



Willingboro Police Department

1 Rev. Dr. MLK Dr., Willingboro, NJ 08046

Ph: (609) 877-3001 Fax: (609) 835-0938



Please Read the Following Instructions Prior to Filling Out the Application

Instructions: Read every question carefully. Answer every question, leave no question unanswered. If a question is not applicable, please put N/A for the answer. An applicant who intentionally makes a false statement of a material fact or practiced or attempted to practice, any deception or fraud in this application will be rejected.

Personal Data

1. Full Name: _____
Last First Middle

2. Give any other names you have used or been known by, ie: Maiden Name, Legal Name Change, etc. None()

3. Current Address: _____
No. Street Town State

4. Phone Number: Home _____ Work _____

5. Date of Birth: ____/____/____ Age: ____ Sex: ____

SS# ____/____/____

6. Drivers License Number: _____ State _____

7. Have you ever been arrested for an Indictable Crime, