



POLICE DEPARTMENT
ANTHONY DILORETO
CHIEF OF POLICE

35 MUNICIPAL DRIVE
LUMBERTON, NEW JERSEY 08048

Phone (609) 267-1111
Fax (609) 267-8284
www.lumbertontwp.com

Dear Applicant:

This is an initial application questionnaire. Please answer all questions completely and accurately. A current resume, **no longer than two pages**, may be attached to this pre-application form. If you are selected to the second phase of the hiring process, you will be notified by mail within four weeks. Thank you for your interest in the Lumberton Township Police Department.

Anthony DiLoreto
Chief of Police



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PRE-APPLICATION FOR EMPLOYMENT

Lumberton Township Police Department

Date of Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

() _____
Telephone Number Social Security Number

Age Birth date Driver's License Number

★ ★ ★ ★ ★ ★ ★ ★

Have you ever filed an application with us before? _____ Yes _____ No
If yes, give date _____

Have you ever been employed with us before? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

On what date will you be available for work? _____

Do you have any special needs or require any special accommodations? _____ Yes _____ No

If yes, please specify: _____



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EDUCATIONAL BACKGROUND

<u>Name & Address of School</u>	<u>Years Attended</u>	<u>Date Graduated</u>
Grammar School _____		
High School _____		
Undergraduate College/University _____		
Graduate Professional _____		
Diploma/ Degree _____		
Describe Course Of Study _____		
Describe any Honors You have received _____		

EMPLOYMENT EXPERIENCE

(Start with present or most recent position)

<u>Name, Address, Phone Number of Employer</u>	<u>Dates Employed From/To (Month & Year)</u>	<u>Work Performed & Job Title</u>	<u>Reason for Leaving & Current Salary</u>

If additional space is needed, please continue on a separate sheet.



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Do you now hold a police training certificate? _____Yes _____No

If yes, please supply graduation date, and whether this is a full time certification, Class I or Class II.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize 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 false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date

Applicant's Signature



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APPLICANT PRIVACY WAIVER

Personal Waiver authority for Release of Information

Applicant's Name: _____
Last Name First Name Middle

Address: _____

SS#: _____ **DOB:** _____ **Phone#:** _____

I respectfully request and authorize the Lumberton Township Police Department to release any and all information that they may have concerning my criminal history, traffic offenses and background information. This may include information of a confidential or privileged nature.

I hereby release Lumberton Township and its representatives from any liability or damage, which may result from furnishing this information.

A photo copy of this authorization will serve as an original.

Applicant's Signature

Dated: _____