



Far Hills Police Department

6 Prospect Street, Far Hills, NJ 07931
Telephone (908) 234-1192 Fax (908) 234-9682
DeCarolis@farhillspolice.org

Michael C. DeCarolis
Chief of Police

EMPLOYMENT APPLICATION

Date _____

Name _____

Position Applied For _____ Police Department _____

It is the policy of the Borough of Far Hills to provide employment, compensation and benefits related to employment without regard to gender, race, creed, color, religion, national origin, ancestry, age, marital or political status, affectional or sexual orientation, domestic partnership status, civil union status, atypical heredity, cellular or blood trait, genetic information, disability (including AIDS or HIV infection), liability for service in the United States armed forces, gender identity or expression and/or any other characteristic protected by law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment.

This application is valid for 30 days from the date completed, or until the position is filled, whichever occurs first. If you wish to apply for another position after that time, please complete a new application.

PERSONAL

Last Name _____ First Name _____

Street Address _____ City _____

State/Zip Code _____

Telephone Number (H) _____ Telephone Number(C) _____

Social Security: _____

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List All Previous Addresses

1: _____
2: _____
3: _____
4: _____

When will you be able to start work? _____

How did you learn of this position opening? _____ If referral, who referred you?

Have you ever applied or worked here before? Yes ___ No ___ If yes, provide
dates: _____

Have you ever applied or worked at our Company before? Yes ___ No ___

If yes, provide dates: _____

Are you legally authorized to work in the United States? Yes ___ No ___

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa
status)? Yes ___ No ___

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS
Employment Eligibility Verification "Form I-9" be completed for every new hire and that
within 3 business days of beginning work, every new hire must present to the employer
documentation establishing his/her identity and authorization to work. This federal
requirement must be satisfied as a condition of employment.

DRIVING RECORD

Do you have a valid drivers license? Yes ___ No ___ State _____

License No.: _____

Has your license ever been suspended or revoked? Yes _ No _ If yes, please
explain: _____

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EMPLOYMENT HISTORY

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis.

1: Company

Name _____

Address _____

Supervisor Name and
Title _____

May We Contact? Now _____ Later _____ Tel

Dates Employed From _____ to _____ Rate of Pay Start \$ _____ Last
\$ _____

Job Titles and
Duties: _____

Reason For
Leaving _____

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2: Company

Name _____

Address _____

Supervisor Name and
Title _____

May We Contact? Now _____ Later _____ Tel

Dates Employed From _____ to _____ Rate of Pay Start \$ _____ Last
\$ _____

Job Titles and
Duties: _____

Reason For
Leaving _____

3: Company

Name _____

Address _____

Supervisor Name and
Title _____

May We Contact? Now _____ Later _____ Tel

Dates Employed From _____ to _____ Rate of Pay Start \$ _____ Last
\$ _____

Job Titles and
Duties: _____

Reason For
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4: Company

Name _____

Address _____

Supervisor Name and
Title _____

May We Contact? Now _____ Later _____ Tel

Dates Employed From _____ to _____ Rate of Pay Start \$ _____ Last
\$ _____

Job Titles and
Duties: _____

Reason For
Leaving _____

5: Company

Name _____

Address _____

Supervisor Name and
Title _____

May We Contact? Now _____ Later _____ Tel

Dates Employed From _____ to _____ Rate of Pay Start \$ _____ Last
\$ _____

Job Titles and
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EDUCATION/TRAINING/CERTIFICATIONS

Name, City, State of Institution	Graduated? Yes/No	Type of Degree Completed	If No Degree, Credits Earned	Major	Minor	GPA
High School						
College						
Technical/GED						
Certifications and Professional Licenses Held:						

MILITARY SERVICE (If applicable)

Branch of Service _____ Number of Years/Months of Service _____

Rank at Discharge: _____ Date of Discharge: _____

Reason for leaving: _____

Describe any military skills, training or experience you believe are relevant to the position for which you are

applying: _____

Are you a member of the Reserve or National Guard? _____

If you attend drills, meetings, etc-give name of unit and location. _____

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Service number _____

Any important additional information? _____

OTHER ORGANIZATIONS

Are you employed by any other organization that requires work from you? If yes, please explain.

List any business, scientific or professional organization membership. Exclude those that indicate race, religion, national origin or other protected classification.

CRIMINAL RECORD INFORMATION

Have you been convicted of a crime or completed a period of incarceration?

Yes _____ No _____ Date of
Conviction: _____

Have you been charged with plead guilty or been found guilty of a crime, Disorderly Persons Offense or a Municipal Ordinance? Yes _____ No _____
Date: _____

If the answer to the above question is "yes", please list all information below describing in detail

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REFERENCES Please include persons not related to you who know your qualifications.

Name	Relationship	Position	Address	Telephone

APPLICANT'S ACKNOWLEDGMENT

As an applicant for a position with the Borough of Far Hills, I understand and agree that I must provide truthful and accurate information in this application. I certify that the answers given herein are true and complete to the best of my knowledge and that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts may be cause for my dismissal at any time without prior notice.

I understand that any offer of employment may be subject to job related medical physical, drug or psychological testing. I also understand that some positions may involve complete background and criminal checks.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

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I understand that as a condition of employment, I must be able to perform all the duties of the position applied for. I also understand that if employed, by the Borough of Far Hills, I must abide by all rules and regulations of the Borough of Far Hills.

Signature of Applicant: _____ Date: _____

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent for drug testing and if the test results are positive and are not accounted for by their legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. For your application to be considered, you must sign and date below.

Signature of Applicant: _____ Date: _____