

# Mountain Lakes Police Department

400 Boulevard, Mountain Lakes, NJ 07046 \* Phone: 973-334-1413 Fax: 973-334-4123

Shawn M. Bennett

Chief of Police

## Employment Application Packet



Contained in this packet you will find the following:

- Application
- Physical Agility Test Requirements
- Directions to Written Test location

In order to be considered, you must meet the following eligibility requirements:

- Must be a resident of New Jersey and a United States Citizen
- Must be 21 years of age or older
- Must possess a bachelor's degree from an accredited college/university, or a minimum of 4 years of active duty military service or previous full-time sworn law enforcement experience.
- Must have the ability to perform all tasks and duties of a police officer.
- Must possess a valid NJ driver's license.
- Must not have a criminal history and must be of good moral character.

Please complete the application and return to the Mountain Lakes Police Department no later than Tuesday November 18<sup>th</sup> 2014. The Application fee is \$75.00, which is to be paid via check or money order made out to the "Borough of Mountain Lakes" upon submission of the completed application.

The written exam is tentatively scheduled for November 20<sup>th</sup> at 7:00 PM at the Mountain Lakes High School. If the date, time, or location is changed, the applicant will be advised.

Additional applications will be available for download at [www.mtnlakes.org](http://www.mtnlakes.org)

# Mountain Lakes Police Department

400 Boulevard, Mountain Lakes, NJ 07046 \* Phone: 973-334-1413 Fax: 973-334-4123

## Employment Application

Shawn M. Bennett

Chief of Police



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Applicant Name (Last, First)

*The Mountain Lakes Police Department is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.*

**Notice:** The following documents must be attached to this application.

1. Copy of birth certificate.
2. Copy of high school diploma or approved G.E.D.
3. Copy of DD-214 (if applicable).
4. Copy of any college diplomas (if applicable).
5. Copy of Police Training Certificate (if applicable).
6. Copy of NJ Driver's License.
7. Copy of Social Security Card.
8. Recent photograph (waist up, full-face view).

### INSTRUCTIONS

Application must be typed or printed legibly in black ink. All questions must be answered. If a question does not apply, enter "N/A" in the space provided. Incomplete applications will not be considered. If space provided is not sufficient you may attach supplemental pages.

Position Applying For: \_\_\_\_\_

Date: \_\_\_\_\_

## INFORMATION

- The Mountain Lakes Police Department employment process consists of many facets. The applicant, depending on how far he or she progresses through the process, may be asked to complete or participate in the following:
  - ✓ Application
  - ✓ Written Test
  - ✓ Physical Agility Test
  - ✓ Interview(s)
  - ✓ Background Check
- The application fee is \$75.00. Check or Money Order only. Please make checks payable to *“The Borough of Mountain Lakes.”* Payment required when application is submitted.
- If the applicant is offered a position within the Mountain Lakes Police Department, upon acceptance, he or she will be required to complete a medical and psychological exam.

Are you now or have you ever been a full-time sworn law enforcement officer?

Yes

No

## PERSONAL DATA

**Last Name                                      First Name                                      Middle Name                                      Social Security Number**

**Address    City    State    Zip Code**

**Date of Birth                                      Home Phone Number                                      Cell Phone Number                                      Email Address**

**Place of Birth:**

\_\_\_\_\_

**City    State    Country**

List all other names you have used including circumstances and time periods you used them. Include maiden name, nicknames, alias(es), former names, etc.

Name	Circumstances	Date From (Mo/Yr)	Date To (Mo/Yr)

Have you submitted an application to the Mountain Lakes Police Department within the past 2 years?                                      **Yes                                      No**

If yes, for what position did you apply? \_\_\_\_\_

Have you ever been employed by the Mountain Lakes Police Department or Borough of Mountain Lakes before?                                      **Yes                                      No**

If yes, what position did you hold? \_\_\_\_\_

Are you a United States Citizen?                                      **Yes                                      No**

If naturalized, please provide:

\_\_\_\_\_

**Date    Place    Court    Naturalization Number**

Are you now able to participate with or without accommodation in defensive tactics, firearms, physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description of the position for which you have applied?                                      **Yes                                      No**

This position may require a physical agility test. If such a test or examination is required, would you be able to take this test or examination with or without accommodation?      Yes                      No

If you would need a physical accommodation, indicate what accommodation you would require for this test/job:

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**EDUCATION/TRAINING**

High School/College/University	Date Attended From	Date Attended To	Credit Hours Earned	Did you Graduate?	Type of Diploma

