



State of New Jersey
DEPARTMENT OF CORRECTIONS
APPLICATION FOR LAW ENFORCEMENT POSITIONS
BACKGROUND INVESTIGATION QUESTIONNAIRE

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT THIS APPLICATION

Instructions: Read through this entire questionnaire prior to filling in the required information. Answer every question. If a question does not apply to you, insert “N/A” in the answer space provided. If additional space is needed to answer any question, use the provided “Additional Information” pages, making as many copies as needed. If you are unable to completely answer any questions, you must explain why on the “Additional Information” pages. Precede each answer on the “Additional Information” pages with the section title and question number of the question being answered. **Candidates will not be processed if this application is not completed in its entirety will all necessary forms and releases completed.** A candidate will be removed from the selection process who has intentionally made a false statement or practiced, or attempted to practice any deception or fraud in answering this questionnaire, in any examination or interview, or at any time during the pre-employment process. Any misstatement of fact is reason for disqualification for employment, and may be punishable by law as per N.J.S.A. 2C:28-2, 2C:28-3, and 2C:28-7. **This questionnaire must be typed by the applicant in black 10 point font or printed legibly by the applicant in black or blue ink.**

Job applicants are considered for all positions without regard to race, creed, color, national origin, nationality, ancestry, age, sex/gender, pregnancy, marital status, civil union status, domestic partnership status, familial status, religion, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States, or disability. The State will not tolerate any form of harassment or discrimination.

The Americans with Disabilities Act of 1990 as amended prohibits employers from discriminating against any qualified person on the basis of a disability. The State of New Jersey makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The State also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the State can only make reasonable accommodations when it is aware of a disability. It is up to you to inform the prospective employer if you need a reasonable accommodation. The employer may ask you for documentation to support your request for a reasonable accommodation. If you require a reasonable accommodation, please inform the personnel office of the agency to which you are applying.

The State of New Jersey is an Equal Opportunity Employer

Last name:	First name:	Middle name:
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REQUIRED DOCUMENT CHECKLIST

Applicants must bring the following completed forms, documents, and copies to their initial processing. Use this checklist to organize your documents and ensure that you have all necessary items prior to attending your scheduled processing.

<u>Applicable</u>	<u>N/A</u>	<u>Required items and copies</u>
<input type="checkbox"/>		Application packet (filled out completely) [pages 1-29] – original
<input type="checkbox"/>		Authorization to Release Information form (notarized) [page 30] – original
<input type="checkbox"/>		Fingerprint Data Sheet [page 31] – original
<input type="checkbox"/>		Candidate Information form [page 32] – original
<input type="checkbox"/>		Tattoo Identification form [page 33] – original
<input type="checkbox"/>		Position Requirement Questionnaire [pages 34-35] – original
<input type="checkbox"/>		Correctional Staff Training Academy Expectations [page 36] – original
<input type="checkbox"/>		Affirmative Action Information form [page 37] – original
<input type="checkbox"/>	<input type="checkbox"/>	Medical Certification form (signed by a medical provider) [page 38] (if participating in a PT assessment) – original
<input type="checkbox"/>	<input type="checkbox"/>	Hold Harmless Agreement [page 40] (if participating in a PT assessment) – original
<input type="checkbox"/>		Birth Certificate – original plus one copy
<input type="checkbox"/>	<input type="checkbox"/>	Naturalization papers (if applicable) – original plus one copy
<input type="checkbox"/>		Driver license – original plus two copies
<input type="checkbox"/>	<input type="checkbox"/>	Out-of-state driving abstract(s) (if you resided outside NJ) – one copy
<input type="checkbox"/>		Social Security card – original plus two copies
<input type="checkbox"/>		High school diploma or GED – original plus one copy
<input type="checkbox"/>	<input type="checkbox"/>	Military separation forms (if applicable) [DD-214 long version] – one copy
<input type="checkbox"/>	<input type="checkbox"/>	Current military drill schedule (if applicable) – one copy
<input type="checkbox"/>	<input type="checkbox"/>	Self-employment paperwork (only if you are self-employed) 3 years of federal and state tax returns, including W-2 forms, 1099 forms, and schedules If you are unable to locate your copies, you can contact: IRS – 1-800-829-1040 or www.IRS.gov NJ – 1-609-292-6400 or www.state.nj.us/treasury/taxation
<input type="checkbox"/>	<input type="checkbox"/>	Firearms Purchaser ID card (if applicable) – original plus one copy
<input type="checkbox"/>	<input type="checkbox"/>	Permit(s) to Purchase a Handgun (if applicable) – originals plus one copy of each
<input type="checkbox"/>	<input type="checkbox"/>	Permit(s) to Carry a Handgun (if applicable) – originals plus one copy of each
<input type="checkbox"/>	<input type="checkbox"/>	All court disposition paperwork relative to any charges received (criminal, civil, or family) – one copy of each
<input type="checkbox"/>	<input type="checkbox"/>	All police reports/records relative to any incident to which you were a party – one copy of each

SECTION I: CRITERIA FOR REMOVAL FROM THE ELIGIBLE LIST

A candidate will be removed from the eligible list who:

A. Driving Record

1. has two (2) or more convictions for operating a motor vehicle under the influence of drugs or alcohol
2. has eight (8) or more moving violations within five (5) years of the active hiring list
3. has eight (8) or more current points accrued within two (2) years of the active hiring list
4. has two (2) or more convictions for driving while suspended or as an unlicensed driver within five (5) years of the active hiring list
5. has failed to appear in court two (2) or more times for motor vehicle moving violations within five (5) years of the active hiring list
6. has failed to appear in court eight (8) or more times for active motor vehicle non-moving violations within five (5) years of the active hiring list
7. has two (2) or more convictions for reckless driving within five (5) years of the active hiring list
8. does not possess a driver license valid in New Jersey by the time of appointment to the title of Correctional Police Officer Apprentice

