

**BERGEN COUNTY
LAW AND PUBLIC SAFETY
INSTITUTE
TRAINING ACADEMY**



**ALTERNATE ROUTE
BASIC COURSE FOR POLICE OFFICERS**

Application Package

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THE APPLICATION

These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information contained in the Application Package be accurate in all respects. This application will be used as the basis for determining your eligibility as a candidate for the Alternate Route Training Program.

1. This application must be completed by the applicant, printed, clearly and legibly in Black Ink. All questions must be answered to the best of your ability.
2. If a question is not applicable to you, please indicate this by the notation N/A in the appropriate space. **LEAVE NO BLANK SPACES.**
3. Avoid errors by reading the question and directions carefully before making any entry on the form. Be sure your information is correct and in proper sequence before you begin. All time periods in your application must be accounted for.
4. You are responsible for obtaining correct names, addresses and phone numbers. If you are unsure of an address, check it by personal verification. Your public library may have a directory service or copies of local telephone directories.
5. An accurate and complete form helps expedite your investigation and will effect your consideration into the Alternate Route Program. Consequently, deliberate omissions or falsifications may result in disqualification. Failure to supply a completed application may result in your removal from further participation in the program.
6. Where sufficient space to provide a complete answer has not been provided or the question requires additional information to be submitted, please attach plain sheets of 8 " x 11" white paper to the application listing the additional information. Please remember to indicate the question, by number, for which you are submitting the additional information.

7. The following materials must be submitted with the completed application. You may be requested to supply further documentation, should you be considered to participate further in the program.
- a. Two [2] photographs [measuring no smaller than 2" x 2"] one to be a head and shoulders photograph, the other being a full body photograph, of the applicant.
 - b. Photo static copies of: Official Birth Certificate, Social Security Card, Naturalization Papers [if applicable], proof of residence, i.e., Voter Registration Card, Motor Vehicle Driver's License and Registration Certificates [for all vehicles presently owned by the applicant] and High School Diploma or GED Certificate.
 - c. OFFICIAL College transcripts of all colleges or universities attended. Applicants must possess a minimum of sixty [60] college credits.
 - d. Military discharge and DD Form 214[s] [if applicable].
 - e. The applicant may supply any additional documentation which he/she feels would support an entry in the application form [e.g., license issued by governmental agencies, certificates or diplomas from any professional or technical training program, certificates of memberships to any fraternal, labor union or social organizations, awards, commendations or scholarships received, etc.

NOTE: The above materials must be submitted as part of the application package, if you cannot obtain all or part of the requested material, you must explain in writing what material is missing and the reason[s] why. Attach this statement to the application form.

Please do not delay submitting the application package. If you cannot find or had to send away for any of the above material, submit it at a later date. This is provided that all of the material is received prior to the Background Investigation.

8. The application package along with requested materials must be returned to the Bergen County Law and Public Safety Institute (Police Academy) on or before _____.
Date

NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.

By my signature affixed below, I attest that I have read and fully understand the above instructions

Signature of Applicant

Date

Conditions of Admission

STATEMENT OF UNDERSTANDING AND SAVE HARMLESS

1. It is understood by the undersigned that the Police Training Commission has approved the Bergen County Law and Public Safety Institute (Police Training Academy) to conduct a program entitled the Alternate Route Basic Course for Police Officers. Successful completion of this voluntary program does not guarantee employment as a law enforcement officer, nor does it result in certification as a law enforcement officer. Successful completion of this program enables an individual to state to a prospective law enforcement employer that he/she has fulfilled the mandatory training requirements of the Alternate Route Basic Course for Police Officers.
2. It is understood by the undersigned that, if accepted as an alternate route trainee, I will have no authority during the period of training to affect an arrest or enforce any ordinance or law nor carry any firearms or display or wear any uniform, badge, or insignia of a law enforcement agency or officer. I will be permitted to wear an academy training uniform en route to and from the academy and during training periods.
3. It is understood by the undersigned that I am responsible for expenses associated with the application process and training.
4. It is understood by the undersigned that I will be required to undergo a medical examination given by a licensed physician, prior to training, to determine if I am fit to participate in training. Psychological testing is also required prior to training.
5. It is understood by the undersigned that drug testing prior to and during training will occur and that my signature on the Notice and Acknowledgment form is required.
6. It is understood by the undersigned that certain aspects of training at the Bergen County Law and Public Safety Institute (Police Training Academy) present risk of possible physical, psychological or mental injury, nevertheless, I voluntarily choose to participate in this program. It is further understood that I may, at any time, resign from the training program.
7. It is understood by the undersigned that the Bergen County Law and Public Safety Institute (Police Training Academy) is not to be held responsible for injury sustained or for loss of property that may be incurred during the training period.
8. It is understood by the undersigned that I will be issued a weapon and ammunition during the firearms portion of the Alternate Route Basic Course for Police Officers. The weapon will be transferred to me by a certified Firearms Instructor only for the purpose of training and participating in the requisites of the course. The weapon transfer will only occur upon a firing range or, if the firearm is unloaded, in the area designated and appropriate for training.

