

New Jersey Civil Service Commission Application for Open Competitive Examination

IMPORTANT: Read the Instructions for completing Application Form

DO NOT WRITE IN THIS BOX
Closing Date 11/19/2009

Title: **Police Assistant**

Symbol: **M1152L**

\$15.00 Application Fee Required

▶ **1. FEE EXEMPTION:** If you are exempt from this fee, indicate below and **include** listed proof.

2. PAYMENT METHOD:

(Include name, address and symbol number on check/money order payable to NJCSC.)

Personal check Money order

General Assistance - A copy of your benefits ID card or letter from the local welfare director.

T.A.N.F. - A copy of your ID card which shows your case number.

S.S.I. - A copy of your latest annual award letter or Medicaid card.

INSTRUCTIONS: Please **PRINT NEATLY** and clearly in capital (uppercase) letters. Provide all information requested and insure that all information is accurate and complete. No additional information may be accepted after the last date for filing applications has passed.

3. LAST NAME:

4. FIRST NAME:

5. M. I.:

6. SOCIAL SECURITY NUMBER:

7. RESIDENCY CODE:

8. DAYTIME TELEPHONE NUMBER:

9. CITIZEN?:

YES NO

10A. MAILING ADDRESS:

CITY:

STATE: **ZIP CODE:** -

10B. E-MAIL ADDRESS:

11. VETERANS PREFERENCE:

Check this box if you are claiming veterans preference for this examination.
See Instruction Page

12. ADA ASSISTANCE:

Check this box if you require any auxiliary aid or reasonable accommodation to take this test.
See Instruction Page

13. TEST LOCATION PREFERENCES: Check the county in which you prefer to take the examination (**check only one box**).

Atlantic Co. (6) Bergen Co. (7) Camden Co. (1) Essex Co. (3) Mercer Co. (2) Monmouth Co. (4)

14. WORK LOCATION PREFERENCE FOR STATE POSITIONS: Check the box(es) for all counties in which you will accept employment.

(A) Atlantic (D) Camden (G) Essex (K) Hunterdon (N) Monmouth (R) Passaic (U) Sussex
 (B) Bergen (E) Cape May (H) Gloucester (L) Mercer (P) Morris (S) Salem (V) Union
 (C) Burlington (F) Cumberland (J) Hudson (M) Middlesex (Q) Ocean (T) Somerset (W) Warren

15. BACKGROUND DATA:

(Completion of parts A and B is voluntary. The information is used to comply with EEOC Guidelines and the N.J. State Affirmative Action Program.)

A. Check your member group:

(1) Black (4) Asian
 (2) White (5) American Indian or Alaskan Native
 (3) Hispanic

B. Gender:

(1) Male (2) Female

C. Education (Check the highest level diploma or degree you have earned):

High School Diploma or GED (A) Associate Degree (M) Master's Degree
 No degree but (S) Some College (B) Bachelor's Degree (D) Doctorate

D.

Date of Birth:
(month) (day) (year)

16. SIGNATURE: I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if my application is incomplete, it may be rejected. (**WARNING:** The Civil Service Commission may refuse to examine, or certify after examination, any applicant who makes a false statement of any material fact per NJAC 4A: 4-6.2.)

NOTE: This confidential Civil Service Commission record may be reviewed by the appointing authority of the hiring agency.

Signature: _____

Important- Complete the second page of this application

INCLUDE THE REQUIRED \$15.00 PROCESSING FEE WITH YOUR APPLICATION.

Your name, address and symbol number must appear on your check or money order. Staple payment to the application.

DO NOT MAIL CASH!

Date:
(month) (day) (year)

Title: **Police Assistant**

Symbol: **M1152L**

SS#:

17. EDUCATIONAL SECTION — COLLEGE AND GRADUATE SCHOOL List any colleges, universities, and graduate schools you have attended. If you have not yet fulfilled the educational requirements but expect to within 4 months of the closing date, please indicate the month and year of anticipated completion.