B. Criminal History

1. has been convicted of, or entered into a court mandated program (pre-trial intervention, conditional discharge, deferred disposition, etc.) for, a crime of the 4th degree or higher
2. has been convicted of, or entered into a court mandated program (pre-trial intervention, conditional discharge, deferred disposition, etc.) for, a disorderly persons or petty disorderly persons offense as an adult within five (5) years of the active hiring list
3. has been convicted of, or entered into a court mandated program (pre-trial intervention, conditional discharge, deferred disposition, etc.) for, a disorderly persons or petty disorderly persons offense as a juvenile within five (5) years of the active hiring list [*not an automatic disqualifier, subject to additional review*]
4. has been convicted of any offense which involves dishonesty (including offenses under N.J.S.A. 2C:51-2 forfeiture of public office)
5. has been convicted of any offense which touches on the position of a law enforcement officer (including offenses under N.J.S.A. 2C:51-2 forfeiture of public office)
6. has been convicted of any offense which involves lewdness (N.J.S.A. 2C:14-4 lewdness)
7. has ever been incarcerated based on a conviction in any facility of any jurisdiction, to include court mandated community service in place of incarceration (i.e. SLAP program, etc.)
8. is pending grand jury indictment or has pending charges, active warrants, or is currently on trial for any offense in any jurisdiction
9. is currently on probation, conditional discharge, or a pre-trial intervention program as part of a juvenile or adult matter
10. has been convicted of any act of domestic violence (“Lautenberg Amendment”) or any other offense that would preclude one from the purchasing or handling of a firearm
11. has two (2) or more convictions (even if expunged) of N.J.S.A. 2C:35-10 possession, use or being under the influence, or failure to make lawful disposition
12. has been convicted of (even if expunged) the sale, possession (over 50 grams), distribution, or manufacturing of CDS (N.J.S.A. 2C:35 or Title 24)

C. Other

1. is not a citizen of the United States, either natural born or naturalized
2. has failed to disclose any N.J.S.A. 2C charge, regardless of whether it has been dismissed, dismissed through any type of diversionary program (including by completing mediation or a court ordered program or class), amended, downgraded, or expunged
3. has involvement or affiliation with, or has engaged in any type of activity, conduct, or behavior related to a criminal organization, security threat group, or other organization that affects the safety of staff, inmates or the community or the safe, secure, and/or orderly operation of the New Jersey Department of Corrections facilities
4. has had any workplace sexual harassment violation substantiated
5. meets any of the disqualification criteria under the Prison Rape Elimination Act (PREA)
6. has been found to have falsified any response or document or intentionally given false information at any time during the pre-employment process
7. has failed to disclose all information requested in this application
8. refuses to consent to any part of the security or background investigation
9. is charged with any offense after the submission of an application and fails to immediately disclose the event to the Custody Recruitment Unit
10. has had employment terminated by any federal, state, county, or municipal law enforcement agency for disciplinary reasons, or who has resigned in "good standing" not to reapply to law enforcement
11. has failed to meet the minimum requirements for the position as of the closing date of the job announcement from the Civil Service Commission
12. has refused/failed to submit a urine sample or submitted a urine sample which is found to be positive for an unauthorized controlled substance
13. has an unacceptable employment history (i.e. disciplinary action for performance or attendance, etc.)
14. has failed to attend, participate in, and/or successfully complete any phase of the basic training program in accordance with the rules and regulations of the Correctional Staff Training Academy and/or the Police Training Commission
15. has demonstrated a history of conduct or behavior in his/her personal and/or work life that is inconsistent with the standards expected of a law enforcement officer, including conduct or behavior which would serve to undermine public confidence in law enforcement

APPLICANT NOTICE

As an applicant to the New Jersey Department of Corrections, you should understand that we conduct a comprehensive background investigation to ensure that applicants possess integrity, sound moral character, responsibility, dependability, and ethical judgement. Understand that these fundamental characteristics are required for a career in law enforcement, and if your personal experience and history do not demonstrate these, please consider if this position is for you.

SECTION II: PERSONAL INFORMATION

Last name (include maiden name):		First name:		Middle name:	
Social Security number:		Date of birth (MM/DD/YYYY):		Place of birth (city/state):	
Current height:	Current weight:	Hair color:	Eye color:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:					
Home Address (number, street, apt./unit number):					
City:		State:	Zip:	County:	
Home phone number:			Cell phone number:		

Do you own or rent this property? Own Rent (provide landlord's information below) N/A

Landlord's last name:		Landlord's first name:			
Landlord's mailing address (number, street, apt./unit number):					
City:		State:	Zip:	County:	
Landlord's home or business phone number:			Landlord's cell phone number:		

List below the name, relationship, occupation, and employer for each person with whom you reside:

Name (last, first)	Relationship	Occupation	Employer

Provide your mailing address below (if different than your home address):

Mailing address (number, street, apt./unit number):			
City:	State:	Zip:	County:

Ethnic category (check one):

<input type="checkbox"/>	American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	Black or African American. A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/>	White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

1. Are you eighteen (18) years of age or older?

Yes No

If no, you are ineligible for the position at this time, please reapply once you are at least 18 years old.

2. What is your citizenship status?

Natural born U.S. citizen Naturalized U.S. citizen

If you are neither, you are ineligible for the position at this time, please reapply once you meet this requirement.

If you are not a natural born U.S. citizen, in what country were you born and in what year did you arrive in the United States? Naturalization paperwork must be submitted at your initial processing.

3. Have you ever legally changed your name?

Yes No

If yes, list prior name(s) and the date(s) changed below. Proof of your name change must be submitted at your initial processing.

4. Have you ever used a different name (including nicknames, aliases, and maiden names)?

Yes No

If yes, list all names used below.

5. Have you ever identified yourself to any law enforcement officer or court representative using any of the names listed in question 3 or 4 when involved in any civil or criminal matter or proceeding?

Yes No N/A

If yes, explain in detail below (include dates (month/year), offense/matter, jurisdiction/court, and disposition (guilty, dismissed, etc.). Related documents must be submitted at your initial processing.

6. Residences – Starting with your current residence, list *every* address at which you have resided *since the age of fourteen (14)* in reverse chronological order (including college, military, etc.):

Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	
Address (number, street, apt./unit number):		City:	State:	Zip:
From Date (MM/YY):	To date (MM/YY):	Landlord's name:	Landlord's phone number:	

SECTION III: EDUCATION HISTORY

7. Do you have a high school diploma or have you earned a GED?

Yes No

If no, you are ineligible for the position at this time, please reapply once you meet this requirement. A copy of your diploma or GED must be submitted at your initial processing.

