

PRIVATE DETECTIVE EMPLOYEE'S STATEMENT

Division of State Police Department of Law and Public Safety State of New Jersey

All information entered on this form is considered to be offered as a sworn statement. Any misstatement of fact is reason for disqualification for employment, or may be punishable by law as per N.J.S. 2C:28-2, 2C:28-3 and 2C:28-7.

No person shall be employed by any holder of a private detective license until such person to be employed shall have executed and furnished to such license certificate holder the following statement, pursuant to the provisions of "The Private Detective Act of 1939" as amended by Chapter 152, Laws of 1948.

A copy of the Sagem Morpho Receipt must be attached to this statement as proof of fingerprinting.

The statement must be made in the handwriting of the person to be employed by the holder of a private detective license and must be retained by the **employer**.

Employee's Number _____. All employees' statements must be numbered consecutively, commencing with Number 1. A number once assigned cannot be used for any other employee. Upon a subsequent rehire of any employee, that employee should again be assigned his old number. The number entered here must be identical with the number entered on the fingerprint sheets.

Employer: To be completed in indelible ink.

Name of Licensee: _____

Trading as: _____

Address: _____

Date License Issued: _____ Number of License: _____

1. a. Name of Employee in Full _____ S.S. No. _____

b. Residence Address _____

c. Home Phone: _____ Cell Phone: _____ Email: _____

d. Age _____ Birth Place and Date _____
(Date) (City) (County) (State) (Country)

e. Are you a citizen of the United States? _____. If not, have you filed your declaration of intention to become a citizen? _____ If filed, when and where? _____
(Date) (Name of Court) (City) (State)

f. If you are not a citizen of the United States, of what country are you a citizen or subject? _____

2. Give your business or occupation engaged in for the five years immediately preceding the date of the filing of this statement with your employer, setting forth the place or places where such business or occupation was engaged in and the name or names of employers, if any, with dates thereof:

Month/Year	Residence (Give number, street & city)	Occupation	Name and Address of Employer
From ____ / ____ To ____ / ____			
From ____ / ____ To ____ / ____			
From ____ / ____ To ____ / ____			
From ____ / ____ To ____ / ____			
From ____ / ____ To ____ / ____			

3. Have you ever been indicted for any crime or offense in this State or any other State or Territory? _____
If so, give full details.

4. Is there any complaint against you now pending before any department, bureau, board, prosecuting officer, criminal court or any other governmental or regulatory body or officer? _____ If so, give details.

5. Have you ever been convicted of a high misdemeanor, or a crime of the first or second degree? _____
If so, give details

6. Have you ever been convicted of:
- a. Illegally using, carrying or possessing a pistol or other dangerous weapon? _____
 - b. Making or possessing burglar's instruments? _____
 - c. Buying or receiving stolen property; larceny or theft? _____
 - d. Unlawful entry of a building? _____
 - e. Aiding escape from prison? _____
 - f. Unlawfully possessing, under the influence of, or distributing habit-forming narcotic drugs or any controlled dangerous substance? _____

7. Have you ever been convicted of any other crime or offense? _____ If so, give full details.

8. a. Has any private detective's license issued to you or to a partnership or corporation of which you were a member or officer, ever been revoked in this State or any other State or Territory because of conviction of any of the crimes or offenses specified in this section? _____ If so, give full details

b. Has any application submitted by you for license as private detective ever been denied by this State or any other State or Territory because of conviction of any crimes or offenses specified in the preceding section? _____ If so, give full details

9. Has any license or permit issued to you or applied for by you ever been denied, suspended or revoked anywhere? _____ If so, give full details

10. Have you ever been dismissed for cause in any employment? _____ If so, give full details

11. The name of the employer (licensee) to whom this statement is submitted is

STATE OF NEW JERSEY

City of _____

S.S

County of _____

(Name of Person Making This Statement)

being duly sworn, deposes and says: that he is the person above named; that he has read the foregoing statement and the answers thereon noted; that such answers are true to his knowledge, and that he personally attached his signature to this affidavit; that the above answers were written in the handwriting of deponent.

Signed _____

Sworn before me this _____

day of _____, _____
(year)

Notary Public