



Oradell Police Department

Borough of Oradell
355 Kinderkamack Road
Oradell, NJ 07649
Ph. 201-261-0200 Fax 201-261-5573



APPLICATION FOR EMPLOYMENT

~ Oradell Police - Crossing Guard ~

APPLICANT INFORMATION:

Name: (F,M,L) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

SS #: _____ - _____ - _____

Diver's License # & State: _____

The Borough of Oradell is an Equal Opportunity Employer M/F

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT APPLICATION

*INSTRUCTIONS: Read through this entire application before completing the required information. Answer every question and leave no blank spaces. If a question does not apply to you, write N/A in the space provided. This application must be hand delivered to the Oradell Police Department. An applicant will be rejected from the selection process if he/she has intentionally made false statements or practiced or attempted to practice any deception or fraud on this application or any examination or interview to secure eligibility for appointment. The applicant must prepare this application personally, with the exception of the personal reference information section. References will complete the required information on their own, and have the form notarized before mailing it to the Oradell Police Department-- Attention 'Applicant Voucher.' All entries, except signatures, must be printed legibly in **BLOCK LETTERS** with black ink or typed. If there is insufficient space available for answering any question use the continuation pages provided. You are required to deliver your completed, notarized application in person no later than (7) days from the date you receive it, unless otherwise notified by the Chief of Police.*

~ CROSSING GUARD ~



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APPLICANT BACKGROUND INVESTIGATION & REQUIRED DOCUMENTS

NOTE: The background investigation does not begin until the following documents are received.

All applicants are subjected to a background investigation.

1. Three (3) character reference voucher letters from references listed on your application.
Reference letters must be notarized and mailed directly from each reference to: *Chief of Police
Oradell Police Department, 355 Kinderkamack Rd., Oradell, NJ 07649- Attention: Applicant Voucher.*
2. Completed Application
3. Birth Certificate or certified copy
4. Personal Resume
5. Motor Vehicle Driver's License – Photo Identification
6. Records of any name changes, if applicable*
7. Naturalization papers of Registered Alien documents, if applicable*
8. Marriage certificate issued by a government agency, if applicable*
9. Records of divorce, annulment, or legal separation, if applicable*. Restraining Orders & child support documentation if any.
10. Selective Service registration, if applicable*
11. Any government issued license, (ie. Firearms ID Card, EMT, CDL, hunting license, chauffeur, etc.)

NOTE: Employment is conditional upon the result of the criminal background check. An answer "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain in the space provided.

Applicant's Signature – Date



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APPLICATION

- Questions -

Are you a citizen of the USA: (Yes / No) If No, explain: _____

Marital Status: circle one (Single, Married, Separated, Divorced) Name of Spouse: _____

Do you possess a Firearms ID card: (Yes / No) If Yes, Card #: _____

How many firearms do you own? # of Handguns: _____ # of Long guns _____

Have you ever been declined a permit or license to purchase or possess firearms? (Yes / No) _____

Has your driving or registration privilege ever been revoked or suspended in this or any other State? (Yes / No) _____

If Yes, explain: _____

Are you currently carrying any motor vehicle points: (Yes / No) If Yes, how many: _____

Have you ever possessed a license in any other State? (Yes / No) If Yes, Which State: _____

Have you ever been arrested for Driving While Intoxicated? (Yes / No) If Yes, When: _____

How long have you resided at you current address: _____

List the names and ages of family members and children with whom you reside: _____

In chronological order, state each and every place in which you have resided during the past 10 years with the exception of your current address: (include dates) _____

EDUCATION

State the highest level of education that you have completed: _____

Attach copies of any diplomas/degrees received to this application.

High School attended: _____

List all Schools and years attended: _____



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EMPLOYMENT

Present Employer, Company Name: _____

Address: _____

Phone #: _____ Date of hire: _____ Title/Position: _____

Can your employer be contacted by this agency as a part of you background investigation? (Yes / No)

If no, state reason: _____

List chronologically all previously employers since the age of 18, omit none:

Dates	Employer	Reason Left

Have you ever been subjected to disciplinary action in connection with any employment? (Yes / No)

If Yes, explain: _____

Were you ever been discharged or asked to resign from employment? (Yes / No)

If Yes, explain: _____

MILITARY SERVICE

Have you ever served in an active military organization of the USA: (Yes / No)

If Yes, state branch of service & rank: _____

Service #: _____ Type of Discharge: _____

Length of Service: _____

List any commendations, medals or decorations awarded to you: _____

Are you now or ever an active/inactive member of the Reserve Forces: (Yes / No) (Active / Inactive)

If Yes, active or inactive: _____ Branch: _____ Unit: _____

Rank: _____ Date of Service: _____ Type of discharge: _____

Have you ever received disciplinary action in the service: (Yes / No)

If Yes, explain: _____



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SELECTIVE SERVICE

If required, are you registered with the Selective Service? (Yes / No)

If registered, what is your classification? _____

If not 1-A, state reason: _____

Selective Service #: _____ Local Board: _____

GENERAL

Have you ever applied to this or any other agency for employment, reserves or crossing guard? (Yes / No)

If Yes, Where: _____ Present Status: _____

Have you ever been rejected by another law enforcement agency for employment? (Yes / No)

If Yes, explain: _____

ARRESTS, SUMMONS' ETC.

