Name of Institution		Address	
Account No.	Original Amount	Present Balance	Monthly Payments	Amount of Arrears	
Type Loan/Credit Card		Name of Institution		Address	
Account No.	Original Amount	Present Balance	Monthly Payments	Amount of Arrears	
Type Loan/Credit Card		Name of Institution		Address	
Account No.	Original Amount	Present Balance	Monthly Payments	Amount of Arrears	
Type Loan/Credit Card		Name of Institution		Address	
Account No.	Original Amount	Present Balance	Monthly Payments	Amount of Arrears	
Type Loan/Credit Card		Name of Institution		Address	
Account No.	Original Amount	Present Balance	Monthly Payments	Amount of Arrears	
Type Loan/Credit Card		Name of Institution		Address	
Account No.	Original Amount	Present Balance	Monthly Payments	Amount of Arrears	

66. Do you have any debt not listed above? Yes No If yes, give details: _____

67. Other than standard withholding deductions, has any part of your wages ever been withheld and paid to another party to satisfy a debt, obligation or for any other purpose? Yes No If yes, give details: _____

68. Do you have a lien or judgment pending against you? Yes No If yes, give details: _____

69. Have you ever had a lien or judgment against you? Yes No If yes, give details: _____

70. Are you a co-signer on an outstanding loan? Yes No If yes, give details: _____

71. Have you ever been bonded? Yes No Refused a bond? Yes No

With respect to each time bonded or refused, give details below:

Bonded	Refused	By Whom	Full Address	Phone No. ()
Reason Bonded/Reason Refused				Date

72. Have you ever petitioned for bankruptcy? Yes No If yes, give details: _____

J. General

73. Have you ever had problems or been alleged to have had problems dealing with persons of another race, ethnic origin, religious group, gender or sexual orientation? Yes No If yes, explain: _____

74. Have you ever subjected or been alleged to have subjected others to harassment, discrimination or a hostile work environment? Yes No If yes, explain: _____

75. Have you ever been involved in a personal relationship where you threatened, assaulted or harassed another party or had a domestic violence complaint, temporary restraining order or final restraining order entered against you? Yes No If yes, explain: _____

76. Have you ever been involved in a personal relationship in which you were threatened, assaulted or harassed or where you sought a domestic violence complaint, temporary restraining order or final restraining order entered against another person? Yes No If yes, explain: _____

77. Have you ever been charged with, or accused of violating the civil rights of another person? Yes No

If yes, explain: _____

78. Have you ever been involved in a civil court action in this state or elsewhere? Yes No If yes, explain:

Date	Action or Proceeding	County	State
As Plaintiff, Defendant Petitioner, Respondent or Witness		Court Disposition	
Date	Action or Proceeding	County	State
As Plaintiff, Defendant Petitioner, Respondent or Witness		Court Disposition	
Date	Action or Proceeding	County	State
As Plaintiff, Defendant Petitioner, Respondent or Witness		Court Disposition	

79. Have you ever possessed or do you possess any pistol permits, permit to purchase a handgun, firearm permits, firearm ID cards, or firearm dealer licenses, in this or any other state, or area under federal jurisdiction?

Yes No If yes, give details:

Firearm ID Card _____ Firearm Dealer License Number _____

Issuing Agency _____

List all firearms that you possess/own:

Serial #	Make/Importer	Model	Caliber/Gauge	Pistol Permit #

K. Arrests, Summonses, Etc.

NOTICE: Expungements and conditional discharges must be disclosed on this application. Such disclosure is for law enforcement purposes.

80. As a **juvenile**, have you ever had any police contact, been taken into custody, received a summons complaint(s) or charged with Juvenile Delinquency? Yes No If yes, explain:

Date	Age	Violation/Charge if act was committed as an adult	Police Agency Concerned	Phone No. ()
Municipality/Township		County	State	
Court Disposition/Sentence				
Date	Age	Violation/Charge if act was committed as an adult	Police Agency Concerned	Phone No. ()
Municipality/Township		County	State	
Court Disposition/Sentence				
Date	Age	Violation/Charge if act was committed as an adult	Police Agency Concerned	Phone No. ()
Municipality/Township		County	State	
Court Disposition/Sentence				
Date	Age	Violation/Charge if act was committed as an adult	Police Agency Concerned	Phone No. ()
Municipality/Township		County	State	
Court Disposition/Sentence				

81. Have you ever been summoned, subpoenaed, or required to testify before any municipal, county, state, or federal agency or other investigative body for a criminal matter? Yes No If yes, give details: _____

82. Since the age of 18 years, have you ever received a summons, been arrested, indicted, or convicted for any violation of the law including fish and game laws? Include disorderly persons, petty disorderly persons offenses, federal, state, city, borough or county ordinances/violations.

