



GREENWICH TOWNSHIP POLICE DEPARTMENT
EMPLOYMENT APPLICATION
DATE SUBMITTED: _____

APPLICANT INFORMATION:

Name (First, Middle, Last): _____

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

Home Phone: _____ Cell Phone: _____

Email Address: _____ Social Security #: _____

Position applied for: _____

Have you ever applied to the Township of Greenwich before? Yes _____ No _____

If yes, when? _____ For what position? _____

Date you can start: _____ Salary desired: _____

Are you available to work? Full Time _____ Part Time _____ Shift Work _____ Temporary _____

Are you currently employed? Yes _____ No _____

If yes, may we contact your employer? Yes _____ No _____

Are you currently on layoff status and subject to recall? Yes _____ No _____

Do you possess a current driver's license? Yes _____ No _____

If you are under eighteen years of age, can you provide proof of eligibility to work?

Yes _____ No _____ N/A _____

Are you legally eligible to work in the United States of America? Yes _____ No _____

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

Have you ever plead guilty or been found guilty of a crime or disorderly persons offense?

Yes _____ No _____

Employment is conditional upon the results of a criminal background check. An answer of "yes" may disqualify you from employment depending upon the circumstances involved. If you answered yes to the above question, please explain in detail: _____

Greenwich Township is an Equal Opportunity Employer

EMPLOYMENT HISTORY: This section must be completed even if you attach a résumé. Please list your last four employers and begin with your most recent/current employer. Also include any military service in this section. Please explain any gaps in employment in the ‘Comments’ section at the bottom.

1. Employer Name:		Work Performed / Responsibilities:
Address:	Date Started:	
	Date Left:	
Job Title:		
Reason for leaving:		
Supervisor's name and phone number:		May we contact? Yes No
2. Employer Name:		Work Performed / Responsibilities:
Address:	Date Started:	
	Date Left:	
Job Title:		
Reason for leaving:		
Supervisor's name and phone number:		May we contact? Yes No
3. Employer Name:		Work Performed / Responsibilities:
Address:	Date Started:	
	Date Left:	
Job Title:		
Reason for leaving:		
Supervisor's name and phone number:		May we contact? Yes No
4. Employer Name:		Work Performed / Responsibilities:
Address:	Date Started:	
	Date Left:	
Job Title:		
Reason for leaving:		
Supervisor's name and phone number:		May we contact? Yes No

Employment History Comments: _____

EDUCATION: Provide information on your formal schooling and education below. Include any formal vocational or professional education and indicate major area of study or specialty.

SCHOOL NAME	YEARS COMPLETED	GRADUATED		MAJOR FIELD OF STUDY
High School:		Yes	No	
College:		Yes	No	
Other:		Yes	No	
Other:		Yes	No	

LANGUAGES: List any foreign languages you know and indicate your level of proficiency.

LANGUAGE	SPEAK SOME		SPEAK FLUENTLY		READ		WRITE	
	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No

SPECIAL SKILLS AND EXPERIENCE: List any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

COMMENTS AND ADDITIONAL INFORMATION: Is there any additional information about you we should consider?

REFERENCES: Provide the information below for three people whom we may contact as a reference. Please do not include relatives or former supervisors.

Name & Address	Phone Number	Email Address	Occupation	Years Known

UNDERSTANDINGS AND AGREEMENTS: I understand and agree that I must provide truthful and accurate information on this application. I understand that my application may be rejected if any information is not complete, true, or accurate. If hired, I understand that I may be separated from employment if it is later discovered that information on this form was incomplete, untrue, or inaccurate. I give the Township of Greenwich the right to investigate the information I have provided and talk with former employers (except where I have indicated they may not be contacted). I give the Township of Greenwich the right to secure additional job-related information about me. I release the Township of Greenwich and its representatives from all liability for seeking such information. I understand that the Township of Greenwich is an equal opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Greenwich will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Township of Greenwich may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Greenwich may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal check.

For your application to be considered, you must sign and date below.

Applicant's Signature: _____

Date: _____

THIS PAGE IS FOR TOWNSHIP USE ONLY

Interviewer(s): _____

Date of Interview: _____ Time: _____

Interview Notes: _____



GREENWICH TOWNSHIP POLICE DEPARTMENT MEDICAL CERTIFICATION FORM

Candidate's Name: _____

Candidate's Address: _____

Candidate's Date of Birth: _____

Candidate's Social Security Number: _____

The above named candidate will participate in a physical agility test as outlined below. Kindly examine the candidate to determine his/her fitness for participation in this physical agility test.

1. SIT-UPS
2. 300 METER RUN
3. PUSH-UPS
4. 1.5 MILE RUN

The candidate is required to perform their maximum amount of exercises in the given time permitted.

Based upon the medical examination, the above named candidate is determined to be: (Check one)

Medically fit to participate in the physical agility test.

Not medically fit to participate in the physical agility test.

Physician's Name: _____

Physician's Address: _____

Physician's Signature and License Number

Date