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Other Schools (Trade, Vocational, Business or Military)

School and Location	Date Attended From	Date Attended To	Credit Hours Earned	Did you Graduate?	Type of Certificate Earned

Are you fluent in any foreign language?      Yes                      No

If yes, in what language? \_\_\_\_\_

If yes, are you able to speak?      Yes      No      Read?      Yes      No      Write?      Yes      No

Indicate any special skills, certifications or licenses you possess which you feel may be beneficial in the position for which you are applying:

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**EMPLOYMENT HISTORY**

May we contact present or previous employers?      Yes      No

If no, please explain: \_\_\_\_\_

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List chronologically all employment for the past ten years beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. Please indicate periods of unemployment.

Current Employer		
Street Address		
City, State, Zip		
Phone number		
Dates Employed	Beginning Date:	Ending Date:
Salary (Annual or Hourly)	Annual:	Hourly:
Title or Position	(Check one) Full-Time      Part-Time	
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Description of Duties		
Employer		
Street Address		
City, State, Zip		

<b>Phone number</b>		
<b>Dates Employed</b>	<b>Beginning Date:</b>	<b>Ending Date:</b>
<b>Salary (Annual or Hourly)</b>	<b>Annual:</b>	<b>Hourly:</b>
<b>Title or Position</b>	<b>(Check one) Full-Time      Part-Time</b>	
<b>Average Hours Per Week</b>		
<b>Name of Supervisor</b>		
<b>Reason for Leaving</b>		
<b>Description of Duties</b>		

<b>Employer</b>		
<b>Street Address</b>		
<b>City, State, Zip</b>		
<b>Phone number</b>		
<b>Dates Employed</b>	<b>Beginning Date:</b>	<b>Ending Date:</b>
<b>Salary (Annual or Hourly)</b>	<b>Annual:</b>	<b>Hourly:</b>
<b>Title or Position</b>	<b>(Check one) Full-Time      Part-Time</b>	
<b>Average Hours Per Week</b>		
<b>Name of Supervisor</b>		
<b>Reason for Leaving</b>		
<b>Description of Duties</b>		

<b>Employer</b>		
<b>Street Address</b>		
<b>City, State, Zip</b>		
<b>Phone number</b>		
<b>Dates Employed</b>	<b>Beginning Date:</b>	<b>Ending Date:</b>
<b>Salary (Annual or Hourly)</b>	<b>Annual:</b>	<b>Hourly:</b>
<b>Title or Position</b>	<b>(Check one) Full-Time      Part-Time</b>	
<b>Average Hours Per Week</b>		
<b>Name of Supervisor</b>		
<b>Reason for Leaving</b>		
<b>Description of Duties</b>		

<b>Employer</b>		
<b>Street Address</b>		
<b>City, State, Zip</b>		
<b>Phone number</b>		
<b>Dates Employed</b>	<b>Beginning Date:</b>	<b>Ending Date:</b>
<b>Salary (Annual or Hourly)</b>	<b>Annual:</b>	<b>Hourly:</b>
<b>Title or Position</b>	<b>(Check one) Full-Time      Part-Time</b>	
<b>Average Hours Per Week</b>		
<b>Name of Supervisor</b>		
<b>Reason for Leaving</b>		
<b>Description of Duties</b>		



<b>Employer</b>		
<b>Street Address</b>		
<b>City, State, Zip</b>		
<b>Phone number</b>		
<b>Dates Employed</b>	<b>Beginning Date:</b>	<b>Ending Date:</b>
<b>Salary (Annual or Hourly)</b>	<b>Annual:</b>	<b>Hourly:</b>
<b>Title or Position</b>	<b>(Check one) Full-Time      Part-Time</b>	
<b>Average Hours Per Week</b>		
<b>Name of Supervisor</b>		
<b>Reason for Leaving</b>		
<b>Description of Duties</b>		

Have you ever been dismissed, asked to resign or had any disciplinary action taken against you by any employer?      Yes      No

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?      Yes      No

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## RESIDENCES

List your actual places of residence for the past ten years chronologically, including residences while at school and/or in the military. For college on-campus residences, indicate dormitory name, city, and state. If residences in the military service cannot be shown as a street address, indicate complete military unit designation and location by city, state and zip.