Yes No If yes, explain:

Date	Violation	Municipality/Twp.	County	State
Court Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()
Date	Violation	Municipality/Twp.	County	State
Court Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()

83. Have you ever had a criminal record expunged, or been accepted into a Pre-Trial Intervention Program?

Yes No If yes, explain:

Date	Violation	Municipality/Twp.	County	State
Court Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()
Date	Violation	Municipality/Twp.	County	State
Court Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()

84. Have you ever been the subject of a criminal investigation or investigated by any law enforcement or private security agency for any reason (other than pre-employment for a police dept.)? Yes No If yes, explain:

Date	Violation	Municipality/Twp.	County	State
Court Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()
Date	Violation	Municipality/Twp.	County	State
Court Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()

Additional Information Yes No See continuation page _____

85. Have you ever been fingerprinted? (Exclude this application and applications for employment with other Police Departments, but include if fingerprinted for criminal or noncriminal purposes such as licensing or employment.)
 Yes No If yes, explain _____

L. Motor Vehicle History

86. Driver's License(s):

Current: _____
 Number State Expiration Date

87. Have you ever held or do you hold a driver's license in another state? Yes No

 Number State Expiration Date

 Number State Expiration Date

88. Vehicle Registration(s): List all vehicles presently owned/leased:

Year	Make/Model/Color	Lic. Plate No./State	Exp. Date	Insurance Policy No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

89. Vehicle Insurance Company:

Present Insurance Co. Address () Phone No.

Present Insurance Co. Address () Phone No.

Present Insurance Co. Address () Phone No.

90. If you do not own or lease a vehicle, what vehicle do you operate as your primary mode of transportation?

Year	Make/Model/Color	Registration/State	Insurance Policy No.	Owner/s Name
------	------------------	--------------------	----------------------	--------------

91. Have your driving privileges ever been suspended or revoked in this or any other state or country?

Yes No If yes, explain (include dates of revocation and restoration): _____

92. Have you ever been arrested for driving while under the influence of alcohol or drugs in this or any other state?

Yes No
If yes, list where/when/specific detail: _____

93. Have you ever possessed a chauffeur or a commercial driver's license? Yes No If yes, list:

Dates of Issue/Expiration	State	Number
---------------------------	-------	--------

94. Have you ever had your auto insurance discontinued for any reason? Yes No If yes, explain: _____

95. Have you ever received a summons for a violation of the Motor Vehicle Laws in this or any other state? (Include parking violations). Yes No If yes, list:

Date	Violation	Municipality	County	State
Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()
Date	Violation	Municipality	County	State
Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()
Date	Violation	Municipality	County	State
Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()
Date	Violation	Municipality	County	State
Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()
Date	Violation	Municipality	County	State
Disposition		Your Age at Time	Police Agency Concerned	Phone No. ()

96. Have you ever been involved in any motor vehicle accident as a registered owner or operator? Yes No
 If yes, state dates, locations, circumstances: Number of accidents _____ (NOTE: Obtain copy of each accident report.)

Date	Municipality/Twp.	Circumstances
Date	Municipality/Twp.	Circumstances
Date	Municipality/Twp.	Circumstances
Date	Municipality/Twp.	Circumstances

97. Have you ever filed an automobile insurance claim of any type? Yes No

Date	Ins. Carrier/Claim Number	Type of Claim
Date	Ins. Carrier/Claim Number	Type of Claim
Date	Ins. Carrier/Claim Number	Type of Claim

M. Other Affiliations

98. Are you now, or have you ever been, a member or an affiliate of any organization, association, movement, or group which you know to advocate the commission of acts of force or violence designed to overthrow the government of the United States or this state?
 Yes No
99. Are you now, or have you ever been, a member of any organization, association, movement, or group which you know to advocate the commission of acts of force or violence designed to deny others their rights under the Constitution of either the United States or the State of New Jersey?
 Yes No
100. If your answer is **YES** to either of the above questions, please provide an explanation and the name of the organization, association, movement or group:
-
-