What is the name and location of the college(s) you attended?	What yrs. did you attend?	What was your major course of study?	What type of degree did you earn?	Did you graduate?	If NO, when will you graduate?	Number of credits earned?
	From: _____ To: _____			<input type="checkbox"/> Y <input type="checkbox"/> N	_____ Month / Year	
	From: _____ To: _____			<input type="checkbox"/> Y <input type="checkbox"/> N	_____ Month / Year	

18. OTHER SCHOOLS OR TRAINING COURSES — Include business, vocational, technical, and service schools you have attended that are **related** to the title for which you are applying. If it is not a full-time curriculum, be specific as to the number of hours attended.

What is the name & location of school/facility where course(s)/training was held?	What subjects or courses did you take?	What were the dates you attended?	How many hours per week did you attend?	Did you complete the program?
		_____ Month/Yr. TO Month/Yr.		<input type="checkbox"/> Y <input type="checkbox"/> N
		_____ Month/Yr. TO Month/Yr.		<input type="checkbox"/> Y <input type="checkbox"/> N

19. Use this space to describe any internships, licenses, certifications or registrations that you possess which are related to the position for which you are applying.

What type of license(s), certification(s), and/or registration(s) do you hold? In which state(s) do you hold the license(s), certification(s), and/or registration(s)? What was the original issue date of the license(s), certification(s), and/or registration(s)? What is the date of your current license(s), certification(s), and/or registration(s)?	What type of internship(s) have you completed? Where was the internship(s) completed? What were the dates of the internship(s)? How many hours per week did you take part in the internship? _____ Was it part of a college curriculum? <input type="checkbox"/> Y <input type="checkbox"/> N
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20. EMPLOYMENT RECORD — You may be declared ineligible or you may not receive proper credit for scoring purposes if you do not properly complete your application. If you held different positions with the same employer, list each position separately. Make sure you give full dates of employment (month/year), indicate whether the job was full or part time, and the number of hours worked per week. Since your application may be your only "test paper," be sure it is complete and accurate. Failure to complete your application properly may cause you to be declared ineligible, lower your score, or possibly cause you to fail. If more space is needed, attach separate sheets.

A What is the name and address of your current employer? What dates have you been employed in this position? From _____ To _____ Month/Year Month/Year	What is your title in this position? ----- Is this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) ----- How many staff members do you supervise? -----	What duties do you perform in this position that are relevant to the position for which you are applying? _____
B What is the name and address of your previous employer? What dates were you employed in this position? From _____ To _____ Month/Year Month/Year	What was your title in this position? ----- Was this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) ----- How many staff members did you supervise? -----	What duties did you perform in this position that are relevant to the position for which you are applying? _____
C What is the name and address of your previous employer? What dates were you employed in this position? From _____ To _____ Month/Year Month/Year	What was your title in this position? ----- Was this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) ----- How many staff members did you supervise? -----	What duties did you perform in this position that are relevant to the position for which you are applying? _____

INSTRUCTIONS FOR COMPLETING THE OPEN COMPETITIVE APPLICATION FORM
(READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING YOUR APPLICATION FORM)

In the box at the top of the application, PRINT the JOB TITLE and SYMBOL for which you are applying.

1. FEE EXEMPTION: If you are currently receiving General Assistance (welfare), Temporary Assistance for Needy Families (T.A.N.F.), or Supplemental Security Income (SSI), you are exempt from submitting the fee. Indicate the type of assistance you are receiving and enclose the required proof.

2. PAYMENT METHOD: Unless you are exempt as indicated above in #1, a \$15.00 fee is required for filing your application form. Send a check or money order only, payable to NJCSC. **Do not send cash. Staple payment to the application.**

NOTE: Any check returned for insufficient funds will result in the disqualification of that applicant from the selection process.

3, 4 & 5. Use capital (uppercase) letters to print your last name, first name and middle initial (if any).

6. SOCIAL SECURITY NUMBER: Your Social Security number will be kept confidential and used as your applicant I.D. number to identify correctly and track all of your records and transactions associated with the application and testing process. Collecting this data is permissible under NJSA 11A:4-1, but its submission is voluntary. If you do not provide the number, a unique number will be assigned to you. However, once assigned, you will be responsible for remembering it for any inquiries you may have concerning your application or testing process.

