

# BERGEN COUNTY POLICE ACADEMY



## 2020 ALTERNATE ROUTE PROGRAM BASIC COURSE for POLICE OFFICERS

# INSTRUCTIONS

## **PLEASE READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THE APPLICATION**

These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information contained in the Application Package be accurate in all respects. This application will be used as the basis for determining your eligibility as a candidate for the Alternate Route Training Program.

1. This application must be completed by the applicant, printed, clearly and legibly in Black Ink. All questions must be answered to the best of your ability.
2. If a question is not applicable to you, please indicate this by the notation N/A in the appropriate space. **LEAVE NO BLANK SPACES.**
3. Avoid errors by reading the question and directions carefully before making any entry on the form. Be sure your information is correct and in proper sequence before you begin. All time periods in your application must be accounted for.
4. You are responsible for obtaining correct names, addresses and phone numbers. If you are unsure of an address, check it by personal verification. Your public library may have a directory service or copies of local telephone directories.
5. An accurate and complete form helps expedite your investigation and will effect your consideration into the Alternate Route Program. Consequently, deliberate omissions or falsifications may result in disqualification. Failure to supply a completed application may result in your removal from further participation in the program.
6. Where sufficient space to provide a complete answer has not been provided or the question requires additional information to be submitted, please attach plain sheets of 8 " x 11" white paper to the application listing the additional information. Please remember to indicate the question, by number, for which you are submitting the additional information.
7. The following materials must be submitted with the completed application. You may be requested to supply further documentation, should you be considered to participate further in the program.
  - a. Two [2] photographs [measuring no smaller than 2" x 2"] one to be a head and shoulders photograph, the other being a full body photograph, of the applicant.
  - b. Photo static copies of: Official Birth Certificate, Social Security Card, Naturalization Papers [if applicable], proof of residence, i.e., Voter Registration Card, Motor Vehicle Driver's License and Registration Certificates [for all vehicles presently owned by the applicant] and High School Diploma or GED Certificate.
  - c. **OFFICIAL** College transcripts of all colleges or universities attended. Applicants must possess a minimum of sixty [60] college credits.

- d. Military discharge and DD Form 214[s] [if applicable].
- e. The applicant may supply any additional documentation which he/she feels would support an entry in the application form [e.g., license issued by governmental agencies, certificates or diplomas from any professional or technical training program, certificates of memberships to any fraternal, labor union or social organizations, awards, commendations or scholarships received, etc.

**NOTE:** The above materials must be submitted as part of the application package, if you cannot obtain all or part of the requested material, you must explain in writing what material is missing and the reason[s] why. Attach this statement to the application form.

Please do not delay submitting the application package. If you cannot find or had to send away for any of the above material, submit it at a later date. This is provided that all of the material is received prior to the Background Investigation.

- 8. The application package along with requested materials must be returned to the Bergen County Police Academy on or before \_\_\_\_\_.

Date

***NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.***

By my signature affixed below, I attest that I have read and fully understand the above instructions

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# **Conditions of Admission**