N. Other Information

101. Have you used marijuana/hashish in the past 5 years?
 Yes No
102. Have you used marijuana/hashish more than 15 times in your life?
 Yes No
103. Have you used any other illegal drug or drugs other than those prescribed or provided by a physician to you or purchased over the counter more than 5 times in your life?
 Yes No
104. Have you used any other illegal drug or drugs other than those prescribed or provided by a physician or purchased over the counter within
 Yes No
105. Have you sold an illegal drug at any time in your life?
 Yes No
106. Have you manufactured an illegal drug at any time in your life?
 Yes No
107. Have you distributed an illegal drug at any time in your life?
 Yes No
108. Have you engaged in the unauthorized usage of any illegal drug or drugs other than those prescribed or provided by a physician or purchased over the counter while employed in a position of public trust (e.g., a sworn Law Enforcement Officer, etc.)
 Yes No

109. If your answer is YES to questions 101 to 108, please explain: _____

110. Have you ever participated in a drug testing program and had a positive test?
 Yes No If yes, provide explanation: _____

111. Are there any matters which may involve a conflict of interest or any problems in connection with your appointment to the position of Corrections Officer within the Burlington County Department of Corrections, which are not fully covered by your answers to this questionnaire? If so, please set forth the pertinent facts below, including an explanation of how you would propose to resolve such conflict of interest or problem (e.g., divestiture, resignation, etc.)

112. Is there any event or matter in your past, which, if it were public knowledge, might reflect adversely on you or on the Burlington County Department of Corrections if you were appointed?



**Department of Corrections
County of Burlington
New Jersey**



Matthew Leith / Warden

ADMINISTRATION (609) 265-5042
 DETENTION (609) 265-5947 / 5979
 ID SECTION (609) 265-5993
 SOCIAL SERVICES (609) 702-7039
 PURCHASING (609) 265-5818
 FAX (609) 265-5805

Physical Address:
 54 Grant Street
 Mount Holly, NJ 08060

Mailing Address:
 49 Rancocas Road
 P.O. Box 6000
 Mount Holly, NJ 08060-6000

APPLICANT RELEASE AUTHORIZATION

I will assist in any way to obtain any and all documents and information requested by the Burlington County Department of Corrections. I certify that all the statements made in this application are true, complete and correct to the best of my knowledge, belief, and are made in good faith. I am aware that any intentional misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Burlington County Department of Corrections to verify any and all information contained herein and to review my past and present employment, education, financial, criminal history, military, disciplinary and other records and information from any source as noted in the duly executed Authorization and Release Form. **I have read this Certification and I understand and agree to the conditions imposed herein.**

Date: _____ Signature: _____
 (Sign Name)

 (Print Name)

 (Social Security #)

State of: _____ County of: _____

Sworn to and subscribed before me this
 _____ day of _____, 20____

 (Print Name and Title)

 Signature (Sign in Ink)

Notary Public, my Commission
 Expires: _____

DO NOT WRITE BELOW THIS LINE

 Investigator (Print and Sign)

 Date

Appendix X
APPLICANT VOUCHER

I, the undersigned, declare that I am eighteen (18) years of age or older, and that I have personally known _____ for a least one (1) year. I believe the applicant is of good character and reputation and I know of nothing, which may disqualify the applicant from law enforcement service. I am not related in any way to the applicant.

VOUCHER _____
Last First Middle

for
APPLICANT _____
Last First Middle

VOUCHER'S HOME ADDRESS _____
Number Street
City State Zip Code

VOUCHER'S BUSINESS ADDRESS _____
Number Street
City State Zip Code

VOUCHER'S OCCUPATION _____

VOUCHER'S TELEPHONE NUMBERS _____
(Home) (Business)

VOUCHER'S DATE OF BIRTH _____
(Month) (Day) (Year)

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

REMARKS: _____

DATED: _____

Signature of Voucher

Appendix X
APPLICANT VOUCHER

I, the undersigned, declare that I am eighteen (18) years of age or older, and that I have personally known _____ for a least one (1) year. I believe the applicant is of good character and reputation and I know of nothing, which may disqualify the applicant from law enforcement service. I am not related in any way to the applicant.

