



CITY OF NEWARK POLICE DEPARTMENT  
 SPECIAL POLICE OFFICER APPLICATION  
 THIS APPLICATION MUST BE TYPEWRITTEN



IF ADDITIONAL SPACE IS NEEDED PLEASE USE 8 1/2 X 11 PAPER AND ATTACH TO APPLICATION

Please provide the following information

**Section A – RESIDENCE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Unit/Apt#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

(LIST ALL RESIDENCES DURING THE PAST 5 YEARS) LIST IN CHRONOLOGICAL ORDER

ADDRESS	CITY, STATE, ZIP CODE

**Section B – Personal Information**

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_  
 Build: \_\_\_\_\_ Complexion: \_\_\_\_\_  
 Are you a U.S. Citizen? Yes No Marital Status: \_\_\_\_\_

**Section C: Criminal History Information**

Have you ever been convicted of a crime? Yes No IF "YES" GIVE DETAILS BELOW

DATE OF ARREST	PLACE OF ARREST	CHARGE	DISPOSITION





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INSTRUCTION SHEET

1. PREPARE THIS APPLICATION IN DUPLICATE
2. APPLICANT MUST PRODUCE SIX VOUCHERS
3. BRING COMPLETED APPLICATION TO INTERVIEW
4. BRING TWO (2) 2 ½ X 2 ½, ONE (1) 3 ½ X 5 PHOTOGRAPHS SHOWING FULL FACE, FRONT VIEW OF YOURSELF
5. DO NOT REPORT ON WEEKENDS, OR ON LEGAL HOLIDAYS UNLESS INSTRUCTED
6. UPON COMPLETION OF APPLICATION, PLEASE FORWARD THE ORIGINAL APPLICATION TO THE FOLLOWING ADDRESS:

NEWARK POLICE DEPARTMENT  
OFFICE OF THE POLICE DIRECTOR  
31 GREEN STREET 4<sup>TH</sup> FLOOR  
SPECIAL LIAISON OFFICE  
NEWARK, NJ 07102

SPECIAL NOTE:

1. ALL APPLICATIONS MUST BE TYPEWRITTEN AND SIGNED ALL UNSIGNED APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED
2. EMAILED APPLICATIONS WILL NOT BE ACCEPTED
3. ALL SPECIAL POLICE APPLICANTS MUST RESIDE IN THE CITY OF NEWARK