9. It is understood by the undersigned that the transferred weapon may only be used in the actual presence and under the direction supervision of the Certified Firearms Instructor for not more than eight consecutive hours in any twenty-four hour period.
10. It is understood by the undersigned that any weapon transferred to me is not my property and I shall abide by the rules established by the Certified Firearms Instructor and the Bergen County Law and Public Safety Institute for its assignment, use, and return. I further understand that while the weapon is in my possession I shall be responsible for the usual care and maintenance of weapon and I shall immediately report any malfunction or disorder to the Instructor
11. In consideration of all of the above, I agree for myself, my heirs, dependants or personal Representatives not to assert any claim or suit for money damages against the County of Bergen or its officers, agents and employees, for pain or suffering, medical expenses, loss of Wages, injuries, permanent disabilities or pecuniary losses by reason of any injuries or losses I or my heirs or dependants may sustain during or as a result of my training or participation in Activities conducted by the Bergen County Law and public Safety Institute (Police Training Academy).

Applicants Signature

/

Date

PERSONAL DATA

1. What is your full Name? _____
Last First Middle
2. Give any other names you have used or been known by, and attach a statement
 Giving reasons (if none, so state) _____
3. Present Address. _____

Number Street/Avenue

City County State Zip Code

Telephone Number _____

4. How long have you resided there? _____
5. With whom do you reside _____
6. If you reside with someone other than spouse or parents, list:

Name	Relationship
------	--------------

7. In chronological order, list each and every place you have resided during the
 Past ten years beginning with your present address:

From	To		Complete Address			
Mo.	Yr.	Mo.	Yr.	Street Address	Town/City	State

8. Date of Birth: Month _____ Day _____ Year _____
- Age _____ Sex _____ Height _____ Weight _____
- Build _____ Complexion _____ Scars Marks Tattoos _____
- Eye color _____ Hair Color _____ Blood Type _____
- White (non-Hispanic) _____ Black (non-Hispanic) _____
- Hispanic _____ Asian _____ American Indian _____

_____/_____/_____

Signature of Applicant Date

9. Place of Birth _____

10. Social Security No. _____

11. Marital Status _____

12. Wife's maiden name _____

13. Is your spouse in favor of you becoming a Law Enforcement Officer? _____

14. Where were you married? _____ Date: _____

15. If separated or divorced, what is the present address of your spouse?

Name

Address

16. List below all dependents:

Name

Name

Name

Name

17. List names of your father, mother (maiden name), brothers, sisters:

_____/_____
Signature of Applicant Date

18. List the names of three (3) friends and/or associates:

Name Telephone #

Street Address City/Town State Zip Code

Name Telephone #

Street Address City/Town State Zip Code

Name Telephone #

Street Address City/Town State Zip Code

19. List all persons that presently reside with you:

Name Relationship Age

Name Relationship Age

Name Relationship Age

Name Relationship Age

Name Relationship Age

20. Have you ever been evicted from a place of residence? Yes _____ No _____

If yes, explain: _____

Signature of Applicant

Date

EDUCATION

Specialized Schools

Name & Address	Study or Specialization	Dates Of Attendance

22. Majoring in _____ Grade Point Average _____

23. Total credits achieved towards degree _____

24. What college degree(s) or professional license(s) do you possess?

25. Other than English, what language(s) do you: Speak _____

Understand _____

Signature of Applicant Date

MILITARY SERVICE

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

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

28. Branch of Service _____
From _____ To _____
Military Specialty _____

29. Rank Held _____ Service Serial # _____

30. List all medals and decorations awarded to you as a member of the armed forces:

31. Type of Discharge: _____
If other than Honorable, explain: _____

32. Were you ever court marshaled, 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 or No _____

If yes, give details of charges, agency concerned, dates and dispositions:

33. Are you now or were you ever an active or inactive member of the Reserve Forces, any branch of the United States, or any foreign government, or the National Guard of any state?
Yes or No _____
Active or Inactive _____ Branch _____ Regiment _____
Unit _____ Rank _____ Dates of Service: from _____ to _____

Signature of Applicant

Date

SELECTIVE SERVICE

34. How many selective service classifications have you had?

35. Were you ever classified 4-F? Yes or No _____

If yes, state reason: _____

36. Selective Service # _____ Local Board _____

37. Last Classification _____ Date Classified _____

EMPLOYMENT BACKGROUND

38. Present employer:

Name/Company

Telephone Number

Address

City/State

Zip Code

Date Hired

Duties

39. Are you now engaged in any business as an owner, partner, stockholder, or corporate member?

Yes or No _____ if yes, give details: _____

40. Has your name ever been submitted or used as a trustee, officer or in any capacity, or any labor or trade union, organization or affiliate:

Yes or No _____ If yes, give details: _____

Signature of Applicant

Date

EMPLOYMENT:

41. List below, starting with your current employment, or unemployment, and working back, each employment and period of unemployment you have had. Account for all periods including casual employment and unemployment. Include within the sequence any period of active military service.
- [] Please indicate by checking the box at left if you **DO NOT** wish us to contact your **PRESENT** employer regarding your character, qualifications and record of employment, at this time. Please be advised that inquiry will be made at the time you are accepted into the Alternate Route Training Program.

[] Name & Address of Employer	Dates Employed From - To Present	Full/Part Time
Exact Title of Your Position	Name & Telephone Number of Your Immediate Supervisor	
Description of Your Work	Reason for Leaving	

[] Name & Address of Employer	Dates Employed From - To Present	Full/Part Time
Exact Title of Your Position	Name & Telephone Number of Your Immediate Supervisor	
Description of Your Work	Reason for Leaving	

Signature of Applicant

Date

EMPLOYMENT:

<input type="checkbox"/> Name & Address of Employer	Dates Employed From - To Present	Full/Part Time
Exact Title of Your Position	Name & Telephone Number of Your Immediate Supervisor	
Description of Your Work	Reason for Leaving	

<input type="checkbox"/> Name & Address of Employer	Dates Employed From - To Present	Full/Part Time
Exact Title of Your Position	Name & Telephone Number of Your Immediate Supervisor	
Description of Your Work	Reason for Leaving	

<input type="checkbox"/> Name & Address of Employer	Dates Employed From - To Present	Full/Part Time
Exact Title of Your Position	Name & Telephone Number of Your Immediate Supervisor	
Description of Your Work	Reason for Leaving	

_____/_____
Signature of Applicant Date

EMPLOYMENT:

42. Were you ever discharged or asked to resign from any employment? If yes, list employer, Date and reason

43. Were you ever subjected to any disciplinary action in connection with any employment? If yes, list date, employer and details:

44. How many days have you lost from work/school due to illness or injury in the past five [5] Years? Explain: _____

45. Have you ever made application to any police department or public safety agency? If yes, detail date, name and address of agency: _____

46. Were you ever, or are you now, on any employment list for any police department or public safety agency? _____ If yes, detail date, agency name and address and position on list:

47. Have you ever been rejected for employment by any police department or public safety Agency? _____ If yes, detail date, name and address of agency and reason for rejection: _____

48. Have you ever been discharged or asked to resign from employment? Yes or No _____ If yes, give details: _____

49. Have you ever made application for Alternate Route before? Yes or No _____

50. Have you ever made application for any other police academy? Yes _____ or No _____

Where	When	Present Status

51. Have you ever been rejected by any other police academy? Yes or No _____ If yes, give details:

When	Which Agency	Reason

Signature of Applicant

Date

FINANCIAL HISTORY

If you answer yes to any of the following questions, you must provide full details in additional Information section

52. Have you ever been a party to any civil judgment?
___ Yes ___ No
52. Have you ever been a party of a small claims court action?
___ Yes ___ No
54. Do you have any immediate civil action pending against you?
___ Yes ___ No
55. Have you ever had a civil judgment rendered against you?
___ Yes ___ No
56. Have you ever filed or declared bankruptcy?
___ Yes ___ No
57. Have you ever had any property repossessed?
___ Yes ___ No
58. Have you ever been bonded?
___ Yes ___ No
59. Have you ever been refused to be bonded?
___ Yes ___ No

ARRESTS, SUMMONSES, ETC.

60. Have you ever been arrested?
Yes ___ No ___ If yes, insert details below:

Date Violation Disposition Police Agency Involved

Signature of Applicant

Date

MOTOR VEHICLE HISTORY

61. Have you ever received a summons for a violation of the Motor Vehicle Laws in this state or any other state? (Exclude parking violations)

Yes _____ No _____ if yes, insert information below:

Date	Offense	Disposition

62. Do you hold a valid drivers license in this or any other state? Yes _____ No _____

Drivers License # _____ State _____

63. Has your driving or registration privilege ever been suspended or revoked?

Yes ___ No ___ If yes, give details:

64. List all motor vehicles that are registered in your name:

Make _____ Year _____ License Plate # _____

Make _____ Year _____ License Plate # _____

Make _____ Year _____ License Plate # _____

65. Are you licensed to drive any vehicle other than a passenger car?

Yes _____ No _____

If yes, explain: _____

Signature of Applicant

Date

OTHER INFORMATION

66. Have you ever possessed any pistol, firearms ID card or dealer's license in this or any other state? Yes _____ No _____

Permit # _____ Dealer's License # _____ Issuing Agency _____

67. Have you ever been refused such a permit or license? Yes _____ No _____

If yes, give details: _____

_____/_____
Signature of Applicant Date

ALL APPLICANTS TAKE NOTICE

Any juvenile or adult Arrest Record, that you may have had expunged in the past, is available to law enforcement authorities when you are seeking employment in this field.