VOUCHER _____
Last First Middle

for
APPLICANT _____
Last First Middle

VOUCHER'S HOME ADDRESS _____
Number Street
City State Zip Code

VOUCHER'S BUSINESS ADDRESS _____
Number Street
City State Zip Code

VOUCHER'S OCCUPATION _____

VOUCHER'S TELEPHONE NUMBERS _____
(Home) (Business)

VOUCHER'S DATE OF BIRTH _____
(Month) (Day) (Year)

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

REMARKS: _____

DATED: _____
Signature of Voucher

Appendix X
APPLICANT VOUCHER

I, the undersigned, declare that I am eighteen (18) years of age or older, and that I have personally known _____ for a least one (1) year. I believe the applicant is of good character and reputation and I know of nothing, which may disqualify the applicant from law enforcement service. I am not related in any way to the applicant.

VOUCHER _____
Last First Middle

for
APPLICANT _____
Last First Middle

VOUCHER'S HOME ADDRESS _____
Number Street
City State Zip Code

VOUCHER'S BUSINESS ADDRESS _____
Number Street
City State Zip Code

VOUCHER'S OCCUPATION _____

VOUCHER'S TELEPHONE NUMBERS _____
(Home) (Business)

VOUCHER'S DATE OF BIRTH _____
(Month) (Day) (Year)

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

REMARKS: _____

DATED: _____

Signature of Voucher



Department of Corrections County of Burlington New Jersey



Matthew Leith / Warden

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TERMS AND CONDITIONS OF EMPLOYMENT WITH THE BURLINGTON COUNTY DEPARTMENT OF CORRECTIONS

I _____, (print name) understand as a condition of employment with the County of Burlington and the Burlington County Department of Corrections, I will be required to enroll in the Police and Firemen's Retirement System (PFRS) of the State of New Jersey. If over age 35, I understand I may not be accepted in PFRS, and will be required to enroll in the Public Employees Retirement System (PERS). **INITIAL** _____

I understand as a condition of employment with the County of Burlington and the Burlington County Department of Corrections, I will be required by the provisions of N.J.S.A. 52:17B-66 et seq. to successfully complete an approved Police Training Commissions Basic Course for County Correction Officers. I understand and accept if for any reason I am unable to complete the Basic Course, my employment with the County of Burlington and the Burlington County Department of Corrections will be terminated. **INITIAL** _____

I understand and accept that The Police Training Act provides County Correction Officers will be trained at an approved New Jersey Police Training Commission Training facility. I further understand and accept that I will be given only one opportunity to complete the Basic Course. I also understand and accept that my employment with the County of Burlington and the Burlington County Department of Corrections will be terminated in the event I am dismissed from the Basic Course, for any reason, but not limited to academic failure, preexisting injuries, injuries sustained during training, illness, disciplinary action, submission of a positive urine test or by not maintaining the minimum standards of the Academy to complete the Basic Course. **INITIAL** _____

I understand and accept as a condition of employment with the Burlington County Department of Corrections I will be required to successfully complete the Police Training Commissions Firearm's Training Program, while enrolled in the Basic Course. I understand that should I fail to successfully complete said program my employment with the County of Burlington and the Burlington County Department of Corrections will terminate. **INITIAL** _____

EMPLOYMENT CONDITIONS CONTINUED

I further understand and accept that as a continuing condition of employment with the County of Burlington and the Burlington County Department of Corrections, I will be required to successfully qualify with a hand gun and shotgun on a bi-annual basis or as required by the guideline established and amended from time to time by the Attorney General and/or Burlington County Prosecutor's Office. Failure to successfully comply with these established guidelines may result in the termination of my employment. **INITIAL** _____

I understand that the Terms and Conditions of my employment with the County of Burlington and the Burlington County Department of Corrections are not limited to those as contained in the enumerated in this document. In addition, all employees are to comply with all rules and regulations of the Burlington County Department of Corrections. **INITIAL** _____

Signature of Applicant

Print Name (last, first, mi)

Social Security Number

Notary:

Sworn to and subscribed before me on this

_____ Day of _____.