8. Starting with the most recent, list all schools attended for grades 9 through 12 in reverse chronological order:

School name:		Phone number:	Address:		
Date from (MM/YY):	Date to (MM/YY):	County:	City:	State:	Zip:

School name:		Phone number:	Address:		
Date from (MM/YY):	Date to (MM/YY):	County:	City:	State:	Zip:

School name:		Phone number:	Address:		
Date from (MM/YY):	Date to (MM/YY):	County:	City:	State:	Zip:

School name:		Phone number:	Address:		
Date from (MM/YY):	Date to (MM/YY):	County:	City:	State:	Zip:

9. Starting with the most recent, list all post-secondary schools attended in reverse chronological order (including colleges/universities and trade schools):

School name:		Phone number:	Address:		
Date from (MM/YY):	Date to (MM/YY):	County:	City:	State:	Zip:
Major/area of study:		Degree:	Number of credits:	Date of graduation:	

School name:		Phone number:	Address:		
Date from (MM/YY):	Date to (MM/YY):	County:	City:	State:	Zip:
Major/area of study:		Degree:	Number of credits:	Date of graduation:	

10. Have you ever had any disciplinary action(s) (suspension, expulsion, etc.) taken by a school?

Yes No

If yes, list below.

School:	Year:	Type of action:	Brief explanation:
School:	Year:	Type of action:	Brief explanation:

SECTION IV: MILITARY

11. Have you ever enlisted in the military of the United States?

Yes No

If yes, provide the branch and dates of service below. You must provide copies of all DD-214 long versions that you have received upon discharge or separation from active service.

Branch of service:	Enlistment date:	Expiration term of service (ETS):
Branch of service:	Enlistment date:	Expiration term of service (ETS):

12. While in the military, were you ever charged with an offense or given any discipline, to include written or verbal?

Yes No N/A

If yes, provide the date(s), nature of the charge(s) or Court-martial, and the action(s) taken for each incident below.

Date:	Nature of charge or Court-martial:	Action taken:
Date:	Nature of charge or Court-martial:	Action taken:

13. Have you ever served in a military organization under any foreign government?

Yes No

If yes, list the country, branch, and date(s) of service below.

Country:	Branch of service:	Enlistment date:	Expiration term of service (ETS):
Country:	Branch of service:	Enlistment date:	Expiration term of service (ETS):

14. Including drafts, enlistments, and recalls to active service, how many periods of active service have you had?

N/A

15. List period(s) of active service:

From date:	To date:
From date:	To date:

From date:	To date:
From date:	To date:

N/A

16. How many discharges or separations from military service have you been given?

N/A

If applicable, list type(s) of discharge or separation given (i.e. General Under Honorable Conditions, Other than Honorable Conditions, Bad Conduct, etc.).

Type of discharge or separation (1):	Type of discharge or separation (2):	Type of discharge or separation (3):
Type of discharge or separation (4):	Type of discharge or separation (5):	Type of discharge or separation (6):
Type of discharge or separation (7):	Type of discharge or separation (8):	Type of discharge or separation (9):

17. Has your discharge or separation notice ever been changed or corrected?

Yes No N/A

If yes, list the date and nature of the change below. You must provide copies during your initial processing.

Date:	Nature of change:
Date:	Nature of change:

SECTION V: EMPLOYMENT HISTORY

18. Employers – starting with your current or most recent, list every employer (including staffing agencies, part-time, and self-employment) in reverse chronological order back to the age of 18. Do not omit any employers. Include periods of military service as well as any periods of unemployment (ex. 09/04 to 05/05 unemployed/attending college).

Your work history can be obtained by creating an account on the Social Security Administration website at www.SSA.gov.

From date (MM/YY):	To date (MM/YY):	Employer name:	Phone number:	Occupation:
Complete address:		Immediate supervisor's name:	How did employment end? <input type="checkbox"/> resigned <input type="checkbox"/> terminated <input type="checkbox"/> still employed	
From date (MM/YY):	To date (MM/YY):	Employer name:	Phone number:	Occupation:
Complete address:		Immediate supervisor's name:	How did employment end? <input type="checkbox"/> resigned <input type="checkbox"/> terminated <input type="checkbox"/> still employed	
From date (MM/YY):	To date (MM/YY):	Employer name:	Phone number:	Occupation:
Complete address:		Immediate supervisor's name:	How did employment end? <input type="checkbox"/> resigned <input type="checkbox"/> terminated <input type="checkbox"/> still employed	
From date (MM/YY):	To date (MM/YY):	Employer name:	Phone number:	Occupation:
Complete address:		Immediate supervisor's name:	How did employment end? <input type="checkbox"/> resigned <input type="checkbox"/> terminated <input type="checkbox"/> still employed	
From date (MM/YY):	To date (MM/YY):	Employer name:	Phone number:	Occupation:
Complete address:		Immediate supervisor's name:	How did employment end? <input type="checkbox"/> resigned <input type="checkbox"/> terminated <input type="checkbox"/> still employed	
From date (MM/YY):	To date (MM/YY):	Employer name:	Phone number:	Occupation:
Complete address:		Immediate supervisor's name:	How did employment end? <input type="checkbox"/> resigned <input type="checkbox"/> terminated <input type="checkbox"/> still employed	
From date (MM/YY):	To date (MM/YY):	Employer name:	Phone number:	Occupation:
Complete address:		Immediate supervisor's name:	How did employment end? <input type="checkbox"/> resigned <input type="checkbox"/> terminated <input type="checkbox"/> still employed	
From date (MM/YY):	To date (MM/YY):	Employer name:	Phone number:	Occupation:
Complete address:		Immediate supervisor's name:	How did employment end? <input type="checkbox"/> resigned <input type="checkbox"/> terminated <input type="checkbox"/> still employed	
From date (MM/YY):	To date (MM/YY):	Employer name:	Phone number:	Occupation:
Complete address:		Immediate supervisor's name:	How did employment end? <input type="checkbox"/> resigned <input type="checkbox"/> terminated <input type="checkbox"/> still employed	
From date (MM/YY):	To date (MM/YY):	Employer name:	Phone number:	Occupation:
Complete address:		Immediate supervisor's name:	How did employment end? <input type="checkbox"/> resigned <input type="checkbox"/> terminated <input type="checkbox"/> still employed	

19. Do you have any other sources of income, including but not limited to, pay-for-access internet sites or social media sites?

Yes No

If yes, list all other sources of income below.

Date from (MM/YY):	Date to (MM/YY):	Source of income:
Details of your responsibilities to earn income:		
Date from (MM/YY):	Date to (MM/YY):	Source of income:
Details of your responsibilities to earn income:		
Date from (MM/YY):	Date to (MM/YY):	Source of income:
Details of your responsibilities to earn income:		

20. Have you ever been suspended, terminated, asked to resign, given a written or verbal reprimand, or been subject to any disciplinary action by any employer or supervisor?

