



**HOLLAND TOWNSHIP POLICE
IN
HUNTERDON COUNTY**



**POLICE DEPARTMENT
(908) 995-4670
FAX (908) 995-4612**

61 Church Road, Milford, New Jersey 08848

**JOHN D. HARRIS, JR.
Chief of Police**

**OFFICE OF EMERGENCY MANAGEMENT
(908) 995-9629
FAX (908) 995-4612**

APPLICATION FOR POLICE OFFICER

Date: _____

This application is to be hand-printed by applicant. Complete and return to Chief of Police.

Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Address: _____

Phone No: _____ Height: _____ Weight: _____ Hair: _____

Eyes: _____ Social Security Number: _____ Birth Place: _____

How long have you lived in New Jersey? _____

Do you possess a New Jersey Driver's License? _____ Number: _____

Military Service:

Veteran: Yes: No: Branch: _____

Rank When Discharged: _____ Type of Discharge: _____

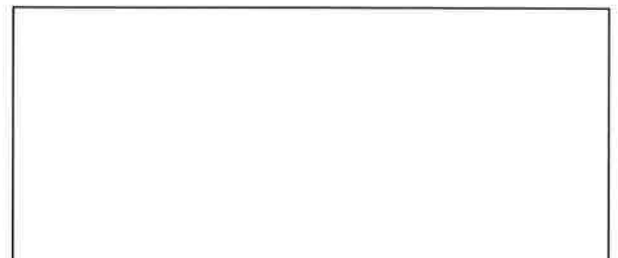
Military Occupation: _____

Dates of Service: _____

Have you had firearms training? _____

What special training did you have in the service? _____

FOR INTERNAL USE ONLY



Education: Name and Location of School: From to Graduate? Major Course

High:

College:

Other:

References:

Name and Address

Phone No.

1.

2.

3.

4.

List all police training, if any:

List previous residences for the last ten (10) years. Start with present and list back, giving dates:

Upon return of this application, applicant must provide copies of the following documents:

1. Birth Certificate
2. High School Diploma
3. College Diploma (if applicable)
4. Social Security Card
5. Driver's License
6. Military Discharge (if applicable) DD214
7. New Jersey Police Training Commission Certificate, or equivalent
8. Any and all certificates of special training
9. Notarized Release Form

I do hereby certify that all the above information on this application is true to the best of my knowledge.

Signature of Applicant: _____

With regard to the filling of the subject position, the Township shall comply with all applicable Equal Employment Opportunity and affirmative action rules and regulations, specifically, N.J.S.A. 10:5-31, *et seq.* (P.L. 1975, C. 127) and N.J.A.C. 17:27 *et seq.*



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Release Form

(Date)

To Whom It May Concern:

I, _____, the undersigned, am an applicant for the Holland Township Police Department. I understand that the above department will conduct a background investigation on my behalf. During the course of investigation, it will be necessary for them to my obtain medical, physical, scholastic, employment and police records.

I hereby give permission for any and all of the above records to be released to the Holland Township Police Department for the purpose so stated.

Signed: _____

Sworn and subscribed to before me this

_____ day of _____, _____.

-MUST BE NOTARIZED-