Have you ever been arrested for or charged with Juvenile Delinquency? (Yes / No)

If Yes, Give full details, dates, location of court, arresting agency, age at time of incident and disposition: _____

Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any Municipal, State, Federal, committee or investigative body? (Yes / No)

If Yes, explain: _____

Have you ever been arrested for or charged with a violation of a Disorderly Persons Act, Local Ordinance or Indictable Crime in this or any other State? (Yes / No)

If Yes, explain: _____

Have you ever had a juvenile, criminal or arrest record expunged? (Yes / No)

If Yes, When and Where: _____

Have you ever been held as a suspicious person or investigation by any law enforcement agency or private agency for any reason? (Yes / No)

If Yes, explain: _____



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SUBVERSIVE AFFILIATIONS

Are you now or have you ever been a member of any Communist, Front or other subversive organization, association, movement or group which advocates the overthrow of our constitution form of government, or which seeks to alter the form of government of the United States by unconstitutional or unlawful means? (Yes / No)

If Yes, explain: _____

Are you now or have you ever associated with any individuals, including relatives, whom you know or have reason to believe are members of any organization or group as described in the above question? (Yes / No)

If Yes, explain: _____

Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with the organizations or groups that are subversive? (Yes / No)

If Yes, Give name of organization: _____

Have you ever participated in any of the following: (Check all that apply)

- Attendance or participation in any parade, march, picket line, delegation, demonstration, affair, forum or project sponsored by or organized by any subversive organization.
- Made payment or collection of any money, dues, contributions or donations to any subversive organization.
- Sold or distributed any written or other printed matter prepared, reproduced or published by a subversive organization.
- Purchased or subscribed to any publication or periodical prepared, reproduced or published by any subversive organization.

If you have checked any of the above, please explain: _____



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Do you have any knowledge or information in addition to that specifically requested in the preceding questions which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for the position of Crossing Guard?

If so, please explain in full on a separate piece of paper and include it with this application.

State of New Jersey)
 SS.
County of Bergen)

I, _____ being duly sworn according to law, depose and say that I am the above named person. I personally read and printed or typed the answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Signature of Applicant

Sworn and Subscribed to before me this
____ Day of _____ 20____

Notary Public / Commissioner of Deeds
(Affix Seal)

APPLICATION RECEIVED on Month _____ Day _____ Year _____



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PERSONAL REFERENCE VOUCHER

I the undersigned, declare that I am over (18) eighteen years of age, and that I have personally known the applicant for at least (1) one year. I am not related in any way to the applicant. I certify that the following information is true to the best of my knowledge, and understand that it will be considered confidential.

APPLICANT NAME: _____ ~ CROSSING GUARD ~

Name: (F,M,L) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____

Date of Birth: _____ Place of Birth: _____

Diver's License # & State: _____

How long have you personally known the applicant? _____

Is the applicant of good character & reputation? _____

Would you recommend this applicant for the position he/she has applied for? (Yes / No) _____

If No, explain: _____

ADDITIONAL COMMENTS: _____

Signature of reference

Please mail to:

*Oradell Police Department
355 Kinderkamack Road
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Attn: Applicant Voucher*



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~ Oradell Police - Crossing Guard ~

You are applying for the position of Crossing Guard under the direct supervision of the Police Department.

As a Crossing Guard you should meet the following standards and requirements:

Title 40A:9-154.1 Crossing Guards Qualifications

- A US citizen and resident of this State
- Is sound in body and of good health
- Is of good moral character; and
- Has not been convicted of any criminal offense involving moral turpitude.
- He/She shall comply with the rules and regulations applicable to the conduct and decorum of the regular police officers of the municipality
- Background Check
- Follow orders and perform the duties of your position as required
- Meet the required standards for physical, vision and hearing;
 - Medical Exams Required
 - Up to age 39 – every five years
 - From 40 to 49 – every two years
 - 50+ - every year

Title 40A:9-154.2 Crossing Guards Training

- Crossing Guards are required to don use safety vests and STOP paddles (Department Issued)
- 2hrs of minimum of classroom instruction
- 20hrs of minimum of field training, trainee will be supervised

Requirements of the Job

- Stand for long periods of time
- Work in all weather conditions
- Work in all traffic conditions
- Meet the required and/or requested training and safety requirements
- Don a uniform and/or require clothing/footwear