

# *Bergen County Sheriff's Office*



## Mounted Deputy Unit Application

*Name:* \_\_\_\_\_

## **Applications Instructions**

### **“Read Carefully”**

Before considering any individual for a position on the volunteer mounted/motorcycle units with the Bergen County Sheriff's office, certain information is required to be disclosed by the applicant.

This application must be completed and submitted with all questions answered and “Pertinent Documentation” provided prior to being considered.

The information that you provide is subject to verification through interviews, as well as confirmation via public and other records pertaining to your file.

You are responsible for obtaining correct addresses where indicated in the application form, as well as any information listed by you.

An accurate and complete application will help expedite the application process. An incomplete application will result in you being removed from consideration.

## Bergen County Sheriff's Office Notice

I hereby certify that the information I provide in response to questions and statements in this application is true, complete and correct to the best of my belief and knowledge, and is made in good faith. I understand that any misrepresentation by me, whether by willful misrepresentation, omission or in reckless disregard of the truth, regarding these facts will be sufficient cause for rejection of my application.

I have read and understand the following:

**2C:52-27. Effect if Expungement** - Unless otherwise provided by law, if an order of expungement is granted, the arrest, conviction and any proceedings related thereto shall be deemed not to have occurred, and the petitioner may answer questions relating to their occurrence accordingly, except as follows:

- a. The fact of an expungement, sealing or similar relief shall be disclosed as provided in section 2C52-8b;
- b. The fact of an expungement of prior charges which were dismissed because of the person's acceptance into and successful completion of a supervisory treatment or other diversion program shall be disclosed by said person to any judge who is determining the propriety of accepting said person into supervisory treatment or other diversion program for subsequent criminal charges; and
- c. The petitioner seeking employment within the judicial branch shall reveal information divulged on expunged records or with law enforcement or a corrections agency and such information shall continue to provide a disability as otherwise provided by law.

**2C:28-3. Unsworn Falsification to Authorities -**

- a. Statements "Under Penalty." A person commits a crime of the fourth degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to effect that false statements made therein are punishable.
- b. In general, a person commits a disorderly persons offense if, with purpose to mislead a public servant in performing his/her function, he/she:
  - 1. Makes any written false statement which he/she does not believe to be true;
  - 2. Purposely creates a false impression on a written application for any pecuniary or other benefit, by omitting information necessary to prevent statements therein from being misleading;
  - 3. Submits or invites reliance on any writing which he/she knows to be forged, altered or otherwise lacking authenticity.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**INSERT  
PHOTO  
HERE**

**Please Provide a Current  
Headshot Photo  
2 ½ X 2 ½**

**Personal Data**

*To be filled out completely*

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_
5. Social Security #: \_\_\_\_\_
6. Alias: \_\_\_\_\_
7. Sex:     **Male**     **Female**
8. Height: \_\_\_\_\_ ft \_\_\_\_\_ in
9. Weight: \_\_\_\_\_ lbs
10. Scars, Marks, Tattoos: \_\_\_\_\_  
\_\_\_\_\_
11. N.J. Driver's License #: \_\_\_\_\_
12. Race: \_\_\_\_\_
13. Hair Color: \_\_\_\_\_
14. Eye Color: \_\_\_\_\_
15. Are you a U.S. Citizens:     **YES**     **NO**
16. If naturalized, provide supportive documents as attachments.

## Residence

17. Where do you reside?

\_\_\_\_\_

18. How long have you resided there? \_\_\_\_\_

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

a. Home telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

20. If you reside with someone other than your parents, spouse or children, please list below:

a. (Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Occupation) \_\_\_\_\_

b. (Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Occupation) \_\_\_\_\_

21. Does your name or has your name ever been on ANY lease?      **YES**      **NO**

If yes, list below:

22. Residences: List in chronological order all of your residences, including addresses while attending school if away from home and all military addresses on and off base, starting with your present address:

a. From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Address: \_\_\_\_\_

b. From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Address: \_\_\_\_\_

c. From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Address: \_\_\_\_\_

## Employment History

23. List all jobs you have worked, starting with your present employer and working backwards:

a. From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor/ Phone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

b. From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor/ Phone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

c. From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor/ Phone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Arrest History

For the purposes of this question, the word "ARREST" includes any "DETAINING" or "TAKING INTO CUSTODY" by "POLICE" or any other "LAW ENFORCEMENT" agency of a person in order to answer alleged performance of any "OFFENSE" in this or any other state or foreign country.