Yes No

If yes, list all actions and sanctions below.

Date:	Employer name:	Address:	
Phone number:	Immediate supervisor's name:	Type of action:	
Explanation:			
Date:	Employer name:	Address:	
Phone number:	Immediate supervisor's name:	Type of action:	
Explanation:			
Date:	Employer name:	Address:	
Phone number:	Immediate supervisor's name:	Type of action:	
Explanation:			

21. Have you ever been professionally licensed or certified in any field (i.e. law, real estate, nursing, SORA, etc.)?

Yes No

If yes, list licenses or certifications below.

Type of license or certification:	License or certification number:	Issuing authority:	Expiration date:
Type of license or certification:	License or certification number:	Issuing authority:	Expiration date:

22. Have you ever had a professional license or certification revoked, cancelled, or suspended?

Yes No N/A

If yes, explain below.

23. Have you ever received unemployment insurance or any other type of federal, state, or local benefits or assistance?

Yes No

If yes, list dates and type(s) of benefits received below.

Date from (MM/YY):	Date to (MM/YY):	Type of benefit or assistance:	Reason:
Date from (MM/YY):	Date to (MM/YY):	Type of benefit or assistance:	Reason:
Date from (MM/YY):	Date to (MM/YY):	Type of benefit or assistance:	Reason:

SECTION VI: OTHER INFORMATION

24. Are you willing to consent to medical and psychological evaluations as part of the pre-employment process?

Yes No

25. Are you willing to consent to a urinalysis as part of the pre-employment process?

Yes No

26. Are you willing to consent to a comprehensive background check as part of the pre-employment process?

Yes No

27. Would you be able to meet your financial responsibilities on a weekly salary of approximately \$850.00 while you are attending the Correctional Staff Training Academy?

Yes No

28. Are you currently or have you ever been a member of any public employee retirement system?

Yes No

If yes, list retirement system name and member number below.

Retirement system:	Member number:
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29. Have you ever been refused employment or terminated from employment for failure to submit or successfully pass a urinalysis test designed to detect the use of illegal drugs?

Yes No

If yes, list the agency or employer name, address, phone number, date of rejection or dismissal, and reason for each below.

Agency or employer name:	Address:	Phone number:
Date of rejection or dismissal:	Reason:	

Agency or employer name:	Address:	Phone number:
Date of rejection or dismissal:	Reason:	

30. Have you ever sold any illegal drugs?

Yes No

If yes, explain below.

31. Have you ever manufactured any illegal drugs?

Yes No

If yes, explain below.

32. Have you ever stored or distributed any illegal drugs or prescription medication not prescribed to you?

Yes No

If yes, explain below.

33. Have you ever purchased any illegal drugs or prescription medication not prescribed to you?

Yes No

If yes, explain below.

34. Have you ever used or possessed any illegal drugs or prescription medication not prescribed to you, not including marijuana?

Yes No

If yes, list drug(s) or prescription medication(s) and date(s) of last use below.

Drug or prescription medication:	Date of last use (MM/YY):
Drug or prescription medication:	Date of last use (MM/YY):

35. Have you ever applied for employment as a Correctional Police Officer with the New Jersey Department of Corrections?

Yes No

If yes, list date of application, symbol number, level completed, and outcome for each instance below.

Date of application:	Symbol number:	Level completed:	Outcome:
Date of application:	Symbol number:	Level completed:	Outcome:

36. Have you ever submitted an application, taken a written test, or submitted information for a background investigation for any other law enforcement agency?

Yes No

If yes, list agency name, address, phone number, test date, application date, and status for each. Copies of correspondence with agencies must be provided.

Agency name:		Address:		Phone number:
Test date:	Application date:		Status:	
Agency name:		Address:		Phone number:
Test date:	Application date:		Status:	
Agency name:		Address:		Phone number:
Test date:	Application date:		Status:	
Agency name:		Address:		Phone number:
Test date:	Application date:		Status:	
Agency name:		Address:		Phone number:
Test date:	Application date:		Status:	
Agency name:		Address:		Phone number:
Test date:	Application date:		Status:	

37. Have you ever withdrawn from the selection process for any law enforcement or other government agency?

Yes No

If yes, list the agency name, address, phone number, date of withdrawal, and reason for each below.

Agency name:		Address:		Phone number:
Date of withdrawal:	Reason:			
Agency name:		Address:		Phone number:
Date of withdrawal:	Reason:			
Agency name:		Address:		Phone number:
Date of withdrawal:	Reason:			

38. Have you ever been rejected or dismissed from the selection process of any law enforcement or government agency?

Yes No

If yes, list the agency name, address, phone number, date of rejection or dismissal, and reason for each below.

Agency name:		Address:	Phone number:
Date of rejection or dismissal:	Reason:		
Agency name:		Address:	Phone number:
Date of rejection or dismissal:	Reason:		

39. Have you ever submitted, or do you currently have pending, an appeal with the Civil Service Commission, Merit Board, Police Training Commission, or any law enforcement or other government agency as a result of a rejection or dismissal from the selection process?

Yes No

If yes, explain below.

40. Do you currently possess, or have you ever possessed, any pistol permits, firearm permits, firearm ID cards, or firearm dealer licenses in this or any other state or area under federal jurisdiction?

Yes No

If yes, list permit type, permit number, issuing agency, and state for each below.

Permit type:	Permit number:	Issuing agency:	State:
Permit type:	Permit number:	Issuing agency:	State:
Permit type:	Permit number:	Issuing agency:	State:

41. List all firearms that you possess or own below. If you do not possess or own any firearms, enter "N/A" in each box.

Make:	Model:	Caliber/gauge:	Serial number:	Is the firearm registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Make:	Model:	Caliber/gauge:	Serial number:	Is the firearm registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Make:	Model:	Caliber/gauge:	Serial number:	Is the firearm registered? <input type="checkbox"/> Yes <input type="checkbox"/> No

42. Have you ever applied for a concealed carry permit in this or any other state?

Yes No

If yes, list each instance below.

State:	Date of application:	Status:
State:	Date of application:	Status:

SECTION VII: ARRESTS, SUMMONSES, ETC.