## **STATEMENT OF UNDERSTANDING AND SAVE HARMLESS**

1. It is understood by the undersigned that the Police Training Commission has approved the Bergen County Police Academy to conduct a program entitled the Alternate Route Basic Course for Police Officers. Successful completion of this voluntary program does not guarantee employment as a law enforcement officer, nor does it result in certification as a law enforcement officer. Successful completion of this program enables an individual to state to a prospective law enforcement employer that he/she has fulfilled the mandatory training requirements of the Alternate Route Basic Course for Police Officers.
2. It is understood by the undersigned that, if accepted as an alternate route trainee, I will have no authority during the period of training to affect an arrest or enforce any ordinance or law nor carry any firearms or display or wear any uniform, badge, or insignia of a law enforcement agency or officer. I will be permitted to wear an academy training uniform en route to and from the academy and during training periods.
3. It is understood by the undersigned that I am responsible for expenses associated with the application process and training.
4. It is understood by the undersigned that I will be required to undergo a medical examination given by a licensed physician, prior to training, to determine if I am fit to participate in training. Psychological testing is also required prior to training.
5. It is understood by the undersigned that drug testing prior to and during training will occur and that my signature on the Notice and Acknowledgment form is required.
6. It is understood by the undersigned that certain aspects of training at the Bergen County Police Academy present risk of possible physical, psychological or mental injury, nevertheless, I voluntarily choose to participate in this program. It is further understood that I may, at any time, resign from the training program.
7. It is understood by the undersigned that the Bergen County Police Academy is not to be held responsible for injury sustained or for loss of property that may be incurred during the training period.
8. It is understood by the undersigned that I will be issued a weapon and ammunition during the firearms portion of the Alternate Route Basic Course for Police Officers. The weapon will be transferred to me by a certified Firearms Instructor only for the purpose of training and participating in the requisites of the course. The weapon transfer will only occur upon a firing range or, if the firearm is unloaded, in the area designated and appropriate for training.

9. It is understood by the undersigned that the transferred weapon may only be used in the actual presence and under the direction supervision of the Certified Firearms Instructor for not more than eight consecutive hours in any twenty-four hour period.
10. It is understood by the undersigned that any weapon transferred to me is not my property and I shall abide by the rules established by the Certified Firearms Instructor and the Bergen County Police Academy for its assignment, use, and return. I further understand that while the weapon is in my possession I shall be responsible for the usual care and maintenance of weapon and I shall immediately report any malfunction or disorder to the Instructor
- 11 In consideration of all of the above, I agree for myself, my heirs, dependants or personal Representatives not to assert any claim or suit for money damages against the County of Bergen or its officers, agents and employees, for pain or suffering, medical expenses, loss of Wages, injuries, permanent disabilities or pecuniary losses by reason of any injuries or loses I or my heirs or dependants may sustain during or as a result of my training or participation in Activities conducted by the Bergen County Police Academy.

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Applicants Signature

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Date



15. Marital Status: Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed [ ]

a. Date and Place of Marriage: \_\_\_\_\_

b. List Date, Place and Reason for all Separations, Divorces or Annulments.

\_\_\_\_\_

\_\_\_\_\_

c. List all children dependant upon you, include children born to you, adopted and step children:

Name	Date of Birth	Place of Birth

Attach applicable documentation [e.g. Photo static copies of Marriage License, Divorce, Separation or Annulment Records, Child's Birth Certificate, etc.]

**RESIDENCES:**

16. Current Address: \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_ City County State Zip Code

a. If your mailing address is different, please list: \_\_\_\_\_

\_\_\_\_\_

17. Telephone Number: [\_\_\_\_\_] \_\_\_\_\_

18. With whom do you reside? \_\_\_\_\_

**Using the chart on the following page**, chronologically list all places you have resided for the past ten [10] years, start with your present residence. Include addresses while attending school or military services.





22. **Specialized Schools**

Name & Address	Study or Specialization	Dates Of Attendance

23. Were you ever dismissed from a school, or were any disciplinary action ever taken against you during your scholastic career? Yes [  ] No [  ]

a. If yes, explain [detail school, date and action]. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. List any Honors, Awards or Scholarships received by you during your scholastic career [detail school, date and type]. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT:**

25. List below, starting with your current employment, or unemployment, and working back, each employment and period of unemployment you have had. Account for all periods including casual employment and unemployment. Include within the sequence any period of active military service.

[  ] Please indicate by checking the box at left if you **DO NOT** wish us to contact your **PRESENT** employer regarding your character, qualifications and record of employment, at this time. Please be advised that inquiry will be made at the time you are accepted into the Alternate Route Training Program.