The word "CHARGE" includes any "INDICTMENT", "COMPLAINT", "SUMMONS", "INFORMATION", or other notice of the alleged commission of any "OFFENSE" in this or any other state or foreign country.

The work "OFFENSE" includes all "HIGH MISDEMEANORS", "FELONIES", "MISDEMEANORS", "DISORDERLY PERSONS OFFENSES" or any "CRIMINAL STATUTE" listed in New Jersey Code2-C. This includes any and all "JUVENILE" violations. This applies to the criminal statues in any other state or foreign country as well.

24. Have you ever been arrested or charged, EVEN IF NOT CONVICTED OR WHETHER EXPUNGED, with any felony, crime, misdemeanor, disorderly persons offense or any other offense including traffic violations in New Jersey or anywhere else?      **YES**      **NO**

If yes, complete the following section:

a. Date of Arrest: \_\_\_\_\_

Name of Arresting Agency: \_\_\_\_\_

Charge/ DP or PDP Offense/ Traffic Violation: \_\_\_\_\_

Disposition of Sentence: \_\_\_\_\_

b. Date of Arrest: \_\_\_\_\_

Name of Arresting Agency: \_\_\_\_\_

Charge/DP or PDP Offense/Traffic Violation: \_\_\_\_\_

Disposition of Sentence: \_\_\_\_\_

25. Have you ever been called to testify before or investigated by any Legislative, Grand Jury or other official investigative body when that body is engaged in the investigation of criminal activity?      **YES**      **NO**

If answer is yes, complete the following section:

a. Name of Agency: \_\_\_\_\_

Nature of Investigation: \_\_\_\_\_

Date: \_\_\_\_\_

b. Name of Agency: \_\_\_\_\_

Nature of Investigation: \_\_\_\_\_

Date: \_\_\_\_\_



## Vehicle Information

26. Complete the following as to all motor vehicles currently registered and/or owned by you and/or your spouse:

a. Registered Owner: \_\_\_\_\_

Expiration Date of Registration: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

b. Registered Owner: \_\_\_\_\_

Expiration Date of Registration: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

c. Registered Owner: \_\_\_\_\_

Expiration Date of Registration: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

27. List all motor vehicle driver licenses issued to you by the State of New Jersey and/or any other jurisdiction by completing the following:

a. Date Issued: \_\_\_\_\_ License #: \_\_\_\_\_

Type of License: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

b. Date Issued: \_\_\_\_\_ License #: \_\_\_\_\_

Type of License: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

28. Have you ever had any license, permit or vehicle registration denied, suspended or revoked by any agency in New Jersey or any other Jurisdiction?      **YES**      **NO**

If yes, complete the section below:

a. Type of License/ Permit: \_\_\_\_\_ State: \_\_\_\_\_

Date of Denial/ Suspension: \_\_\_\_\_

Reason(s) for Denial/ Suspension: \_\_\_\_\_

b. Type of License/ Permit: \_\_\_\_\_ State: \_\_\_\_\_

Date of Denial/ Suspension: \_\_\_\_\_

Reason(s) for Denial/ Suspension: \_\_\_\_\_

29. List all if any motor vehicle violations that you have been issued a summons. (Include D.W.I. Offenses and unpaid parking tickets)

