

**Woolwich Township Police Department**  
Background Investigation Questionnaire



Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

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

Equal Opportunity Employer

The Woolwich Township Police Department conducts background investigations on all potential employees, inquiring into their suitability for employment. The information that is requested in this background investigation questionnaire is necessary in order to conduct these investigations. We require information on matters such as citizenship and military service in order to determine whether laws that we must follow in determining who we may employ affect you. We may not be able to offer you employment if you fail to answer these questions. We require that you provide your Social Security Number in order to maintain accurate and complete records. The Woolwich Township Police Department may also use your Social Security Number to request information about you, but only where that is allowed by law. The information we collect using your Social Security Number will be used for employment purposes only.

Information we have about you may also be given to Federal, State and Local agencies for checking on law violations or lawful purposes.

The Woolwich Township Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, gender, age, national origin or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

**The completion and submission of this background investigation questionnaire in a timely manner is a crucial step in the overall employment process with the Woolwich Township Police Department.**

**All questions contained within this document must be completed as thoroughly, honestly and candidly as possible. The omission of information and, or identified deception will not be tolerated or accepted by this police department.**

***The information that you provide will be carefully analyzed and evaluated in order to determine your suitability for consideration for employment. If any discrepancies in the information you provide are identified it may result in your removal from this and future employment processes with this department.***

Before completing this document, closely read all instructions. There are a number of official documents that you are required to obtain and submit.

When listing individuals, be sure that you provide the full identity of the individual, including their full and correct name and title or position. Furthermore, you must provide complete home and business addresses and telephone numbers. We are NOT responsible for determining correct names, addresses, telephone numbers, zip codes, etc. It is the sole responsibility of the applicant to provide complete and accurate information.

When completing the personal residence section please be sure to provide every address where you have lived in the past ten (10) years, beginning with your current address. Please note that past addresses shall include living on a college or private school campus or the equivalent.

When completing the employment section of the questionnaire, ensure that you provide the required information for every employer that you have worked for, beginning with you current or most recent employer. If there are any periods of unemployment enter it in the space(s) provided in the same manner and sequence as if it were employment. In the spaces titles To / From list the dates for the period of unemployment and in the space titled Name of Employer print "UNEMPLOYED".

If additional space is needed for answering any section of the questionnaire you may use blank paper. Attach any additional pages to the back of the questionnaire packet and make sure to note at the top of each additional page the section or question that they pertain to.

**The following documents must be provided by you and attached to the questionnaire packet:**

**Birth Certificate (Photocopies are acceptable)**  
**High School Diploma (Photocopies are acceptable)**  
**Certified College Transcripts**  
**DD-214 (If applicable)**  
**Driver's License (Photocopy)**  
**P.T.C. certification (Photocopy – if applicable)**

If you have any contact of an investigative or prosecutorial nature, with any Law Enforcement agency during any phase of the hiring process, you are required to immediately notify the Woolwich Township Police Department Detective Unit at (856) 467-1667 x1224.

**Woolwich Township Police Department  
Background Questionnaire**

**Applicant Name:** \_\_\_\_\_  
Last, First Middle (Maiden)

**Current Address:** \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City County State Zip Code

**Home Telephone:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**Cellular Telephone:** \_\_\_\_\_

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

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

**Place of Birth:** \_\_\_\_\_  
City County State Country

**U.S. Citizen:** YES [ ] NO [ ] By Birth [ ] Naturalization [ ]

If Naturalized please complete the following

\_\_\_\_\_  
City State Court

\_\_\_\_\_  
Certificate Number | Petition Number

\_\_\_\_\_  
Date Issued

List any and all Names you have used (previous married names, nicknames, aliases, etc.)

---

---

---

U.S. Passport: YES [ ] NO [ ]      Passport Number: \_\_\_\_\_

**Marital Status:**

Married [ ]    Single [ ]    Divorced [ ]    Widow / Widower [ ]

**Current Spouse, Fiancé, Significant Other, or Dating Partner:**

Name: \_\_\_\_\_  
(Maiden Name – if applicable)

Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

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

Location Married (Town / State): \_\_\_\_\_

Has any spouse, fiancé, significant other or dating partner ever called the police on you for any reason?

YES [ ]                      NO [ ]

If YES, provide name(s), date(s) and reason for call(s), name of agency involved and disposition:

---

---

---

**Former Spouse(s), fiancé(s), significant other(s) and dating partner(s)**

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

Address: \_\_\_\_\_

---

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

Telephone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

---

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

Telephone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Children and Dependants of Applicant:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Family of Applicant:**

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_



**Applicant's Current and Former Addresses (List current address and then most recent)**

1. \_\_\_\_\_ Apt. #  
Street

\_\_\_\_\_  
City County State Zip Code

From: \_\_\_\_\_ To: \_\_\_\_\_

2. \_\_\_\_\_ Apt. #  
Street

\_\_\_\_\_  
City County State Zip Code

From: \_\_\_\_\_ To: \_\_\_\_\_

3. \_\_\_\_\_ Apt. #  
Street

\_\_\_\_\_  
City County State Zip Code

From: \_\_\_\_\_ To: \_\_\_\_\_

4. \_\_\_\_\_ Apt. #  
Street

\_\_\_\_\_  
City County State Zip Code

From: \_\_\_\_\_ To: \_\_\_\_\_

5. \_\_\_\_\_ Apt. #  
Street

\_\_\_\_\_  
City County State Zip Code

From: \_\_\_\_\_ To: \_\_\_\_\_

6. \_\_\_\_\_ Apt. #  
Street

\_\_\_\_\_  
City County State Zip Code

From: \_\_\_\_\_ To: \_\_\_\_\_

7. \_\_\_\_\_ Apt. #  
Street

\_\_\_\_\_  
City County State Zip Code

From: \_\_\_\_\_ To: \_\_\_\_\_

8. \_\_\_\_\_ Apt. #  
Street

\_\_\_\_\_  
City County State Zip Code

From: \_\_\_\_\_ To: \_\_\_\_\_

9. \_\_\_\_\_ Apt. #  
Street

\_\_\_\_\_  
City County State Zip Code

From: \_\_\_\_\_ To: \_\_\_\_\_

**Education:**

**List all Colleges attended, dates attended and degree attained (if no degree has been attained, list the total number of credits reached):**

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates attended: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Credits: \_\_\_\_\_

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates attended: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Credits: \_\_\_\_\_

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates attended: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Credits: \_\_\_\_\_

List the name of three Professors / Instructors whose class you attended during your college career.

---

Name College

---

Name College

---

Name College

Have you ever been suspended, expelled or placed on academic probation during your **high school / college career?**

YES [ ]

NO [ ]

If YES, explain: \_\_\_\_\_

---

---

---

---

---

Have you ever been detained, arrested or charged with any violations by a College or Campus Police agency?

YES [ ]

NO [ ]

If YES, explain (include date(s), name of involved agency, disposition: \_\_\_\_\_

---

---

---

---

---

**List all High Schools and Vocational Schools you have attended:**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates attended: \_\_\_\_\_

Highest Grade completed: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates attended: \_\_\_\_\_

Highest Grade completed: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates attended: \_\_\_\_\_

Highest Grade completed: \_\_\_\_\_

**List three teachers whose classes you attended during your High School / Vocational School career:**

\_\_\_\_\_  
Name School

\_\_\_\_\_  
Name School

\_\_\_\_\_  
Name School

**Applicant's Motor Vehicle / License Information:**

List all motor vehicles currently owned, registered, leased and/or operated by applicant:

_____		_____
Year, Make, Model,		Tag # and State
_____		_____
Year, Make, Model,		Tag # and State
_____		_____
Year, Make, Model,		Tag # and State
_____		_____
Year, Make, Model,		Tag # and State

**Automobile Insurance Company Information:**

_____		_____
Company Name		Agent Name
_____		
Address		
_____		
Telephone		
_____		
_____		_____
Policy Number		Expiration Date

Have you ever been denied coverage or had your automobile insurance cancelled or suspended in this or any other State for non-medical reasons?

YES [ ]                      NO [ ]

If YES, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driver License Information:**

List Full Name as it appears on your current driver's license:

\_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Is the license valid?                    YES [ ]            NO [ ]

If NO, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all other current or former Driver Licenses you have:

DL #: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Has your license to operate a motor vehicle ever been revoked, suspended, refused or cancelled in New Jersey or any other State:

YES [ ]                      NO [ ]

If YES, explain in detail: \_\_\_\_\_

---

---

---

Has your registration for a motor vehicle ever been revoked, suspended, refused or cancelled in New Jersey or any other State?

YES [ ]                      NO [ ]

If YES, explain in detail: \_\_\_\_\_

---

---

---

Have you ever been arrested, detained or charged with Driving While Intoxicated (DWI), Driving While Under the Influence (DUI) or a similar offense in New Jersey or any other State?

YES [ ]                      NO [ ]

If YES, explain in detail: \_\_\_\_\_

---

---

---

How many points are currently on your Drivers License? \_\_\_\_\_



Have you ever received a “Warning Letter” from a Motor Vehicle Agency of this or any other State indicating that your Driver’s License or Registration could or may be suspended, revoked, refused or cancelled for any reason?

YES [ ]                      NO [ ]

If YES, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have any outstanding parking tickets in this or any other State?

YES [ ]                      NO [ ]

If YES, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever obtained or possessed a falsified or fictitious driver’s license?

