



Frank Culmone
Chief of Police

LONGPORT POLICE DEPARTMENT

2305 Atlantic Avenue • Longport, New Jersey 08403-1196
609-822-2141 • Fax 609-822-0682

APPLICANT INSTRUCTIONS

Thank you for your interest in becoming a Borough of Longport Police Officer. Please ensure that you follow all directions and complete all forms in their entirety, failure to do so may affect your eligibility.

The following items must be returned by the applicant to the Longport Police Department's Records Bureau no later than 12:00 p.m. on March 1, 2019:

1. Completed and signed *PRELIMINARY APPLICATION*
2. Signed *QUALIFICATIONS FOR PATROLMAN* form
Ensure that you review the qualifications listed on pages 6-10.
3. RELEASE AUTHORIZATION form (*Do not sign until Instructed*)
4. Two forms of Identification (at least one photo identification)



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PRELIMINARY APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

ADDRESS: _____ ZIP: _____-

CITY: _____ STATE: _____ PHONE # (_____) _____-

CELLULAR PHONE # (_____) _____-

EDUCATION LEVEL: _____ EMAIL _____

SOCIAL SECURITY # _____-_____-_____ DATE OF BIRTH: ____/____/____

PLACE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

DRIVER'S LICENSE # _____-_____-_____ STATE: _____

CURRENT EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE # (_____) _____-

YOUR JOB TITLE: _____

REFERENCES:

Name	Address	Phone #
#1: _____	_____	_____
#2: _____	_____	_____
#3: _____	_____	_____



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1. Full Name (First Middle Last)		Nickname			
2. Home Telephone Number					
3. Current Address			Length of time resided there		
4a. Previous Address			Length of time resided there		
4b. Previous Address			Length of time resided there		
4c. Previous Address			Length of time resided there		
5. Current Employer		Address & Phone Number			
6a. Previous Employer		Immediate Supervisor	Phone Number	Length of time employed	
Reason for leaving					
6b. Previous Employer		Immediate Supervisor	Phone Number	Length of time employed	
Reason for leaving					
7. Date of Birth		Place of birth (City, State)			
8. Social Security Number					
9. Race		Height	Weight	Hair	Eyes
Scars, Marks, Tattoos					
10a. Mother's Name		Phone Number	Date of Birth	Employer	
Mother's Address					
10b. Father's Name		Phone Number	Date of Birth	Employer	
Father's Address					
11a. Dependents Name		Date of Birth	11b. Dependents Name	Date of Birth	

Signature of Applicant & Date



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12a. High School Name	City	State	Start Date	End Date
High School Name	City	State	Start Date	End Date
High School Name	City	State	Start Date	End Date
12b. College Name	City	State	Start Date	End Date
College Name	City	State	Start Date	End Date
College Name	City	State	Start Date	End Date
12c. List any Fraternities/Sororities or any other professional or non-professional organization(s) that you presently belong to or have belonged to				
13a. Do you have a valid New Jersey Driver's License? DL Number?		13b. If your drivers license is from another state list State and DL#		
13c. Has your driver's license ever been revoked in this state or any other state? If yes, for what reason, what state and when?				
Year	Make	Model	Registration#	
Year	Make	Model	Registration#	
Year	Make	Model	Registration#	
15. Previous or present attempts for employment with any other law agency? If yes, what agency and date you applied.				
16. Have you ever been arrested? If yes, list the date, location and offense of the charge, and the Court disposition:				
17. Have you ever been involved in any civil legal proceeding either as a plaintiff or defendant? If yes, give the date, what court and what were the circumstances?				
18. Reference Name	Address		Phone Number	
Reference Name	Address		Phone Number	
Reference Name	Address		Phone Number	
19. Current dating partner's/spouse's full name		Date of Birth	Employer	
Address		Phone Number	Social Security Number	
20. Have you ever been fingerprinted for any reason? If yes when, where and for what reason?				
21. Are you related to anyone currently working for the Borough of Longport: If so, their name(s)				

Signature of Applicant & Date



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RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, PREVIOUS and PRESENT EMPLOYERS, SCHOOLS, COLLEGES, SELECTIVE SERVICE BOARDS, PHYSICIANS, HOSPITALS, OTHER INSTITUTIONS AND AGENCIES WITHOUT EXCEPTION:

I, _____, am making application for employment with the BOROUGH
PRINT NAME
OF LONGPORT. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the LONGPORT POLICE DEPARTMENT, or its representative, any and all information, documentary or otherwise, pertaining to me that they may request.

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

SIGNATURE

WITNESS

DATE