

APPLICATION FOR DOMESTIC VIOLENCE RESPONSE TEAM

| Print Name Clearly | | |
|--------------------------|------------|----------------|
| Last Name | First Name | Middle Initial |
| Current Address: | | |
| Floor # City, State, Zip | | |
| Phone: | | |
| APPLICATION NUMBER | | |
| DATE OF APPLICATION | | |
| INVESTIGATOR ASSIGNED | | |

NOTICE: Application must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete or are not legible will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size to this application, and number answers to correspond with questions.

PERSONAL HISTORY

| 1. | | <u></u> | | |
|----|--|--------------------------|------------------------|-------------------------------|
| | Full Last Name | Full First Name | e N | Aiddle Initial |
| 2. | Social Security Number | | | |
| 3. | List all names you have used in and court. Explain use of differ | | ur name has been lega | lly changed, give date, place |
| | Name A. B. C. D. | | ion | |
| 4. | Date of birth:// Month/Day/Full Y | | City, State | |
| 5. | Sex: | Eye Color | Hair Color | |
| | | RESIDENC | ES | |
| 6. | How long have you resided at you | ur current residence? | | |
| | 7a. With whom do you resid | e? | | |
| 7. | List in chronological order, each | and every place in which | you have resided as an | n adult. |
| N | ame | Address | From | То |
| _ | | | | |
| _ | | | | |
| | | | | |
| _ | | | | |

AVAILABILITY OF APPLICANT

| 8. Earliest date av | ailable for positi | ion?/ | | |
|--|---|--|---|---|
| | - | Month/Day/ | Full Year | |
| questions which is eligibility and fitn but not limited to, temperance, habit | s, or which may ess for the posit knowledge or in s, employmen | be relevant, directly or ion of volunteer on the nformation concerning t, education, subversive | Domestic Violence Victi your character, physical | with an investigation of your im Response Team, including, or mental condition, iation, criminal records, traffic |
| | | EDUCATION | NAL DATA | |
| 10. Highest level | of education cor | npleted: | | |
| 11. List your prof | iciency in any fo | oreign language as "slig | ht", "good", "fluent": | |
| LANGUAGE | SPEAK | UNDERSTAND | READ WRITE | Slight Good Fluent |
| | | | | |
| | | | | |
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| | | | | |

EMPLOYMENT

| 12. | List your last two places of employment. | |
|----------------------|---|--|
| | ployer: | |
| Ado | dress: | Address: |
| Pho | one: | Phone: |
| Dat | one:ToTo | Phone:ToToTo |
| | | REFERENCES |
| reprinch | utable standing in their communities, such as luding your physician, if you have one, who | ow employees or school teachers) who are responsible adults of a property owners, business or professional men or women has known you well for at least five a during the past five (5) years. If retired, give former |
| (1) | Complete Name: | Occupation: |
| | Number of Years Acquainted: | Occupation: |
| | Residence Address: | |
| | Business Address: | Work Phone Number: () - |
| (2) | Residence Address:Business Address: | Occupation: |
| | Home Phone Number: () | work Phone Number: () |
| (3) | Complete Name: | Occupation: |
| invens ens pro | olvements with Domestic Violence Restraini ue as a result of a recent occurrence or transa | a court in a civil action or proceeding, including any ang Orders, in this State or elsewhere, or could such a possibility action? YESNOIndicate every civil action or oppoenaed, or in which you were a party and also the contingent |

COURT RECORD

| 19. Have you ever been arrested or charged "yes", give date, place, charge, disposition | | ESNO | If |
|---|--|-----------------------|-------------------|
| | | | |
| 20. Have you ever been arrested, charged, of Violence, disorderly persons offenses, moto Ordinance, as an adult or as a juvenile? YE disposition and details: | or vehicle violation (ie, suspended | d driver's license, l | D.U.I.), Township |
| 21. Do you have any prior involvement or e YESNOIf "yes", plea | | | |
| 22. Have you ever had any legal action take pertinent data: | en against you? YESN | NOIf " <u>'</u> | yes", give |
| 23. Have you ever been fingerprinted? (Excuryes", list when, where and purpose: | clude this application process): | YESNO | If |
| | DRIVING RECORD | | |
| 24. Current Driver's License Number: | | State | |
| 24. Current Driver's License Number: | ntly or have you held a driver's li license number and issuing state(| cense in any others): | state? |
| Full Last Name | Full First Name | | Middle Initial |

| Year | Make | Registration | Insurance F | Policy Number | Owner & Address | |
|---------|------------------|--|---------------|-------------------|--|------|
| | | | | | | |
| | _ | | | | | |
| | | | | | pended, revoked, or have you ever been ory? If "yes", explain: | |
| 27. Lis | st all traffic v | violations in all Sta | ates. Include | date, place, char | rge, disposition and details. | |
| State | Date | Place | Charge | Disposition | | |
| | _ | | | | | |
| What, | if any, has b | REASON been your experience | | | OLUNTEERING | |
| | | | | | | |
| | | | | | | |
| | | n your reasons for imit your explanat | | | ne Essex County Domestic Violence Viole | etim |
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| I understand that any appointment tendered me will be continged | ent upon the results of my complete character |
|---|--|
| and fitness investigation and I am aware that willfully withhold | ling information or making false statements on |
| this application will be the basis for dismissal from the Montcla | air Police Department's Domestic Violence |
| Victim Response Team. I agree to these conditions and I hereb | y 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 | Date |
| | |