For the purpose of this application, use the following definitions:

Arrest includes the detaining, holding, or taking into custody by police or any other law enforcement agency in this or any other state or foreign country whether as an adult or juvenile. You must include all arrests even if they were dismissed or discharged under a diversionary program.

Charge includes any indictment, complaint, summons, or other notice of the alleged commission of any offense in this or any other state or foreign country, even if it did not result in arrest.

Offense includes any misdemeanor, felony, disorderly persons offense, including juvenile violations, of any criminal statute listed under New Jersey’s criminal code (N.J.S.A. 2C) or the criminal code of any other state or foreign country.

Police Contact includes any type of interaction with any law enforcement officer in any jurisdiction to include but not limited to, listed as a witness, stopped and questioned for any domestic or criminal incident where charges, summons, or arrest may or may not have occurred

According to N.J.S.A. 2C:52-27.C, information divulged on **expunged records shall be revealed** by a petitioner seeking employment with a law enforcement agency and such information shall continue to provide a disability as otherwise provided by law.

It is mandatory that you disclose all charges, whether dismissed, adjudicated, or pending (as a juvenile or an adult, including expungements, sealed records, conditional discharges, pre-trial interventions, or any other dismissal as a result of the completion of a diversionary program), any DUI/DWI convictions, all incidences of domestic violence to which you were a party as a victim or a defendant, and all restraining orders and extreme risk protection orders (both temporary and permanent, active and dismissed). Everything must be disclosed in this application regardless of the outcome.

Certified disposition paperwork from each court must be provided for all charges.

43. As a juvenile, have you ever had any police contact, been taken into custody, received a summons complaint or been charged with juvenile delinquency?

Yes No

If yes, explain each instance below.

Date:	Age:	Violation/charge:	Police agency:	Phone number:
Municipality:		County:	State:	Disposition:
Date:	Age:	Violation/charge:	Police agency:	Phone number:
Municipality:		County:	State:	Disposition:
Date:	Age:	Violation/charge:	Police agency:	Phone number:
Municipality:		County:	State:	Disposition:
Date:	Age:	Violation/charge:	Police agency:	Phone number:
Municipality:		County:	State:	Disposition:
Date:	Age:	Violation/charge:	Police agency:	Phone number:
Municipality:		County:	State:	Disposition:

44. As an adult, have you ever received a summons complaint or been arrested, indicted, or convicted for any violation of the law (including fish and game laws, disorderly and petty disorderly persons offenses, and city, borough, or county ordinances/violations)? Do not include motor vehicle violations.

Yes No

If yes, explain each instance below.

Date:	Age:	Violation/charge:	Police agency:	Phone number:
Municipality:		County:	State:	Disposition:
Date:	Age:	Violation/charge:	Police agency:	Phone number:
Municipality:		County:	State:	Disposition:
Date:	Age:	Violation/charge:	Police agency:	Phone number:
Municipality:		County:	State:	Disposition:
Date:	Age:	Violation/charge:	Police agency:	Phone number:
Municipality:		County:	State:	Disposition:

45. Have you ever been summoned, subpoenaed, or otherwise required to testify before any municipal, county, state, or federal agency or other investigative body for a criminal matter?

Yes No

If yes, explain each instance below.

Date:	Court name:	Address:	As a:
Explanation:			
Date:	Court name:	Address:	As a:
Explanation:			

46. Have you ever had a criminal record expunged or been accepted into a pre-trial intervention or conditional discharge program as a juvenile or an adult?

Yes No

If yes, explain each instance below.

Date:	Age:	Violation/charge:	Court name:	Phone number:
Municipality:		County:	State:	Disposition:

47. Have you ever been the subject of a criminal investigation or been investigated by any law enforcement or private security agency for any reason (including any police contact other than pre-employment processing for a law enforcement agency)?

Yes No

If yes, explain each instance below.

Date:	Age:	Reason for investigation:	Investigating agency:	Phone number:
Municipality:	County:	State:	Disposition:	
Date:	Age:	Reason for investigation:	Investigating agency:	Phone number:
Municipality:	County:	State:	Disposition:	

48. Have you ever been fingerprinted (including for criminal and non-criminal matters [i.e. licensing for employment] other than pre-employment processing for a law enforcement agency)?

Yes No

If yes, explain each instance below.

Date:	Agency:	Reason:
Date:	Agency:	Reason:

49. Have you ever had any police or other law enforcement contact as a juvenile or adult (including any time you have been stopped, questioned, or as part of an incident in which you were involved)?

Yes No

If yes, explain each instance below.

Date:	Agency:	Explanation:
Date:	Agency:	Explanation:
Date:	Agency:	Explanation:
Date:	Agency:	Explanation:

50. Have you ever been accused of, charged with, arrested for, or convicted of any type of sexual offense?

Yes No

If yes, explain below.

51. Have you ever been involved in a harassment, discrimination, or hostile work environment situation or investigation?

Yes No

If yes, explain below.

52. Have you ever been involved in a personal relationship in which you threatened, assaulted, or harassed another party?

Yes No

If yes, explain below.

53. Have you ever been involved in a personal relationship in which you were threatened, assaulted or harassed by another party?

Yes No

If yes, explain below.

54. Have you ever been a plaintiff, defendant, or involved in any act of domestic violence in this or any other state?

Yes No

If yes, explain below.

55. Have you ever been party to a restraining order (temporary or final) or an extreme risk protection order as a plaintiff or defendant?

Yes No

If yes, explain below. Copies of all restraining orders (temporary or final) and extreme risk protection orders must be provided.

Restraining order type:	Party: Plaintiff Defendant	Name of court:	Status:	Name of other party:
Restraining order type:	Party: Plaintiff Defendant	Name of court:	Status:	Name of other party:
Restraining order type:	Party: Plaintiff Defendant	Name of court:	Status:	Name of other party:
Restraining order type:	Party: Plaintiff Defendant	Name of court:	Status:	Name of other party:
Restraining order type:	Party: Plaintiff Defendant	Name of court:	Status:	Name of other party:

SECTION VIII – MOTOR VEHICLE HISTORY

56. Do you currently possess a valid driver license?

Yes No

If no, you must obtain a valid driver license prior to appointment. If yes, list the information below.

License number:	Issuing state:	Expiration date:
-----------------	----------------	------------------

57. Have you ever been issued a driver license in another state?

Yes No

If yes, list the license number, state, and expiration date for each below. A copy of your driving abstract from each state must be provided.

