





**AVAILABILITY OF APPLICANT**

8. Earliest date available for position? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Day/Full Year

9. 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 an investigation of your eligibility and fitness for the position of volunteer on the Domestic Violence Victim Response Team, including, but not limited to, knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, association, criminal records, traffic violations, residence, or otherwise. YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes" give details.

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**EDUCATIONAL DATA**

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10. Highest level of education completed: \_\_\_\_\_

11. List your proficiency in any foreign language as "slight", "good", "fluent":

LANGUAGE	SPEAK	UNDERSTAND	READ	WRITE	Slight	Good	Fluent
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**EMPLOYMENT**

12. List your last two places of employment.

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

**REFERENCES**

13. Give three (3) references (not relatives, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who has known you well for at least five (5) years, preferably those who have known you during the past five (5) years. If retired, give former occupation.

(1) Complete Name: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number: ( ) - \_\_\_\_\_

(2) Complete Name: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

(3) Complete Name: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

18. Were you ever summoned or subpoenaed to a court in a civil action or proceeding, including any involvements with Domestic Violence Restraining Orders, in this State or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction? YES \_\_\_\_\_ NO \_\_\_\_\_ Indicate every civil action or proceeding in which you were summoned or subpoenaed, or in which you were a party and also the contingent possibilities as described above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURT RECORD**

19. Have you ever been arrested or charged with any criminal violation? YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes", give date, place, charge, disposition and details:

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20. Have you ever been arrested, charged, or summoned with any offense including but not limited to Domestic Violence, disorderly persons offenses, motor vehicle violation (ie, suspended driver's license, D.U.I.), Township Ordinance, as an adult or as a juvenile? YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes", give date, place, charge, disposition and details:

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21. Do you have any prior involvement or experience with Domestic Violence, either as a victim or an accused? YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes", please give specific details: (attach additional pages if needed)

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22. Have you ever had any legal action taken against you? YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes", give pertinent data:

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23. Have you ever been fingerprinted? (Exclude this application process): YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes", list when, where and purpose:

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**DRIVING RECORD**

24. Current Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_  
Years of driving \_\_\_\_\_ do you currently or have you held a driver's license in any other state?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes", list license number and issuing state(s):

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\_\_\_\_\_  
**Full Last Name**

\_\_\_\_\_  
**Full First Name**

\_\_\_\_\_  
**Middle Initial**



I understand that any appointment tendered me will be contingent upon the results of my complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Montclair Police Department's Domestic Violence Victim Response Team. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

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Signature of Applicant

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Date