[ <input type="checkbox"/> ] <b>Name &amp; Address of Employer</b>	<b>Dates Employed From - To Present</b>	<b>Full/Part Time</b>
<b>Exact Title of Your Position</b>	<b>Name &amp; Telephone Number of Your Immediate Supervisor</b>	
<b>Description of Your Work</b>	<b>Reason for Leaving</b>	

<input type="checkbox"/> <b>Name &amp; Address of Employer</b>	<b>Dates Employed From – To Present</b>	<b>Full/Part Time</b>
<b>Exact Title of Your Position</b>	<b>Name &amp; Telephone Number of Your Immediate Supervisor</b>	
<b>Description of Your Work</b>	<b>Reason for Leaving</b>	

<input type="checkbox"/> <b>Name &amp; Address of Employer</b>	<b>Dates Employed From - To Present</b>	<b>Full/Part Time</b>
<b>Exact Title of Your Position</b>	<b>Name &amp; Telephone Number of Your Immediate Supervisor</b>	
<b>Description of Your Work</b>	<b>Reason for Leaving</b>	

<input type="checkbox"/> <b>Name &amp; Address of Employer</b>	<b>Dates Employed From - To Present</b>	<b>Full/Part Time</b>
<b>Exact Title of Your Position</b>	<b>Name &amp; Telephone Number of Your Immediate Supervisor</b>	
<b>Description of Your Work</b>	<b>Reason for Leaving</b>	

26. Were you ever discharged or asked to resign from any employment? If yes, list employer, Date and reason

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27. Were you ever subjected to any disciplinary action in connection with any employment? If yes, list date, employer and details:

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28. How many days have you lost from work/school due to illness or injury in the past five [5] years? Explain: \_\_\_\_\_

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29. Have you ever made application to any police department or public safety agency? If yes, detail date, name and address of agency: \_\_\_\_\_

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30. Were you ever, or are you now, on any employment list for any police department or public safety agency? \_\_\_\_\_ If yes, detail date, agency name and address and position on list:

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31. Have you ever been rejected for employment by any police department or public safety agency? \_\_\_\_\_ If yes, detail date, name and address of agency and reason for rejection:

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**MILITARY:**

32. Are you registered for selective service? Yes [ ] No [ ]

a. If yes, detail date, and Selective Service Number:

\_\_\_\_\_

b. If no, give reason why not registered: \_\_\_\_\_

33. Have you ever served on active military duty in the Armed Forces of the United States? \_\_\_\_\_

a. If yes, Branch of Service \_\_\_\_\_

Dates of Active Duty: From \_\_\_\_\_ To \_\_\_\_\_

Serial Number \_\_\_\_\_ Highest Rank achieved \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

34. Are you a member of the Reserve or National Guard? Yes [ ] No [ ]

If yes, detail branch of service, dates, active/inactive: \_\_\_\_\_

a. If you attend drills, meetings or camps, give name of unit and location:

\_\_\_\_\_

35. List any training you have had or special skills acquired during your military service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

36. Was any type of disciplinary action taken against you in the service? Be sure to include no judicial punishment[s], if applicable. Detail date, type of action and disposition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COURT RECORDS:**

- 37. Have You Ever Been Arrested or Charged with Any Violation Including Traffic, but Excluding Parking Tickets? Yes [ ] No [ ]
  
- 38. To your knowledge, has any member of your immediate family ever been arrested or charged with any violation, excluding traffic violations. Yes [ ] No [ ]

If you answered yes to questions 37 and/or 38, list all such matters even if not formally charged; or no court appearance was required; or found not guilty; or matter settled by payment of fine; or forfeiture of collateral.

<b>Date:</b>	<b>Court &amp; Location:</b>
<b>Name [Relative]:</b>	<b>Charge:</b>
<b>Place &amp; Department:</b>	<b>Disposition:</b>
<b>Details:</b>	
<b>Date:</b>	<b>Court &amp; Location:</b>
<b>Name [Relative]:</b>	<b>Charge:</b>
<b>Place &amp; Department:</b>	<b>Disposition:</b>
<b>Details:</b>	

<b>Date:</b>	<b>Court &amp; Location:</b>
<b>Name [Relative]:</b>	<b>Charge:</b>
<b>Place &amp; Department:</b>	<b>Disposition:</b>
<b>Details:</b>	

39. Have you, or to your knowledge, any member of your immediate family ever been a complainant/plaintiff, defendant or witness in any criminal, civil, family court proceeding, grand jury or any other administrative or investigative hearing by a city, state or federal agency?