Site: N.J. Criminal Code 2C:52-27.c...Information divulged on expunged records shall be revealed by a petitioner seeking employment within the judicial branch or with a law enforcement or corrections agency and such information shall continue to provide a disability as otherwise provided by law.

Therefore, for law enforcement purposes, a correct answer on your application to the question of "ever having been arrested," would be in the affirmative, even if you have had the record expunged.

Signature of Applicant

Date

ATTACH RECENT PHOTOGRAPH

I, _____, do solemnly swear that all the information I have provided in this application is the truth to the best of my knowledge. I am aware that any information which has been knowingly withheld by me will be subject to making this application null and void in its entirety, and will also make me ineligible to continue in this process.

Applicant Signature

/ _____
Date

DO NOT WRITE BELOW THIS LINE

Application received on _____

Signature of Investigating Officer _____

**BERGEN COUNTY LAW & PUBLIC SAFETY
INSTITUTE, MAHWAH, NEW JERSEY**

**DRUG SCREENING THROUGH URINALYSIS
APPLICANT CONSENT**

I _____, understand that as part of the training process, the Academy will conduct a comprehensive background investigation in an effort to determine my suitability to fill the position for which I have applied. I further understand that as a part of the training process, I will be required to submit to and perform certain medical and physical examinations. In accordance with efforts of the Bergen County Law & Public Safety Institute to select only those most qualified for the Alternate Route, I do hereby consent to the sampling and submission for testing of my urine for the purpose of drug screening. I understand that a negative result is a condition of continuance in the program.

I also understand that refusing to supply the required samples or producing a positive confirmed test result for the presence of illegal drugs will result in the rejection of my application. I understand that in the case of a positive result, my name will be forwarded to the central registry maintained by the Division of State Police and will be made available only upon court order or as a part of a background investigation for law enforcement positions. I understand that a confirmed positive test result indicating the presence of illegal drugs will bar me from securing future law enforcement employment for a period of two (2) years. I understand that after this two (2) year period, a positive test result may be considered in evaluating my fitness for future law enforcement employment.

I understand that the results of the urinalysis will be provided to me as soon as possible after receipt by the Bergen County Law & Public Safety Institute.

Signature of Witness

Signature of Applicant

Date

Date

RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, physicians, hospitals, employers, educational and other institutions and agencies without exception.

I, _____, am making application for appointment to the **BERGEN COUNTY LAW & PUBLIC SAFETY INSTITUTE**. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the **BERGEN COUNTY LAW & PUBLIC SAFETY INSTITUTE** or its representatives any and all information, documentary or otherwise, pertaining to me that they may request.

I hereby release, discharge and exonerate the **BERGEN COUNTY LAW & PUBLIC SAFETY INSTITUTE**, its agents and representatives, and any person so furnishing information, from all liability of every nature and kind arising out of furnishing, inspection or collection of such documents, records and other information or the investigation made by the **BERGEN COUNTY LAW & PUBLIC SAFETY INSTITUTE**

Signature

Date

Witness

PLEASE COMPLETE THIS FORM
(PRINT CLEARLY)

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____

HEIGHT: _____ WEIGHT: _____ MARITAL STATUS: _____

REFERENCES (NAMES, ADDRESSES AND PHONE NUMBERS):

1. _____

2. _____

3. _____

HIGH SCHOOL: _____

COLLEGE: _____

CREDITS: (TOTAL) _____ MAJOR: _____

MILITARY: YES _____ NO _____ (IF SO, WHERE) _____

EMPLOYMENT: _____

ARE THERE ANY JUDGEMENTS AGAINST YOU: (YES) _____ (NO) _____

(IF SO, EXPLAIN) _____

CRIMINAL ARREST: (YES) _____ (NO) _____

(IF SO, EXPLAIN) _____

MOTOR VEHICLE RECORD: (YES) _____ (NO) _____

(IF SO, EXPLAIN) _____

HAVE YOU EVER TAKEN A BLOOD OR URINE TEST FOR ALCOHOL OR DRUGS?
(YES) (NO) _____ DETAIL THE RESULTS OF SUCH TEST BELOW: _____

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A GANG? (YES) _____ (NO) _____

(IF SO, EXPLAIN): _____

WRITTEN SCORE: _____
(To be filled in after the written exam)