a. Date Summons Issued: \_\_\_\_\_ Violation: \_\_\_\_\_

Agency Issuing Summons: \_\_\_\_\_

Name & Address of Municipal Court: \_\_\_\_\_

b. Date Summons Issued: \_\_\_\_\_ Violation: \_\_\_\_\_

Agency Issuing Summons: \_\_\_\_\_

Name & Address of Municipal Court: \_\_\_\_\_

c. Date Summons Issued: \_\_\_\_\_ Violation: \_\_\_\_\_

Agency Issuing Summons: \_\_\_\_\_

Name & Address of Municipal Court: \_\_\_\_\_

## Social Status

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each spouse. If you have stepparents, legal guardians or others who have reared you instead of parents, the requested information should be furnished concerning them, as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included regarding your future spouse. Also list all members residing in your household including those who are not related to you.

30. Give complete name of spouse including middle name (no initials), maiden name, date of birth, social security number and complete address:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

31. Marital Status: \_\_\_\_\_

32. If married, divorced or separated, please give the following dates:

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Place of Divorce: \_\_\_\_\_ # of Children: \_\_\_\_\_

33. List below every child born to you, adopted by you and supported by you including stepchildren.

a. Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

With whom & where does the child reside: \_\_\_\_\_

b. Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

With whom & where does the child reside: \_\_\_\_\_

c. Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

With whom & where does the child reside: \_\_\_\_\_

d. Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

With whom & where does the child reside: \_\_\_\_\_

e. Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

With whom & where does the child reside: \_\_\_\_\_

f. Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

With whom & where does the child reside: \_\_\_\_\_

34. Have you ever been involved as either a "Plaintiff" or "Defendant" in a Paternity proceeding?

**YES NO**

If yes, give full details:

## References

35. List names of at least three (3) people who are friends or associates:

a. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Time Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

b. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Time Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

c. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Time Known: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Other Information**

36. Do you possess or own any pistol, firearm, firearms I.D. card or firearms dealer's license in this or any other state?      **YES**      **NO**

If yes, list type, issuing agency and a complete description of firearms:

a. Type: \_\_\_\_\_ Description: \_\_\_\_\_

Agency & Address: \_\_\_\_\_

\_\_\_\_\_

b. Type: \_\_\_\_\_ Description: \_\_\_\_\_

Agency & Address: \_\_\_\_\_

\_\_\_\_\_

c. Type: \_\_\_\_\_ Description: \_\_\_\_\_

Agency & Address: \_\_\_\_\_

\_\_\_\_\_

37. Do you use or have you ever used illegal drugs or narcotics?      **YES**      **NO**

If yes, give full details and amounts:

38. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with this investigation of your eligibility and fitness for THIS position including, but not limited to, knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, associated, criminal records, traffic violations, residence or otherwise?      **YES**      **NO**

If yes, give details:

**Release Authorization**

To all Courts, Probation Departments, Selective Service Boards, employers, Educational Institutions, Banks, Health Care Facilities, Health Care Providers, Financial and other such institutions and all Governmental Agencies, federal, state and local without exception both foreign and domestic.

I have authorized the Bergen County Sheriff's Office to conduct a full investigation into m background activities.

Therefore, you are hereby authorized to release any and all information pertaining to me documentary or otherwise, as requested by an employee or agent of the Bergen County Sheriff's Office provided that he or she certifies to you that I have an application pending before the Bergen County Sheriff's Office for employment.

This authorization shall supersede and countermand any prior request or authorization.

A photocopy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_

Signature of Applicant	Date
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Subscribed and Sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_.

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

\_\_\_\_\_  
State

## Statement of Truth

State of \_\_\_\_\_

County of \_\_\_\_\_

SS# \_\_\_\_\_

I \_\_\_\_\_ being duly sworn according to law deposes and says:  
(Print your Full Name)

1. I am the applicant who is submitting this application form.
2. I have personally supplied the information contained in this form.
3. I swear (or affirm) that the information in this form is true.



Signature of Applicant

Date

Subscribed and Sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

Notary Public

\_\_\_\_\_

State

Please mail completed form and current photo to:  
Bergen County Sheriff's Office  
Community Outreach Unit  
10 Main Street  
Hackensack, NJ 07601