Yes [ ] No [ ]

If yes, detail date, name of relative, court/agency, location, purpose of the proceeding and you or you relative's involvement in the matter.

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40. Pursuant to the provisions of *N.J.S.A. 2C:52-27(c)*, have you ever filed a petition for the purpose of expunging or sealing court records? Yes [ ] No [ ]

If yes, give details:

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41. List any outstanding judgments or liens, giving dates, name of judgment creditor or lienor, amount, docket number and court name and location.

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42. Have you ever been adjudicated a bankrupt? Yes [ ] No [ ]

If yes, detail date, name and location of court:

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**MOTOR VEHICLE:**

43. Do you possess a valid N. J. Drivers License? Yes [ ] No [ ]

If yes, complete the following: Type: \_\_\_\_\_

Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

44. Have you ever been issued a drivers license from any other state? Yes [ ] No [ ]

If yes, complete the following:

Issuing State \_\_\_\_\_ Dates: from \_\_\_\_\_ To \_\_\_\_\_

45. Has your driving privileges or motor vehicle registration ever been revoked or suspended?

Yes [ ] No [ ] If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A .If you answered yes, has such registration or license been restored? Yes [ ] No [ ]

46. List below all motor vehicles owned by you during the past three [3] years.

Make	Model	Year	Period Owned From/To	Registration and State or Vehicle ID No.

**FAMILY:**

47. Alphabetically, by last name, list the FULL name [including married and maiden names] of your spouse [present and former] father, mother and all siblings, and your present father and mother in-law, living or deceased, and any person with whom you reside whether related to you or not.

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	
<b>Date of Birth:</b>	<b>Occupation:</b>
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	
<b>Date of Birth:</b>	<b>Occupation:</b>
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	
<b>Date of Birth:</b>	<b>Occupation:</b>
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	
<b>Date of Birth:</b>	<b>Occupation:</b>
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	
<b>Date of Birth:</b>	<b>Occupation:</b>
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	



<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Date of Birth:</b>	<b>Occupation:</b>
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	<b>Occupation:</b>
<b>Date of Birth:</b>	
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	<b>Occupation:</b>
<b>Date of Birth:</b>	
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	<b>Occupation:</b>
<b>Date of Birth:</b>	
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	<b>Occupation:</b>
<b>Date of Birth:</b>	
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	<b>Occupation:</b>
<b>Date of Birth:</b>	
<b>Social Security No.:</b>	

<b>Name:</b>	<b>Address: [If deceased, so state]</b>
<b>Relationship:</b>	<b>Occupation:</b>
<b>Date of Birth:</b>	
<b>Social Security No.:</b>	

**REFERENCES:**

48. Give at least three [3] references [not relatives, former or present employers, fellow employees or school teachers] who are responsible adults of reputable standing in their communities, who have definite knowledge of your background and qualifications, preferable those who have known you for the past five years.

<b>Name:</b>	<b>Telephone Numbers</b> <b>Home:</b> [   ] <b>Bus:</b> [   ]
<b>Address:</b>	<b>Years</b> <b>Acquainted:</b>
<b>Occupation:</b>	

<b>Name:</b>	<b>Telephone Numbers</b> <b>Home:</b> [   ] <b>Bus:</b> [   ]
<b>Address:</b>	<b>Years</b> <b>Acquainted:</b>
<b>Occupation:</b>	

<b>Name:</b>	<b>Telephone Numbers</b> <b>Home:</b> [   ] <b>Bus:</b> [   ]
<b>Address:</b>	<b>Years</b> <b>Acquainted:</b>
<b>Occupation:</b>	

<b>Name:</b>	<b>Telephone Numbers</b> <b>Home:</b> [   ] <b>Bus:</b> [   ]
<b>Address:</b>	<b>Years</b> <b>Acquainted:</b>
<b>Occupation:</b>	

