



LOWER TOWNSHIP POLICE DEPARTMENT

William Priole
Chief of Police

APPLICATION FOR EMPLOYMENT INSTRUCTIONS FOR POLICE OFFICER AND CLASS II POLICE OFFICER

CAPTAIN KEVIN LEWIS
Executive Officer

CAPTAIN DONALD VANAMAN
Administrative Captain

LIEUTENANT CHARLES RYAN
Patrol Lieutenant

LIEUTENANT JOHN ARMBRUSTER
Patrol Lieutenant

LIEUTENANT ROBERT SMITH
Administrative Lieutenant

SFC. RYAN HANSBERRY
Administrative Sergeant

HEADQUARTERS
Cape May County Airport
405 Breakwater Road
Erma, NJ 08204

Office: (609) 886-1619
Fax: (609) 886-5289

- Complete the attached application for employment.
- Fill out the form completely, leaving nothing blank.
- Return the completed application to the Police Department, at the Records Window, Monday - Friday from 8 a.m. to 4 p.m.
- The Detective Bureau will contact you by telephone to discuss your application.

If you have any questions regarding the application, you may contact Detective Sergeant Brian McEwing, at (609) 886-1619, extension 153.

Rev. 8/2021

Township of Lower Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other _____

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

Yes No

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

Indicate any foreign language you can speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From / To	Work Performed
Address	/	
	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Job Title / Supervisor	/	
	/	
Reason for Leaving		
Employer	Dates Employed From / To	Work Performed
Address	/	
	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Job Title / Supervisor	/	
	/	
Reason for Leaving		
Employer	Dates Employed From / To	Work Performed
Address	/	
	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Job Title / Supervisor	/	
	/	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

		Production/Mobile Machinery (list)	Other (list)
_____	<input type="checkbox"/> Fax	_____	_____
_____	<input type="checkbox"/> PC	_____	_____
_____	<input type="checkbox"/> Calculator	_____	_____
_____	<input type="checkbox"/> Typewriter	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

References

1. _____
(Name) Phone # _____

(Address)

2. _____
(Name) Phone # _____

(Address)

3. _____
(Name) Phone # _____

(Address)

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.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____
