

POLICE DEPARTMENT OF WESTAMPTON TOWNSHIP
APPLICATION FOR DOMESTIC VIOLENCE VICTIM RESPONSE TEAM

Print

Last Name

First

Middle

To be completed by department

APPLICATION NUMBER _____

DATE OF APPLICATION _____

INVESTIGATOR ASSIGNED _____

Municipality of Westampton Township

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 that are not complete and 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 as this application, and number answers to correspond with questions.

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL HISTORY

- 1. Full name: Last, First, Middle _____ Social Security Number _____ - -
- 2. List all names you have used including nicknames. If your name has been legally changed, give date, place and court.
_____, _____, _____
Explain use of different names.

- 3. Date of birth: ____ / ____ / ____ Place of birth: _____, _____
Month, Day, Year City, State
- 4. Sex: _____ Eye Color: _____ Hair Color: _____

RESIDENCES AND CONTACT INFORMATION

- 5. Present Address: _____
(Street, City, State, Zip Code)
- 6. Home Phone Number: (____) ____ - ____ Cell (____) ____ - ____
- 7. Email Address: (all caps please) _____

AVAILABILITY & SKILLS OF APPLICANT

- 8. Earliest date available for position? ____ / ____ / ____
- 9. What educational degree(s) or professional license(s) do you possess?

- 10. Do you speak any other languages other than English? YES NO
If yes, please list languages: _____

EMPLOYMENT

- 11. List your last or current place of employment.
Employer _____
Address _____
Phone (____) ____ - ____
Dates of employment ____ / ____ / ____ - ____ / ____ / ____

Employer _____
Address _____
Phone (____) _____ - _____
Dates of employment ____ / ____ / ____ - ____ / ____ / ____

Employer _____
Address _____
Phone (____) _____ - _____
Dates of employment ____ / ____ / ____ - ____ / ____ / ____

11a. Have you ever been subjected to any disciplinary action at a place of employment?
 YES NO If yes, explain. _____

COURT RECORD

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

13. 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)

DRIVING RECORD

14. Current Driver's License Number: _____ State _____

15. Has your driver's license or vehicle registration ever been suspended, revoked, or have you ever been refused a driver's license in this State or any other State or Territory? YES NO
If "yes", explain: _____

REASON FOR APPLYING FOR VOLUNTEERING

16. What, if any, has been your personal experience in Domestic Violence?

17. Please tell us briefly your reasons for applying as a volunteer to your local Police Department's Domestic Violence Victim Response Team.

REFERENCES

18. Give three (3) references (not relatives) who are responsible adults such as, former or present employers, fellow employees or school teachers, who has known you well for at least five (5) years, preferably those who have known you during the past five (5) years. If reference is retired, give former occupation.

(1) Complete Name: _____

Number of Years Acquainted: _____ Occupation: _____

Residence Address: _____

Business Address: _____

Home Phone Number : (____) ____ - ____ Work Number: (____) ____ - ____

(2) Complete Name: _____

Number of Years Acquainted: _____ Occupation: _____

Residence Address: _____

Business Address: _____

Home Phone Number : (____) ____ - ____ Work Number: (____) ____ - ____

(3) Complete Name: _____

Number of Years Acquainted: _____ Occupation: _____

Residence Address: _____

Business Address: _____

Home Phone Number : (____) ____ - ____ Work Number: (____) ____ - ____