License number:	Issuing state:	Expiration date:
License number:	Issuing state:	Expiration date:
License number:	Issuing state:	Expiration date:

58. List all vehicles that you currently own or lease.

License Plate:	State:	Year:	Make:	Model:	Color:
License Plate:	State:	Year:	Make:	Model:	Color:
License Plate:	State:	Year:	Make:	Model:	Color:

59. Are your driving privileges currently revoked or suspended in this or any other state?

Yes No

If yes, explain below.

60. Have your driving privileges ever been revoked or suspended in this or any other state?

Yes No

If yes, explain below.

61. Do you currently have any active surcharges pending?

Yes No

If yes, explain below.

62. Do you currently have any motor vehicle violations pending?

Yes No

If yes, list below.

Date of citation:	Municipality:	Ticket number:	Outstanding balance:	Court date:
Date of citation:	Municipality:	Ticket number:	Outstanding balance:	Court date:
Date of citation:	Municipality:	Ticket number:	Outstanding balance:	Court date:
Date of citation:	Municipality:	Ticket number:	Outstanding balance:	Court date:

63. Have you ever been detained and/or arrested for driving under the influence or alcohol or drugs in this or any other state?

Yes No

If yes, explain below.

SECTION IX – SUBVERSIVE AFFILIATIONS

64. Are you currently, or have you ever been, a member or an affiliate of any organization, association, group, or movement which you know to advocate for the commission of acts of force or violence designed to overthrow the government of the United States or this state (including but not limited to street gangs such as Bloods, Crips, Skinheads, Latin Kings, MS-13, Ñeta, motorcycle groups, organized crime, communist or communist front groups, or any other subversive organizations or hate groups)?

Yes No

If yes, explain below.

65. Are you currently, or have you ever been, associated with any individuals, including relatives, who you know, or have reason to believe, are or have been members of any organization or group described in question 64?

Yes No

If yes, explain below.

66. Do you currently, or have you ever, resided with anyone associated with any organization or group described in question 64?

Yes No

If yes, explain below.

67. Have you ever had, or been accused of having, problems dealing with persons of other races, ethnic origins, religious groups, or gender or sexual orientations?

Yes No

If yes, explain below.

68. Do you currently, or have you ever, resided or associated with any incarcerated persons, ex-incarcerated persons, or individuals on probation or parole?

Yes No

If yes, explain below.

Name (last, first):	Relationship:	Custody status:
Name (last, first):	Relationship:	Custody status:
Name (last, first):	Relationship:	Custody status:
Name (last, first):	Relationship:	Custody status:

69. Have you ever visited any persons incarcerated in any correctional facility, detention facility, or halfway house?

Yes No

If yes, explain below.

Name (last, first):	Relationship:	Facility name:	State:	Date:
Name (last, first):	Relationship:	Facility name:	State:	Date:
Name (last, first):	Relationship:	Facility name:	State:	Date:
Name (last, first):	Relationship:	Facility name:	State:	Date:

70. Have you ever created or used an account with a service such as JPay, Global Tel Link, Access Corrections, ViaPath, or an out-of-state equivalent, to contact an incarcerated person?

Yes No

If yes, list service, username, and password for each below.

Service:	Username:	Password:
Service:	Username:	Password:
Service:	Username:	Password:

SECTION X – REFERENCES/EMERGENCY CONTACT INFORMATION

71. References – list three (3) people unrelated to you that we may contact for information concerning your qualifications and character. You must have known these individuals for at least three (3) years.

Last name:		First name:		Middle name:	
Mailing address (number, street, apt./unit number):			City:		State: Zip:
Email address:			Phone number:		Occupation:
How do you know this person?				How long have you known this person (years, months)?	

Last name:		First name:		Middle name:	
Mailing address (number, street, apt./unit number):			City:		State: Zip:
Email address:			Phone number:		Occupation:
How do you know this person?				How long have you known this person (years, months)?	

Last name:		First name:		Middle name:	
Mailing address (number, street, apt./unit number):			City:		State: Zip:
Email address:			Phone number:		Occupation:
How do you know this person?				How long have you known this person (years, months)?	

72. Emergency contact – list the name and phone number of a person that we may contact in case of an emergency.

Name (last, first):		Relationship:		Phone number:	
---------------------	--	---------------	--	---------------	--

73. Referral Source – note the source that referred you to the NJDOC hiring process.

- | | |
|---|--|
| <input type="checkbox"/> Civil Service Commission
<input type="checkbox"/> Indeed or ZipRecruiter
<input type="checkbox"/> NJDOC employee – employee name and institution: _____
<input type="checkbox"/> NJDOC website or JoinNJDOC.gov
<input type="checkbox"/> Advertisement or marketing: _____
<input type="checkbox"/> Social media – platform: _____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Family or friend (non-DOC employee)
<input type="checkbox"/> Job fair or other community event |
|---|--|

ADDITIONAL INFORMATION

**Use this sheet to continue any answer for which there was insufficient space.
Be sure to include the section and question number for each answer below.**

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for students to write their answers to questions that did not have enough space on the previous page. The box is completely blank and contains no text or markings.

ADDITIONAL INFORMATION

**Use this sheet to continue any answer for which there was insufficient space.
Be sure to include the section and question number for each answer below.**

APPLICANT NOTICE

While your application is pending during the New Jersey Department of Corrections pre-employment process, you are required to promptly report (within 72 hours) in writing any change(s) in your personal background information or involvement in any incident which may result in criminal or civil charges being brought against you. This includes, but is not limited to:

- Changes in address, name, phone number, email address, employment, or marital status
- Motor vehicle accidents or summonses
- Tickets, arrests, charges, convictions, or police questioning

Failure to advise the Custody Recruitment Unit by email (CRUCustody@DOC.NJ.gov) or fax (609-894-2064) will be cause for immediate removal from the eligible list. All correspondence must be in writing and must include your full name, Social Security number, and initial processing date.

As an applicant to the New Jersey Department of Corrections, you should understand that we conduct a comprehensive background investigation to ensure that applicants possess integrity, sound moral character, responsibility, dependability, and ethical judgement. Understand that these fundamental characteristics are required for a career in law enforcement, and if your personal experience and history do not demonstrate these, please consider if this position is for you.

ACKNOWLEDGEMENT

I certify that the information submitted in this application is complete and accurate to the best of my knowledge. I understand that any false, incomplete, or misleading information may render this application void and cause my name to be immediately removed from the eligible list. Additionally, it will be cause for immediate termination if already employed.

