



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.....	<input type="checkbox"/>
Special Law Enforcement Officer Class II.....	<input type="checkbox"/>

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