YES [ ]                      NO [ ]

If YES, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in a traffic accident?

YES [ ]                      NO [ ]

If yes, provide the date(s), location(s), town(s), state(s) and name(s) of the agency that investigated the accident:

---

---

---

---

---

List any and all traffic summons (tickets) that you have received in this or any other State:

---

Date	Issuing Agency	Violation
------	----------------	-----------

---

Court/Jurisdiction	Final Disposition
--------------------	-------------------

---

Date	Issuing Agency	Violation
------	----------------	-----------

---

Court/Jurisdiction	Final Disposition
--------------------	-------------------

---

Date	Issuing Agency	Violation
------	----------------	-----------

---

Court/Jurisdiction	Final Disposition
--------------------	-------------------

---

Date	Issuing Agency	Violation
------	----------------	-----------

---

Court/Jurisdiction	Final Disposition
--------------------	-------------------

---

Date	Issuing Agency	Violation
------	----------------	-----------

---

Court/Jurisdiction	Final Disposition
--------------------	-------------------

---

Date	Issuing Agency	Violation
------	----------------	-----------

---

Court/Jurisdiction	Final Disposition
--------------------	-------------------

---

Date	Issuing Agency	Violation
------	----------------	-----------

---

Court/Jurisdiction	Final Disposition
--------------------	-------------------

---

Date	Issuing Agency	Violation
------	----------------	-----------

---

Court/Jurisdiction	Final Disposition
--------------------	-------------------

**Military History:**

Are you registered with the Selective Service? YES [ ] NO [ ]

Have you served in the Armed Forces of the United States? YES [ ] NO [ ]

If YES, complete the following:

*Branch of Service:* \_\_\_\_\_ *Service Number:* \_\_\_\_\_

*Dates of Service: From:* \_\_\_\_\_ *To:* \_\_\_\_\_

*Type of Discharge (exclude medical reason/s):* \_\_\_\_\_

*Job Title & Rank at time of separation:* \_\_\_\_\_

*Primary M.O.S. / A.F.S.C. :* \_\_\_\_\_

*List all duty stations beginning with Basic Training and include supervisor's name/s and telephone number/s:*

---

---

---

---

Do you have any current Military Reserve obligations? YES [ ] NO [ ]

Active Reserves [ ] Inactive Reserves [ ]

Date Reserve obligation is scheduled to terminate: \_\_\_\_\_

Reserve Organization: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

---

Telephone Number: \_\_\_\_\_

Have you ever been subjected to any type of Military Disciplinary Actions (including Article 15) under the Uniform Code of Military Justice while serving in the U.S. Armed Forces?

YES [ ]

No [ ]

If YES, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you ever reduced in rank?

YES [ ]

NO [ ]

If YES, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you ever confined or detained in any brig, stockade, guardhouse or jail while in the U.S. Armed Forces?

YES [ ]

No [ ]

If YES, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been denied or refused entrance in to any of the U.S. Armed Forces (including the U.S. Coast Guard and the Merchant Marines)?

YES [ ]

No [ ]

If YES, explain in detail: \_\_\_\_\_

\_\_\_\_\_

**Employment History:**

List all of your employment history, including part-time, beginning with the current employer first. Include all periods of unemployment, internships and volunteer positions.

Current Employer:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

List all **previous employment** below:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



**Criminal History:**

Have you ever been detained, arrested, or charged with an offense or crime by any municipal, county, state, federal or school or campus law enforcement agency?

YES [ ]                      NO [ ]

If YES, explain in full detail: \_\_\_\_\_

---

---

---

---

---

Are you currently charged with or under indictment for any criminal / civil offense?

YES [ ]                      NO [ ]

If Yes, explain in full detail: \_\_\_\_\_

---

---

---

---

Are you aware of any outstanding criminal or civil summons or warrants for your arrest?

YES [ ]                      NO [ ]

If Yes, explain in full detail: \_\_\_\_\_

---

---

---

Have you ever been issued or served with any of the following:

Check all that apply:

Ex Parte Order [ ]                      Bench Warrant [ ]                      Protection Order [ ]  
Arrest Warrant [ ]                      Criminal Summons [ ]                      Other Court Summons [ ]

If you have checked any of the above boxes, explain in detail: \_\_\_\_\_

---

---

---

Have you ever been convicted of a criminal offense, to include any petty offense citations, disorderly person offenses, petty disorderly person offenses or local or municipal ordinance offenses?

