



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



IF ADDITIONAL SPACE IS NEEDED PLEASE USE 8 ½ 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 REFERENCES
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 IN BUSINESS ATTIRE
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 4TH 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