7. RESIDENCY CODE: If you do not live in New Jersey, enter 0000. If you live in New Jersey, enter your 4-digit residency code from the list of Residency Codes. First, find the county, and then the specific town, borough, city, or township in which you reside. Copy the corresponding code into these boxes. **Caution:** this might not be the same as your mailing address. **Failure to complete this code properly may cause you to be rejected for this examination, so please re-check this code for accuracy.**

8. Enter your daytime area code and telephone number.

9. U.S. Citizen: Check box 'Y' if you are a United States citizen and 'N' if you are not a United States citizen.

10a. MAILING ADDRESS: Clearly print your complete mailing address in capital (uppercase) letters.

CITY: Print the name of the city in your mailing address.

STATE: Enter the two-letter abbreviation of the state in your mailing address.

ZIP CODE: Enter the 5-digit (or 9-digit, if known) zip code in your mailing address.

10b. E-MAIL ADDRESS: Clearly print your personal e-mail address, if any.

11. VETERANS PREFERENCE: Check the box if you are claiming Civil Service Veterans Preference for this exam. If you have established veterans preference for exam purposes since April 1, 1980, no further action is needed. Otherwise, complete a veterans preference claim form and include the required documents. Claim forms are available on our web site at www.state.nj.us/csc and at our office at 44 S. Clinton Ave., Trenton, NJ. Completed forms should be mailed to the Department of Military and Veterans Affairs.

For more information, you may visit their web site at www.state.nj.us/military or contact them at 1-888-865-8387.

12. ADA ASSISTANCE: Check the box if you would like to be contacted regarding auxiliary aid or reasonable accommodation in taking this examination in accordance with the Americans with Disabilities Act.

13. TEST LOCATION PREFERENCE: Check the box indicating the county in which you would like to be scheduled to take an examination if one is required.

14. WORK LOCATION PREFERENCES: Complete only for State positions, i.e. symbols which begin with the letter "S." Check the box(es) for all counties in which you will accept employment.

15. BACKGROUND DATA: Completion of Parts A and B is voluntary. The information regarding member group and gender is used to comply with EEOC Guidelines and the N.J. State Affirmative Action Program. Completion of Parts C and D is mandatory. You should indicate the highest level of education that you will have completed within the next four months.

16. SIGNATURE/DATE: Sign and date the application after carefully reading the certification statement. Use a 4-digit year in the date.

17. EDUCATIONAL SECTION: Provide all educational information requested. List all colleges, universities, and graduate schools that you have attended. If you have not yet fulfilled requirements for graduation, but anticipate doing so within the next four months, indicate the month and year of anticipated graduation. If a specific degree or a specific number of credits in a given subject area is required, you must attach a copy of your college transcript or a list of the specific courses that you have taken that meet the requirement. Failure to provide this information may result in ineligibility. **If your degree was earned outside of the United States, you MUST attach a copy of an evaluation performed by a recognized evaluation service.**

18. OTHER SCHOOLS OR TRAINING COURSES: Include business, vocational, technical, and service schools you have attended that are related to the title for which you are applying.

19. INTERNSHIPS/LICENSES/CERTIFICATIONS/REGISTRATIONS: Provide the information requested as it relates to your qualifications for this position. This may include any internships, licenses, certifications, or registrations that you possess which are related to the position for which you are applying. If a specific license, certification, or registration is a requirement of the position, **attach a copy of your license, certification, or registration** to this application. Failure to do so may result in ineligibility.

20. EMPLOYMENT RECORD: Include all experience which qualifies you for this position. Refer to the specific requirements listed for each examination announcement. You must meet or exceed all listed requirements prior to the announcement closing date to be admitted to the examination.

Any false information that you write on this application is a violation of 2C:38-3, Unsworn Falsification to Authorities, and is punishable as a crime of the fourth degree.

Mail Completed Applications along with the \$15.00 application fee or proof of exemption to:

New Jersey Civil Service Commission OC Application Processing Unit
PO Box 321
Trenton, NJ 08625-0321

Residency Codes

Enter the appropriate four-digit number on the application.

