

Bergen County Sheriff's Office



Mounted Deputy Unit Application

Name: _____

Applications Instructions

“Read Carefully”

Before considering any individual for a position on the volunteer mounted/motorcycle units with the Bergen County Sheriff's office, certain information is required to be disclosed by the applicant.

This application must be completed and submitted with all questions answered and “Pertinent Documentation” provided prior to being considered.

The information that you provide is subject to verification through interviews, as well as confirmation via public and other records pertaining to your file.

You are responsible for obtaining correct addresses where indicated in the application form, as well as any information listed by you.

An accurate and complete application will help expedite the application process. An incomplete application will result in you being removed from consideration.

Bergen County Sheriff's Office Notice

I hereby certify that the information I provide in response to questions and statements in this application is true, complete and correct to the best of my belief and knowledge, and is made in good faith. I understand that any misrepresentation by me, whether by willful misrepresentation, omission or in reckless disregard of the truth, regarding these facts will be sufficient cause for rejection of my application.

I have read and understand the following:

2C:52-27. Effect if Expungement - Unless otherwise provided by law, if an order of expungement is granted, the arrest, conviction and any proceedings related thereto shall be deemed not to have occurred, and the petitioner may answer questions relating to their occurrence accordingly, except as follows:

- a. The fact of an expungement, sealing or similar relief shall be disclosed as provided in section 2C52-8b;
- b. The fact of an expungement of prior charges which were dismissed because of the person's acceptance into and successful completion of a supervisory treatment or other diversion program shall be disclosed by said person to any judge who is determining the propriety of accepting said person into supervisory treatment or other diversion program for subsequent criminal charges; and
- c. The petitioner seeking employment within the judicial branch shall reveal information divulged on expunged records or with law enforcement or a corrections agency and such information shall continue to provide a disability as otherwise provided by law.

2C:28-3. Unsworn Falsification to Authorities -

- a. Statements "Under Penalty." A person commits a crime of the fourth degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to effect that false statements made therein are punishable.
- b. In general, a person commits a disorderly persons offense if, with purpose to mislead a public servant in performing his/her function, he/she:
 - 1. Makes any written false statement which he/she does not believe to be true;
 - 2. Purposely creates a false impression on a written application for any pecuniary or other benefit, by omitting information necessary to prevent statements therein from being misleading;
 - 3. Submits or invites reliance on any writing which he/she knows to be forged, altered or otherwise lacking authenticity.

Print Name: _____ Signature: _____

Witness: _____ Date: _____

**INSERT
PHOTO
HERE**

**Please Provide a Current
Headshot Photo
2 ½ X 2 ½**

Personal Data

To be filled out completely

1. Name: _____
2. Address: _____
3. Date of Birth: _____
4. Place of Birth: _____
5. Social Security #: _____
6. Alias: _____
7. Sex: **Male** **Female**
8. Height: _____ ft _____ in
9. Weight: _____ lbs
10. Scars, Marks, Tattoos: _____

11. N.J. Driver's License #: _____
12. Race: _____
13. Hair Color: _____
14. Eye Color: _____
15. Are you a U.S. Citizens: **YES** **NO**
16. If naturalized, provide supportive documents as attachments.

Residence

17. Where do you reside?

18. How long have you resided there? _____

19. With whom do you reside? _____

a. Home telephone #: _____ Work Telephone #: _____

20. If you reside with someone other than your parents, spouse or children, please list below:

a. (Name) _____ (Date of Birth) _____ (Occupation) _____

b. (Name) _____ (Date of Birth) _____ (Occupation) _____

21. Does your name or has your name ever been on ANY lease? **YES** **NO**

If yes, list below:

22. Residences: List in chronological order all of your residences, including addresses while attending school if away from home and all military addresses on and off base, starting with your present address:

a. From: Month/Year _____ To: Month/Year _____

Address: _____

b. From: Month/Year _____ To: Month/Year _____

Address: _____

c. From: Month/Year _____ To: Month/Year _____

Address: _____

Employment History

23. List all jobs you have worked, starting with your present employer and working backwards:

a. From: Month/Year _____ To: Month/Year _____ Name: _____

Address: _____

Name of Supervisor/ Phone #: _____

Reason for Leaving: _____

b. From: Month/Year _____ To: Month/Year _____ Name: _____

Address: _____

Name of Supervisor/ Phone #: _____

Reason for Leaving: _____

c. From: Month/Year _____ To: Month/Year _____ Name: _____

Address: _____

Name of Supervisor/ Phone #: _____

Reason for Leaving: _____

Arrest History

For the purposes of this question, the word "ARREST" includes any "DETAINING" or "TAKING INTO CUSTODY" by "POLICE" or any other "LAW ENFORCEMENT" agency of a person in order to answer alleged performance of any "OFFENSE" in this or any other state or foreign country.

The word "CHARGE" includes any "INDICTMENT", "COMPLAINT", "SUMMONS", "INFORMATION", or other notice of the alleged commission of any "OFFENSE" in this or any other state or foreign country.

The work "OFFENSE" includes all "HIGH MISDEMEANORS", "FELONIES", "MISDEMEANORS", "DISORDERLY PERSONS OFFENSES" or any "CRIMINAL STATUTE" listed in New Jersey Code2-C. This includes any and all "JUVENILE" violations. This applies to the criminal statues in any other state or foreign country as well.

24. Have you ever been arrested or charged, EVEN IF NOT CONVICTED OR WHETHER EXPUNGED, with any felony, crime, misdemeanor, disorderly persons offense or any other offense including traffic violations in New Jersey or anywhere else? **YES** **NO**

If yes, complete the following section:

a. Date of Arrest: _____

Name of Arresting Agency: _____

Charge/ DP or PDP Offense/ Traffic Violation: _____

Disposition of Sentence: _____

b. Date of Arrest: _____

Name of Arresting Agency: _____

Charge/DP or PDP Offense/Traffic Violation: _____

Disposition of Sentence: _____

25. Have you ever been called to testify before or investigated by any Legislative, Grand Jury or other official investigative body when that body is engaged in the investigation of criminal activity? **YES** **NO**

If answer is yes, complete the following section:

a. Name of Agency: _____

Nature of Investigation: _____

Date: _____

b. Name of Agency: _____

Nature of Investigation: _____

Date: _____

Vehicle Information

26. Complete the following as to all motor vehicles currently registered and/or owned by you and/or your spouse:

a. Registered Owner: _____

Expiration Date of Registration: _____

License Plate #: _____ State: _____

Year: _____ Make: _____ Model: _____

b. Registered Owner: _____

Expiration Date of Registration: _____

License Plate #: _____ State: _____

Year: _____ Make: _____ Model: _____

c. Registered Owner: _____

Expiration Date of Registration: _____

License Plate #: _____ State: _____

Year: _____ Make: _____ Model: _____

27. List all motor vehicle driver licenses issued to you by the State of New Jersey and/or any other jurisdiction by completing the following:

a. Date Issued: _____ License #: _____

Type of License: _____ State: _____ Expiration Date: _____

b. Date Issued: _____ License #: _____

Type of License: _____ State: _____ Expiration Date: _____

28. Have you ever had any license, permit or vehicle registration denied, suspended or revoked by any agency in New Jersey or any other Jurisdiction? **YES** **NO**

If yes, complete the section below:

a. Type of License/ Permit: _____ State: _____

Date of Denial/ Suspension: _____

Reason(s) for Denial/ Suspension: _____

b. Type of License/ Permit: _____ State: _____

Date of Denial/ Suspension: _____

Reason(s) for Denial/ Suspension: _____

29. List all if any motor vehicle violations that you have been issued a summons. (Include D.W.I. Offenses and unpaid parking tickets)

a. Date Summons Issued: _____ Violation: _____

Agency Issuing Summons: _____

Name & Address of Municipal Court: _____

b. Date Summons Issued: _____ Violation: _____

Agency Issuing Summons: _____

Name & Address of Municipal Court: _____

c. Date Summons Issued: _____ Violation: _____

Agency Issuing Summons: _____

Name & Address of Municipal Court: _____

Social Status

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each spouse. If you have stepparents, legal guardians or others who have reared you instead of parents, the requested information should be furnished concerning them, as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included regarding your future spouse. Also list all members residing in your household including those who are not related to you.

