



# SLEO I / SLEO II APPLICATION



LAST NAME		FIRST NAME	
DATE OF BIRTH		DATE	

Jackson Township Police Department  
**SLEO I / SLEO II APPLICATION**  
JPD (9/24)

**SECTION 1: PERSONAL**

1. YOUR FULL NAME		
LAST	FIRST	MIDDLE
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)		
<input type="checkbox"/> N/A		
3. ADDRESS WHERE YOU LIVE		
NUMBER / STREET		APT / UNIT
CITY		STATE ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)		
5. CONTACT NUMBERS		
HOME ( )	WORK ( )	EXT
OTHER ( )	<input type="checkbox"/> CELL <input type="checkbox"/> FAX	
6. LIST ALL SOCIAL MEDIA ACCOUNTS:		
7. CONTACT EMAIL	8. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)	
9. CITIZENSHIP		
Are you a U.S. citizen? .....		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? .....		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		
11. BIRTHDATE (MM/DD/YYYY)	12. SOCIAL SECURITY NUMBER	13. DRIVER'S LICENSE
	— —	NUMBER: STATE: EXPIRES:
14. PHYSICAL DESCRIPTION		
HEIGHT:	WEIGHT:	HAIR COLOR: EYE COLOR:

**SECTION 2: MILITARY EXPERIENCE**

15. Are you required to register for the Selective Service?.....		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, have you registered? .....		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF NO, explain: _____		
16. Have you ever served in the military? .....		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. If you answered "YES" to Question 44, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1-4) if applicable – refer to your DD-214: _____		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

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18.	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)		
					/	/		
ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR				
CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT			
JOB TITLE / RANK				EMAIL				
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)				
				<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Temp	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer
NAMES OF CO-WORKERS		REASON FOR WANTING TO LEAVE						
1)	2)							
Would there be a problem if we contact your current employer? .....							<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, explain:								

**SECTION 3: POSITION APPLYING FOR, CHECK ONE**

Special Law Enforcement Officer Class I.....

Special Law Enforcement Officer Class II.....