Dates (Mo/Yr)		Street Address (Include Apt. No or P.O. Box No.)	City	State	ZIP
From	To				

## MILITARY HISTORY

Have you ever served Active Duty in the Armed Forces of the United States?      Yes      No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Duty Dates: From \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date and Type of Discharge: \_\_\_\_\_

Was any type of disciplinary action taken against you in the service?      Yes      No

If yes, please provide the following information:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of offense: \_\_\_\_\_

Action taken: \_\_\_\_\_

Have you ever served in the armed forces of a foreign country?      Yes      No

If yes, specify country(ies) and dates: \_\_\_\_\_

Are you currently an Active or Inactive Reservist?      Yes                      No

Are you currently a member of the National Guard?      Yes                      No

**CREDIT DATA**

Are you indebted to anyone?                      Yes                      No

List any debt where payment is past due, regardless of amount: \_\_\_\_\_

\_\_\_\_\_

Have you, your spouse, or a company controlled by you filed for bankruptcy?                      Yes                      No

Have you, your spouse, or a company controlled by you declared bankruptcy?                      Yes                      No

Have you, your spouse, or a company controlled by you had a legal judgment rendered against you for a debt?                      Yes                      No

If yes to any of these questions, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

Provide three (3) personal references (not relatives, former or present employers, current employees, or school personal references) who are responsible adults of reputable standing in their communities, such as property owners or business professionals, who have known you well for the past five (5) years. If the individual is retired, please note former occupation.

<b>Full Name:</b>	<b>Years Acquainted:</b>	<b>Occupation:</b>
<b>Home Address</b>		
<b>City, State, Zip</b>		
<b>Home Telephone</b>		
<b>Business Address</b>		
<b>City, State, Zip</b>		
<b>Business Phone</b>		

<b>Full Name:</b>	<b>Years Acquainted:</b>	<b>Occupation:</b>
<b>Home Address</b>		
<b>City, State, Zip</b>		
<b>Home Telephone</b>		
<b>Business Address</b>		
<b>City, State, Zip</b>		
<b>Business Phone</b>		

<b>Full Name:</b>	<b>Years Acquainted:</b>	<b>Occupation:</b>
<b>Home Address</b>		
<b>City, State, Zip</b>		
<b>Home Telephone</b>		
<b>Business Address</b>		
<b>City, State, Zip</b>		
<b>Business Phone</b>		

## SCHOOL AQUAINTENCES

Provide three (3) social acquaintances in your own age group (including both sexes) who have known you well the past five (5) years.

<b>Full Name:</b>	<b>Years Acquainted:</b>	<b>Occupation:</b>
<b>Home Address</b>		
<b>City, State, Zip</b>		
<b>Home Telephone</b>		
<b>Business Address</b>		
<b>City, State, Zip</b>		
<b>Business Phone</b>		

<b>Full Name:</b>		<b>Years Acquainted:</b>	<b>Occupation:</b>
<b>Home Address</b>			
<b>City, State, Zip</b>			
<b>Home Telephone</b>			
<b>Business Address</b>			
<b>City, State, Zip</b>			
<b>Business Phone</b>			

<b>Full Name:</b>		<b>Years Acquainted:</b>	<b>Occupation:</b>
<b>Home Address</b>			
<b>City, State, Zip</b>			
<b>Home Telephone</b>			
<b>Business Address</b>			
<b>City, State, Zip</b>			
<b>Business Phone</b>			

**ARREST HISTORY/COURT DATA**

*False statements or incomplete information may result in your application not receiving further consideration. All information provided will be verified by this agency.*

Have you ever received a ticket or been charged with a motor vehicle/traffic violation (excluding parking tickets)?      Yes      No

If yes, provide details below:

<b>Date</b>	<b>City, State, Zip</b>	<b>Charge</b>	<b>Disposition</b>

Have you ever been charged, arrested, or received a notice to appear for any criminal violation? Yes No

Have you ever been charged, arrested, or convicted of any Domestic Violence related offense? Yes No

If you answered yes to either of the above questions, please provide details below. List all matters, even if you were not formally charged, had a court appearance, or were found not guilty to any charge which is pending, disposed of or adjudicated. Include all juvenile records or any other previously sealed or expunged records.

Date	City, State, Zip	Charge	Disposition

Do you now or have you ever had a Temporary or Final Restraining Order filed against you? Yes No

If you answered yes, please provide details below.

