



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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**Section C – Employment History (Please provide City, State and Zip Code for Address)**

Present Full Time Employer (Company Name):

Present Full Time Employer Address:

Present Full Time Employer Contact Phone #:

Present Part Time Employer (Company Name):

Present Part Time Employer Address:

Present Part Time Employer Contact Phone #:

**Section D – Weapon Information**

Do you own a handgun? Yes No

Do You Possess a Firearm ID Card? Yes No

Gun Caliber	Make	Model

**Section E – Voucher Information**

Please provide Six(6) Voucher's

Voucher's Name	Residence	Phone Number

**IMPORTANT: PLEASE READ AND REVIEW**

AN APPLICANT MAY BE REJECTED IF IT IS DISCOVERED THAT HE/SHE HAS INTENTIONALLY MADE A FALSE STATEMENT OF MATERIAL, FACT, OR PRACTICED, OR ATTEMPTED TO PRACTICE ANY DECEPTION OR FRAUD IN THIS APPLICATION.

I DISPOSE AND SAY I AM THE AFORE NAMED PERSON. I HAVE PERSONNALY READ AND COMPLETED EACH AND EVERY QUESTION THERIN AND I DO SOLEMNLY SWEAR THAT EACH ANSWER IS FULL, TRUE AND CORRECT BY EVERY RESPECT.

SIGNATURE OF APPLICANT:

DATE:

FOR OFFICIAL USE ONLY DO NOT WRITE BELOW

INVESTIGATOR	DATE	SIGNATURE	RANK	BADGE#
HAVE EXAMINED THIS APPLICANT AND RECOMMEND THAT IT BE:			COMMANDING OFFICER (INTERNAL AFFAIRS)	
APPROVED:	DISAPPROVED:	DATE:		
APPLICATION STATUS			CHIEF OF POLICE	
APPROVED:	DISAPPROVED:	DATE:		



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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