



Willingboro Police Department

1 Rev. Dr. MLK Dr., Willingboro, NJ 08046



Please Read the Following Instructions Prior to Filling Out the Application

Instructions: Read every question carefully. Answer every question, leave no question unanswered. If a question is not applicable, please put N/A for the answer. An applicant who intentionally makes a false statement of a material fact or practiced or attempted to practice, any deception or fraud in this application will be rejected.

Personal Data

1. Full Name: _____
Last First Middle

2. Give any other names you have used or been known by, i.e.: Maiden Name, Legal Name Change, etc. None ()

3. Current Address: _____
No. Street Town State

4. Phone Number: Home _____ Work _____

5. Date of Birth: ____/____/____ Age: ____ Sex: ____

SS# ____/____/____ Email Address: _____

6. Driver's License Number: _____ State _____

7. Have you ever been arrested for an Indictable Crime, Disorderly Persons Offense, or Petty Disorderly Persons Offense? Yes () No ()

If yes, please explain:

8. Have your driving privileges ever been suspended in New Jersey or any other State?
Yes () No ()

If yes, please explain:

9. Have you ever been arrested for Driving While Intoxicated?
Yes () No ()

If yes, please explain:

I swear or affirm that all of the information that has been provided on this application is factual and done so with my permission:

Signature

Date

COVID-19 Addendum (please initial each statement):

1. I agree to self-monitor for illness and not attend if I have a fever or am feeling unwell. ____ initials

2. I agree to submit to temperature screening upon arrival. ____initials

3. I agree to comply with all COVID related Executive Orders from the NJ Governor AND Willingboro Township rules while on premises. _____ initials

END