I authorize my current and/or former employers to release any information they may have concerning my employment record and I release the State of New Jersey from all liability that may arise from securing this information. I further authorize representatives of the New Jersey Department of Corrections to verify all information contained in this application and to review all criminal history, military, and disciplinary records from all sources.

I understand that if I plan to engage in any business or employment while working for the New Jersey Department of Corrections, prior approval will be required before accepting employment as there may be restrictions in accordance with the New Jersey conflicts of interest law and/or the state's or department's ethics code.

Candidate name (last, first)

Candidate signature

Date



State of New Jersey

DEPARTMENT OF CORRECTIONS

WHITTLESEY ROAD

PO BOX 863

TRENTON NJ 08625-0863

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

VICTORIA L. KUHN, ESQ.
Commissioner

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the
(Print last name, first name, middle initial, Social Security number)
Veterans Administration, United States Air Force, Coast Guard, Marine Corps, Navy, medical doctors, psychiatrists,
psychologists, law enforcement agencies, insurance companies, current and former employers, State and Federal
income tax bureaus, Social Security Administration, educational institutions, or any other agency to furnish the New
Jersey Department of Corrections with any and all information regarding me, at their request, in order to determine my
suitability for employment.

Note: A photocopy of this document is binding for the purposes stated herein.

Signature of Applicant

Date

Sworn before me this

_____ day of _____, 20

My commission expires: _____

Notary Public Signature

FOR NOTARY SEAL OR STAMP



State of New Jersey

DEPARTMENT OF CORRECTIONS

WHITTLESEY ROAD

PO BOX 863

TRENTON NJ 08625-0863

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

VICTORIA L. KUHN, ESQ.
Commissioner

FINGERPRINT DATA SHEET

The information you provide on this form will be used by the New Jersey Department of Corrections ID unit to identify you when you are fingerprinted. Please ensure that all of the information is complete and accurate.

Full last name:		Full first name:		Full middle name:	
Date of birth (MM/DD/YYYY):	Social Security number:	Sex:	Race:		
Height (feet, inches):	Weight (pounds):	Hair color:		Eye color:	
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of birth (city and state if born in the U.S., or city and country if born outside the U.S.):			
Address (number, street, apt./unit number):		City:	State:	Zip:	
Aliases/AKAs:					
Tattoos (locations and descriptions for all that are larger than 1 ½ inches):					
Scars (locations for all that are larger than a quarter):			Birthmarks (locations for all that are larger than a quarter):		



State of New Jersey

DEPARTMENT OF CORRECTIONS

WHITTLESEY ROAD

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TRENTON NJ 08625-0863

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

VICTORIA L. KUHN, ESQ.
Commissioner

CANDIDATE INFORMATION FORM

Full last name:	Suffix:	Full first name:	Full middle name:
-----------------	---------	------------------	-------------------

All names ever used (including maiden names, aliases, and nicknames):

Address (number, street, apt./unit number):	City:	State:	Zip:
---	-------	--------	------

Home phone number:	Cell phone number:
--------------------	--------------------

Email address:

Date of birth (MM/DD/YYYY):	Social Security number:	Place of birth (city and state if born in the U.S., or city and country if born outside the U.S.):
-----------------------------	-------------------------	--

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Race:
---	-------

Driver license number:	Issuing state:	Expiration date:
------------------------	----------------	------------------

If you have ever held a driver license in another state, list each license number and state:

N/A



State of New Jersey
DEPARTMENT OF CORRECTIONS
CUSTODY RECRUITMENT UNIT

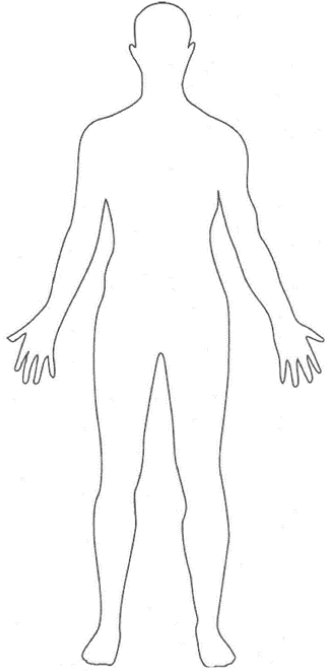


TATTOO IDENTIFICATION

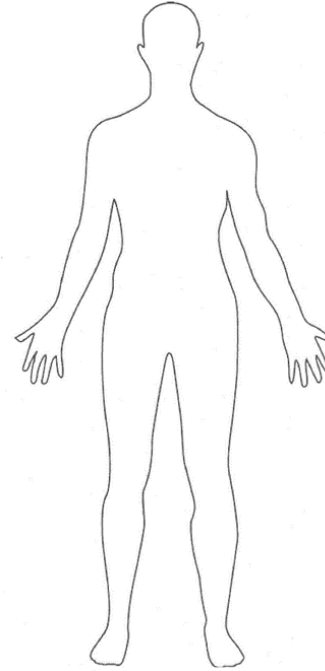
Candidate Name (Last, First) _____

Social Security Number _____

FRONT OF BODY



BACK OF BODY



Circle the location of each tattoo you have above. Then draw a line from each and number it. List each number below and describe the tattoo and its meaning. Print additional pages if needed. If you have no tattoos, write "N/A". Medical staff will confirm all tattoos during your medical examination. Failure to cooperate will result in your removal from the hiring process.

Applicant Initials: _____

Date: _____

NJDOC USE ONLY			
Physician's Signature:		Date:	



State of New Jersey
DEPARTMENT OF CORRECTIONS
CUSTODY RECRUITMENT UNIT



POSITION REQUIREMENT QUESTIONNAIRE

Candidate Name (Last, First)

Social Security Number

Although a career in corrections can be both personally fulfilling and financially rewarding, many persons are not suited for this type of work. The position of Correctional Police Officer requires that the employee engage in activities and be placed in situations that many individuals find physically undesirable and emotionally objectionable. In the past, many people interested in a career in corrections have refused employment when they learned all of the requirements of the position and others have resigned in the first few months in the position. In order to avoid the discomfort of preparing yourself for employment only to find that there are aspects of the position which you find unacceptable, the Department of Corrections has prepared a questionnaire outlining requirements and elements of the position.