YES [ ]                      NO [ ]

If YES, explain in detail: \_\_\_\_\_

---

---

---

Have you ever had any records expunged?                      YES [ ]                      NO [ ]

If YES, explain: \_\_\_\_\_

---

---

---

**Character References:**

Provide the names of three (3) Character References (not related to you by blood or marriage) that are not listed elsewhere in this application:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

Provide the names of three (3) Personal Friends who are not listed elsewhere in this application:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

Provide the names of three (3) Neighbors who are not listed elsewhere in this application:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

**Police / Public Safety Applications:**

Have you ever applied for a position with any other Federal, State, County or Municipal Law Enforcement Agency, Fire Department or Emergency Medical Service?

YES [ ]                      NO [ ]

If Yes, provide the name and address of the agency and approximate date of application below:

---

---

---

---

Have you ever been denied employment by any Federal, State, County or Municipal Law Enforcement Agency, Fire Department or Emergency Medical Service?

YES [ ]                      NO [ ]

If Yes, explain below:

---

---

---

---

---

---

**Miscellaneous:**

Can you read, write and, or speak any foreign languages?      YES [ ]      NO [ ]

If YES provide details: \_\_\_\_\_

---

---

---

---

---

---

Please list any other specialized training, qualifications or certifications that you possess and have not listed in any other part of this questionnaire:

---

---

---

---

---

---

List all groups and organizations that you belong to, including civic, volunteer and professional:

---

---

---

---

---

---

---

List any websites, web pages, web blogs or other internet posting locations that you have maintained or are in any way affiliated with, including such sites as MySpace and Facebook, etc.: (Include screen names, usernames, aliases etc.)

---

---

---

---

---

---

---

Has anyone assisted you in completing this questionnaire?      YES [ ]      NO [ ]

If YES, explain in detail, including name/s, addresses and telephone numbers:

---

---



**INFORMATION CERTIFICATION**

While the Woolwich Township Police Department is conducting your background investigation, additional information may come to your attention, facts may arise or events may occur that you were unaware of during the completion of this application. If any such information or events arise, it is your responsibility to notify the Woolwich Township Police Department Detective Unit immediately. Any willful disregard or delay in relating such information may result in your disqualification from the application process.

**I understand and acknowledge that all of the information supplied and all entries made by me in response to the requested information contained within this application questionnaire are true, complete and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or at any time during my employment with the Woolwich Township Police Department, it is discovered that I have made untruthful statements, falsified my employment application or provided any false or misleading statements or information, it may be cause for my immediate disqualification from the application process or termination / discharge from employment with the Woolwich Township Police Department.**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ I have completed this Application / Background Questionnaire. I understand the contents and have provided all of the requested information in a truthful and complete manner. The information I have provided is correct to the best of my knowledge and does not contain and false statements, misrepresentations or intentional omissions. I understand that any false statements, misrepresentations or intentional omissions of facts or other information by me shall be cause for rejection before appointment, or dismissal from the Woolwich Township Police Department after appointment. This certification relates to all information that I have provided.

---

Print Full Legal Name of Applicant

---

Full Signature of Applicant

# Woolwich Township Police Department



120 Village Green Drive  
Woolwich Twp., NJ 08085

Joseph A. Morgan  
*Chief of Police*

Telephone:  
(856) 467-1667

## Background Check / Information Release Form

To all courts, probation departments, selective service boards, physicians, hospitals, employers, educational institutions and other institutions and agencies without exception, I, \_\_\_\_\_, am making application for a position with the Woolwich Twp. Police Department. As a result of my application, a background investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Woolwich Twp. Police Department or its representative any and all information, documentary or otherwise, pertaining to me, that they may request. I hereby release, discharge and exonerate the Woolwich Twp. Police Department, its representative and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of documents, records and other information with regard to the background investigation.

A photo static copy of this authorization shall be considered as effective and valid as the original.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness



# Woolwich Township Police Department Medical Certification Form

Candidates Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Name of Course: Pre-Employment Physical Assessment

Course Dates: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Physicians Address: \_\_\_\_\_

Based upon the medical examination, the above named individual is determined to be:  
(Check one)

Medically fit to participate in the Physical Conditioning Training Program without limitation to include: 1 ½ Mile Run, Sit Ups, Pushups, 1R Body Weight Bench Press and 300 Meter Run.

Date individual will be cleared to fully participate in training program: \_\_\_\_\_

Not medically fit to participate in Physical Conditioning Training Program

\_\_\_\_\_  
Physicians Signature & License No.

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



**Appendix A: LE Annual Diversity Reporting**  
**2022 Applicants:**

1. Year of Birth: \_\_\_\_\_
2. Race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Island, White, Two or more races, Other):  
\_\_\_\_\_
3. Hispanic Origin (Not Hispanic or Latino OR Hispanic or Latino):  
\_\_\_\_\_
4. Gender (Male, Female or Non Binary): \_\_\_\_\_
5. LGBTQ+ (Yes or No): \_\_\_\_\_
6. Applicant Type (Direct Hire, Transfer or Waiver):  
\_\_\_\_\_