30. Give complete name of spouse including middle name (no initials), maiden name, date of birth, social security number and complete address:

Full Name: _____

Address: _____

DOB: _____ SSN: _____

31. Marital Status: _____

32. If married, divorced or separated, please give the following dates:

Date of Marriage: _____ Date of Separation: _____ Date of Divorce: _____

Place of Divorce: _____ # of Children: _____

33. List below every child born to you, adopted by you and supported by you including stepchildren.

a. Name: _____

DOB: _____ Place of Birth: _____

With whom & where does the child reside: _____

b. Name: _____

DOB: _____ Place of Birth: _____

With whom & where does the child reside: _____

c. Name: _____

DOB: _____ Place of Birth: _____

With whom & where does the child reside: _____

d. Name: _____

DOB: _____ Place of Birth: _____

With whom & where does the child reside: _____

e. Name: _____

DOB: _____ Place of Birth: _____

With whom & where does the child reside: _____

f. Name: _____

DOB: _____ Place of Birth: _____

With whom & where does the child reside: _____

34. Have you ever been involved as either a "Plaintiff" or "Defendant" in a Paternity proceeding?

YES NO

If yes, give full details:

References

35. List names of at least three (3) people who are friends or associates:

a. Name: _____

Address: _____

Phone #: _____ Time Known: _____

Occupation: _____

b. Name: _____

Address: _____

Phone #: _____ Time Known: _____

Occupation: _____

c. Name: _____

Address: _____

Phone #: _____ Time Known: _____

Occupation: _____

Other Information

36. Do you possess or own any pistol, firearm, firearms I.D. card or firearms dealer's license in this or any other state? **YES** **NO**

If yes, list type, issuing agency and a complete description of firearms:

a. Type: _____ Description: _____

Agency & Address: _____

b. Type: _____ Description: _____

Agency & Address: _____

c. Type: _____ Description: _____

Agency & Address: _____

37. Do you use or have you ever used illegal drugs or narcotics? **YES** **NO**

If yes, give full details and amounts:

38. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with this investigation of your eligibility and fitness for THIS position including, but not limited to, knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, associated, criminal records, traffic violations, residence or otherwise? **YES** **NO**

If yes, give details:

Release Authorization

To all Courts, Probation Departments, Selective Service Boards, employers, Educational Institutions, Banks, Health Care Facilities, Health Care Providers, Financial and other such institutions and all Governmental Agencies, federal, state and local without exception both foreign and domestic.

I have authorized the Bergen County Sheriff's Office to conduct a full investigation into m background activities.

Therefore, you are hereby authorized to release any and all information pertaining to me documentary or otherwise, as requested by an employee or agent of the Bergen County Sheriff's Office provided that he or she certifies to you that I have an application pending before the Bergen County Sheriff's Office for employment.

This authorization shall supersede and countermand any prior request or authorization.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature of Applicant	Date
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Subscribed and Sworn to
before me this _____ day
of _____, 20 _____.

Notary Public

State

Statement of Truth

State of _____

County of _____

SS# _____

I _____ being duly sworn according to law deposes and says:
(Print your Full Name)

- 1. I am the applicant who is submitting this application form.
- 2. I have personally supplied the information contained in this form.
- 3. I swear (or affirm) that the information in this form is true.



Signature of Applicant

Date

Subscribed and Sworn to

before me this _____ day

of _____, 20 ____.

Notary Public

State

Please mail completed form and current photo to:
 Bergen County Sheriff's Office
 Community Outreach Unit
 10 Main Street
 Hackensack, NJ 07601