Municipality	Code	Municipality	Code	Municipality	Code	Municipality	Code
Atlantic County		Rivervale Twp	0253	Haddon Heights Boro	0418	Gloucester County	
Absecon City	0101	Rochelle Park Twp	0254	Hi Nella Boro	0419	Clayton Boro	0801
Atlantic City	0102	Rockleigh Boro	0255	Laurel Springs Boro	0420	Deptford Twp	0802
Brigantine City	0103	Rutherford Boro	0256	Lawnside Boro	0421	East Greenwich Twp	0803
Buena Boro	0104	Saddle Brook Twp	0257	Lindenwald Boro	0422	Elk Twp	0804
Buena Vista Twp	0105	Saddle River Boro	0258	Magnolia Boro	0423	Franklin Twp	0805
Corbin City	0106	South Hackensack Twp	0259	Merchantville Boro	0424	Glassboro Boro	0806
Egg Harbor City	0107	Teaneck Twp	0260	Mount Ephraim Boro	0425	Greenwich Twp	0807
Egg Harbor Twp	0108	Tenafly Boro	0261	Oaklyn Boro	0426	Harrison Twp	0808
Estell Manor City	0109	Teterboro Boro	0262	Pennsauken Twp	0427	Logan Twp	0809
Folsom Boro	0110	Upper Saddle River Boro	0263	Pine Hill Boro	0428	Mantua Twp	0810
Galloway Twp	0111	Waldwick Boro	0264	Pine Valley Boro	0429	Monroe Twp	0811
Hamilton Twp	0112	Wallington Boro	0265	Runnemede Boro	0430	National Park Boro	0812
Hammoncton Town	0113	Washington Twp	0266	Somerdale Boro	0431	Newfield Boro	0813
Linwood City	0114	Westwood Boro	0267	Stratford Boro	0432	Paulsboro Boro	0814
Longport Boro	0115	Woodcliff Lake Boro	0268	Tavistock Boro	0433	Pitman Boro	0815
Margate City	0116	Wood-Ridge Boro	0269	Voorhees Twp	0434	South Harrison Twp	0816
Mullica Twp	0117	Wyckoff Twp	0270	Waterford Twp	0435	Swedesboro Boro	0817
Northfield City	0118	Burlington County		Winslow Twp	0436	Washington Twp	0818
Plainsboro City	0119	Bass River Twp	0301	Woodlynne Boro	0437	Wenonah Boro	0819
Port Republic City	0120	Beverly City	0302	Cape May County			
Somers Point City	0121	Bordentown City	0303	Avonlon Boro	0501	West Deptford Twp	0820
Ventnor City	0122	Bordentown Twp	0304	Cape May City	0502	Westville Boro	0821
Weymouth Twp	0123	Burlington City	0305	Cape May Point Boro	0503	Woodbury City	0822
Bergen County		Burlington Twp	0306	Dennis Twp	0504	Woodbury Heights Boro	0823
Allendale Boro	0201	Chesterfield Twp	0307	Lower Twp	0505	Woolwich Twp	0824
Alpine Boro	0202	Cinnaminson Twp	0308	Middle Twp	0506	Hudson County	
Bergenfield Boro	0203	Delanco Twp	0309	North Wildwood City	0507	Bayonne City	0901
Bogota Boro	0204	Delran Twp	0310	Ocean City	0508	East Newark Boro	0902
Carlstadt Boro	0205	Eastampton Twp	0311	Sea Isle City	0509	Guttenberg Town	0903
Cliffside Park Boro	0206	Edgewater Park Twp	0312	Stone Harbor Boro	0510	Harrison Town	0904
Closter Boro	0207	Evesham Twp	0313	Upper Twp	0511	Hoboken City	0905
Cresskill Boro	0208	Fieldsboro Boro	0314	West Cape May Boro	0512	Jersey City	0906
Demarest Boro	0209	Florence Twp	0315	West Wildwood Boro	0513	Kearny Town	0907
Dumont Boro	0210	Hainesport Twp	0316	Wildwood City	0514	North Bergen Twp	0908
East Rutherford Boro	0212	Lumberton Twp	0317	Wildwood Crest Boro	0515	Secaucus Town	0909
Edgewater Boro	0213	Mansfield Twp	0318	Woodbine Boro	0516	Union City	0910
Elmwood Park Boro	0211	Maple Shade Twp	0319	Cumberland County			