An employee who refuses to perform any of the responsibilities on this questionnaire is subject to dismissal. Therefore, if you are unable to answer "Yes" to all of the questions below, you should withdraw your application at this time.

1. **Are you willing to work in a position where you may not be free to discuss many of your daily activities with family and friends?**
 Yes No
2. **Are you willing to wear a uniform to work every day?**
 Yes No
3. **Are you willing to be trained in the use of firearms?**
 Yes No
4. **Are you willing to attend a physically intensive, in-residence training program in Sea Girt, NJ, as well as three weeks of on-the-job training at your assigned facility?**
 Yes No
5. **Are you willing to undergo a comprehensive psychological evaluation as part of the pre-employment process?**
 Yes No
6. **Are you willing to undergo a comprehensive physical evaluation as part of the pre-employment process?**
 Yes No
7. **Are you willing to work in locked areas of a building supervising the activities of incarcerated persons who have been convicted of crimes such as murder, rape, child molestation, armed robbery, etc.?**
 Yes No
8. **Are you willing to work eight or more hours a day with dangerous incarcerated persons in an area which can be unlocked only from the outside?**
 Yes No
9. **Are you willing to be assigned to a shift which may be one of the following; 6 AM to 2 PM, 2PM to 10 PM, or 10 PM to 6 AM?**
 Yes No
10. **Are you willing to work weekends with your regular days off during the week?**
 Yes No

POSITION REQUIREMENT QUESTIONNAIRE (CONTINUED)

11. Are you willing to work all holidays?
 Yes No
12. Are you willing to work mandatory double shifts (16 consecutive hours) and regular days off with little or no advance warning in order to maintain the minimum staffing requirements of the institution?
 Yes No
13. Are you willing to be confined to the institution for your entire tour of duty, including your meal break, and eat only the meal provided by the institution?
 Yes No
14. Are you willing to work alone for an entire eight hour shift?
 Yes No
15. Are you willing to supervise the activities of incarcerated persons who may call you names and/or threaten you and your family?
 Yes No
16. Are you willing to supervise the activities of incarcerated persons while they are in the bathroom or shower?
 Yes No
17. Are you willing to conduct pat frisks of incarcerated persons, visitors, and other staff members?
 Yes No
18. Are you willing to conduct visual searches of incarcerated persons' body cavities?
 Yes No
19. Are you willing to testify in court concerning events that occurred in the institution?
 Yes No
20. Are you willing to work in an infirmary with sick incarcerated persons who could have serious diseases, such as AIDS, tuberculosis, etc.?
 Yes No
21. Are you willing to work in building areas that smell of unpleasant odors, such as body odor, body waste, etc.?
 Yes No
22. Are you willing to respond to life threatening incidents, such as incarcerated persons and/or staff that have been stabbed, had heart attacks, attempted to hang themselves, etc.?
 Yes No
23. Are you willing to use deadly force, if necessary, in accordance with New Jersey laws and the Attorney General's Use of Force guidelines?
 Yes No
24. Are you willing to report a fellow staff member who may be breaking rules or regulations?
 Yes No
25. Are you willing to risk your personal safety to rescue a fellow staff member or and incarcerated person from an attack?
 Yes No

Printed Name (Last, First)

Signature

Date



State of New Jersey
DEPARTMENT OF CORRECTIONS
CUSTODY RECRUITMENT UNIT



CORRECTIONAL STAFF TRAINING ACADEMY EXPECTATIONS

Candidate Name (Last, First)

Social Security Number

The following list is to advise you of some of the major expectations by which you will be required to abide if you accept an appointment to the Correctional Staff Training Academy (CSTA).

1. CSTA is a residential academy. You will be required to live in a barracks setting with up to 40 other trainees for the duration of the Basic Course for State Correction Officers.
2. Physical conditioning will be required Monday through Friday during the Basic Course for State Correction Officers. In order to prepare for this intense physical conditioning program, you should be actively involved in a physical conditioning program prior to CSTA entry.
3. Smoking, vaping, or the use or possession of any tobacco products is not permitted at the CSTA.
4. Male trainees will be required to keep a shaved head and be clean shaven at all times. Female trainees will be required to maintain a natural hair color and keep hair off of their collar and ears. Fingernails are to be trimmed no longer than the tip of the finger and no nail polish is to be worn.
5. Strict paramilitary training, regimen, and order will be enforced while enrolled in the Basic Course for State Correctional Police Officers. This includes, but is not limited to, strict adherence to all rules and regulations of the CSTA.

Printed Name (Last, First)

Signature

Date

STATE OF NEW JERSEY

To Be Completed By Applicant
Not For Interview Purposes
To Be Filed Separately With
Affirmative Action Officer

AFFIRMATIVE ACTION INFORMATION FORM

The *State of New Jersey* seeks to increase the richness and diversity of its workforce and in doing so become the employer of choice for all people seeking to work in State government. In order to judge the effectiveness of our efforts to attract and employ a diverse workforce, as well as comply with Federal and State reporting requirements, we ask that you take the time to answer a few brief questions.

This form is not part of your application for employment and will not be considered in any hiring decision. Any information submitted on this form will be considered confidential and will be filed separately by the agency's affirmative action officer.

The *State of New Jersey* is an equal opportunity employer. The *New Jersey State Policy Prohibiting Discrimination in the Workplace* provides that applicants for employment are considered without regard to race, creed, color, national origin, nationality, ancestry, sex/gender, affectional or sexual orientation, gender identity or expression, age, marital status, civil union status, domestic partnership status, familial status, religion, atypical heredity cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States or disability.

APPLICANT NAME: (Last, First, M)

APPLICANT ADDRESS:

POSITION(S) APPLIED FOR:

CORRECTIONAL POLICE OFFICER RECRUIT

DATE:

DIVISION:

GENDER:

CUSTODY - NJDOC

Male Female Non-Binary

A. Ethnicity: (please select one)

Hispanic or Latino: A Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino

B. Race: (please select one)

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.

Black or African American: A person having origins in any of the black racial groups of Africa.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The EEOC has recently updated its data collection requirements to allow employees who may be of two or more races to identify themselves. If you are of more than one race, please identify them below.

C. Two or More Races: (If applicable, select the two or more races with which you identify)

American Indian or Alaska Native

Black or African American

White

Asian

Native Hawaiian or Other Pacific Islander

If you require an accommodation for the interview process, please advise the HR representative at the department where you are applying for the job.

REFERRAL SOURCE:

How did you learn of this position? _____