Date of Restraining Order	Court Issuing the Order	Type (Temporary or Final)	Date Vacated	Plaintiff

Have you or your spouse ever been a plaintiff or defendant in any court action? Yes No

If yes, provide dates and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been detained by law enforcement for investigative purposes or to your knowledge, have you ever been the subject of or a suspect in any criminal investigation? Yes No

If yes, provide dates and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fingerprinted for any reason (arrest, employment, military, etc.)?

Yes

No

If yes, provide dates and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTROLLED SUBSTANCE USE HISTORY

*False statements or incomplete information may result in your application not receiving further consideration. All information provided will be verified by this agency.*

Do you now, or have you ever used, possessed, supplied, or sold any narcotics, controlled substances, and/or illegal drugs such as, but not limited to marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids, or any drug of a similar nature?      Yes      No

Have you ever used prescription drugs which you did not have a legal prescription for, or sold or distributed prescription drugs?      Yes      No

If yes to either, please complete the following:

Drug	Date (Mo/Yr) First Time	Date (Mo/Yr) Last Time	Num. of Times Used	Num. of Times Possessed	Num. Times Supplied	Num. Times Sold
Marijuana						
Hashish						
Cocaine						
LSD						
Ecstasy						
Amphetamines						
Steroids						
Heroin						
Synthetic Marijuana						
Prescription Drugs						
Other						

Have you used any tobacco products within the last six (6) months?

Yes

No

If yes, provide dates and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DRIVING HISTORY

Do you currently possess a valid NJ Driver's License?                      Yes                      No

NJ Driver's License Number: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

If no, from which state was your Driver's License issued? \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

Has your driver's license ever been or is it currently suspended in NJ or any other state?                      Yes                      No

If yes, provide dates and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ORGANIZATION MEMBERSHIP

Are you now, or have you ever been, a member of any foreign or domestic organization, association, or movement group which adopts or maintains a policy of advocating acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?                      Yes                      No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Have you ever made a financial or other material contribution to any organization of the type described in the question above?                      Yes                      No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

*If you answered yes to either of the previous two questions, please complete the remainder of this section.*

At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?                      Yes                      No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Did you intend to promote any unlawful aims of the organization?                      Yes                      No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_



## APPLICANT'S CERTIFICATION

I certify that the answers given herein are true and complete to the best of my knowledge. I further understand that knowingly providing any false information within this application is a violation of NJSA 2C:21-4.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that any false or misleading information provided in this application or interview(s) may result in subsequent discharge. I further understand that if selected for employment I am required to abide by all rules and regulations of the Mountain Lakes Police Department.

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Signature of Applicant

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Date



## Mountain Lakes Police Department

400 Boulevard

Mountain Lakes, NJ 07046

Phone: 973-334-1413

Fax: 973-334-4123

### Information Release Authorization

I have made application for employment with the Mountain Lakes Police Department and I respectfully request that the department be furnished with a copy of my record with former employers, schools or any city, county, state, or federal agency, department or bureau, medical/psychological records or financial records including credit reports. I agree to hold any source of information blameless for any error in reporting this information. I release all persons from any and all liability of damages for providing the information requests.

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Physical Fitness Test Requirements

The following reflect the scores needed to attain 100% in each event.

***Push-ups:*** Males - 65 push-ups in 1 minute. Females – 50 push-ups in 1 minute.

***Sit-ups:*** Males – 50 sit-ups in 1 minute. Females – 45 sit-ups in 1 minute.

***Squat Thrusts:*** 20 squat thrusts in 30 seconds

***Shuttle Run:*** Illinois State Police Shuttle Run in 15 seconds

***Vertical Jump:*** 25 Inches

***1 ½ Mile Run:*** 9 minutes and 30 seconds

# **Directions to Mountain Lakes High School**

**96 Powerville Road, Mountain Lakes, NJ 07046**

## **From Route 80/46**

### ***From 80 East***

**Exit 38 toward Denville.**

**Drive East on Route 46 approximately 2 miles.**

**Turn Left at the traffic light for the Boulevard.**

**Drive approximately 2 miles North on the Boulevard.**

**Turn Right onto Powerville Rd.**

**MLHS is approximately 1/4 mile down the road on the right.**

### ***From 80 West***

**Exit 42B**

**Stay right onto Cherry Hill Rd**

**At the Route 46 intersection, turn left onto Route 46 West.**

**Drive West on Route 46 approximately 2 miles.**

**Turn Right at the traffic light for the Boulevard.**

**Drive approximately 2 miles North on the Boulevard.**

**Turn Right onto Powerville Rd.**

**MLHS is approximately 1/4 mile down the road on the right.**