Emerson Boro	0214	Medford Twp	0320	Bridgeton City	0601	Weehawken Twp	0911
Englewood City	0215	Medford Lakes Boro	0321	Commercial Twp	0602	West New York Town	0912
Englewood Cliffs Boro	0216	Moorestown Twp	0322	Deerfield Twp	0603	Hunterdon County	
Fair Lawn Boro	0217	Mount Holly Twp	0323	Downe Twp	0604	Alexandria Twp	1001
Fairview Boro	0218	Mount Laurel Twp	0324	Fairfield Twp	0605	Bethlehem Twp	1002
Fort Lee Boro	0219	New Hanover Twp	0325	Greenwich Twp	0606	Bloomsbury Boro	1003
Franklin Lakes Boro	0220	North Hanover Twp	0326	Hopewell Twp	0607	Califon Boro	1004
Garfield City	0221	Palmyra Boro	0327	Lawrence Twp	0608	Clinton Town	1005
Glen Rock Boro	0222	Pemberton Boro	0328	Maurice River Twp	0609	Clinton Twp	1006
Hackensack City	0223	Pemberton Twp	0329	Millville City	0610	Delaware Twp	1007
Harrington Park Boro	0224	Riverside Twp	0330	Shiloh Boro	0611	East Amwell Twp	1008
Hasbrouck Heights Boro	0225	Riverton Boro	0331	Stow Creek Twp	0612	Flemington Boro	1009
Haworth Boro	0226	Shamong Twp	0332	Upper Deerfield Twp	0613	Franklin Twp	1010
Hillsdale Boro	0227	Southampton Twp	0333	Vineland City	0614	Frenchtown Boro	1011
Hohokus Boro	0228	Springfield Twp	0334	Essex County			
Leonia Boro	0229	Tabernacle Twp	0335	Belleville Twp	0701	Glen Gardner Boro	1012
Little Ferry Boro	0230	Washington Twp	0336	Bloomfield Twp	0702	Hampden Boro	1013
Lodi Boro	0231	Westampton Twp	0337	Caldwell Boro	0703	High Bridge Boro	1014
Lyndhurst Twp	0232	Willingboro Twp	0338	Cedar Grove Twp	0704	Holland Twp	1015
Mahwah Twp	0233	Woodland Twp	0339	East Orange City	0705	Kingwood Twp	1016
Maywood Boro	0234	Wrightstown Boro	0340	Essex Fells Boro	0706	Lambertville City	1017
Midland Park Boro	0235	Camden County		Essex Twp	0707	Lebanon Boro	1018
Montvale Boro	0236	Audubon Boro	0401	Fairfield Twp	0708	Lebanon Twp	1019
Moanachie Boro	0237	Audubon Park Boro	0402	Glen Ridge Boro	0709	Milford Boro	1020
New Milford Boro	0238	Barrington Boro	0403	Irrington Twp	0710	Raritan Twp	1021
North Arlington Boro	0239	Bellmavr Boro	0404	Livingston Twp	0711	Readington Twp	1022
Northvale Boro	0240	Berlin Boro	0405	Maplewood Twp	0712	Stockton Boro	1023
Norwood Boro	0241	Berlin Twp	0406	Millburn Twp	0713	Tewksbury Twp	1024
Onkland Boro	0242	Brooklawn Boro	0407	Montclair Twp	0714	Union Twp	1025
Old Tappan Boro	0243	Camden City	0408	Newark City	0715	West Amwell Twp	1026
Oradell Boro	0244	Cherry Hill Twp	0409	North Caldwell Boro	0716	Mercer County	
Palisades Park Boro	0245	Cheshurst Boro	0410	Nutley Twp	0717	East Windsor Twp	1101
Paramus Boro	0246	Clementon Boro	0411	Orange City Twp	0718	Ewing Twp	1102
Park Ridge Boro	0247	Collingswood Boro	0412	Roseland Boro	0719	Hamilton Twp	1103
Ramsey Boro	0248	Gibbsboro Boro	0413	South Orange Village Twp	0720	Hightstown Boro	1104
Ridgefield Boro	0249	Gloucester City	0414	Verona Twp	0721	Hopewell Boro	1105
Ridgefield Park Village	0250	Haddon Twp	0415	West Caldwell Twp	0722	Hopewell Twp	1106
Ridgewood Twp	0251	Haddonfield Boro	0416				
River Edge Boro	0252						

