



**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE: (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	REASON FOR LEAVING
FROM			
TO:			
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 3 YEARS.

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>

" I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT ANY PERTINENT INFORMATION THAT THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU"

Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Mail Completed Application to:

**Saddle River Police Department**  
 c/o Lt. John Gaffney  
 83 E. Allendale Road  
 Saddle River, NJ 07458