**FINANCIAL:**

49. Have you any loan, debt, garnish, wage assignment or judgment pending against you?  
[Include any mortgage and credit card debt] Yes [ ] No [ ]  
If yes, give details:

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50. Have you ever defaulted on any loan, including student loan? Yes [ ] No [ ]  
If yes, give details:

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51. Have you ever been refused any loan or credit? Yes [ ] No [ ]  
If yes, give details

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**ADDITIONAL INFORMATION:**

52. Have you ever possessed a Firearms Identification Card, Pistol Permit or Firearms Dealers  
License in this or any other state? Yes [ ] No [ ]  
If yes, detail date, permit number and type and issuing agency:

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53. Has any agency ever refused you a firearms permit or license? Yes [ ] No [ ]  
If yes, give details:

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54. Are you now, or have you ever been, a member or supported any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of The United States, or which seeks to alter the form of Government of the United States by unconstitutional means? Yes [  ] No [  ]

If yes, explain fully:

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55. An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or have been closely associated [including relatives and roommates] which might tend to reflect unfavorably on your reputation, morals, character, ability or qualifications? Yes [  ] No [  ]

If yes, please attach a separate piece of paper, appropriately numbered, giving your version of this/these incident[s].

56. Do you have any knowledge or information in addition to that specifically called for in this application which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for participation in this program, including but not limited to your character, physical or mental condition, temperance, habits, employment, education, subversive affiliations, family, associations, criminal records, traffic violations, residence or otherwise? Yes [  ] No [  ]

If yes, please attach a separate piece of paper, appropriately numbered, giving your version of this/this incident[s].

#### **WRITING SAMPLES:**

The following writing sample is required as part of the screening process to determine your eligibility into the Alternate Route Training Program offered by the Bergen County Law and Public Safety Institute (Police Training Academy.) You will be evaluated based upon two key criteria:

- A. Communication Skills [i.e., e.g. clarity of expression, proper grammar, punctuation, spelling and word usage]
- B. Motivation and Eagerness [i.e., e.g. a cogent explanation of the reasons why you wish to be considered.]

This sample must be completed in **Black Ink**, on plain white paper, measuring 8 1/2" x 11". It must be completed by the applicant and may be either script or printed, however it must be clear and legible.

**PRINT** your name and Social Security Number at the upper right hand corner of each page. Be sure to appropriately number each page.

This writing sample ***MUST*** be submitted with your completed application package.

**Please provide a statement explaining why you wish to be considered for acceptance into the Alternate Route Training Program with the Bergen County Police Academy. Include in this essay, an explanation of why you want to pursue a career in law enforcement and the qualities you possess that would make you a desirable candidate for a law enforcement agency.**

## CERTIFICATION

I, \_\_\_\_\_, certify that I have personally read, and printed by hand, answers to each and every question. I further certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I also understand that any intentional false statements or omissions will be automatic grounds for my disqualification from further participation in the program. Further, I authorize the Bergen County Police Academy, or their representatives to verify any and all information contained herein, and to review my criminal, military, employment and educational records. I also understand that any and all information gleaned by the Bergen County Police Academy will be turned over to a prospective employer should I successfully complete the Alternate Route Basic Course for Police Officers, and I authorize the release of these records.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ have applied to the Bergen County Police Academy for the Alternate Route Basic Course for Police Officers.

As such, a background investigation into my character and qualifications will be conducted.

I therefore respectfully request and authorize you to furnish representative of the Bergen County Police Academy any and all information and copies of records that you may have concerning my employment, work record, school record, military record, reputation, financial and credit status, medical record, mental health records and reports including information of a confidential or privileged nature.

This information is to be utilized to assist the Bergen County Police Academy in determining my qualifications an fitness for the Alternate Route Training Program.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this waiver shall be considered a valid original.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

\_\_\_\_\_  
Address City State Zip

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_/\_\_\_\_/\_\_\_\_

### AFFIDAVIT

*STATE OF NEW JERSEY*  
*COUNTY OF BERGEN*

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires: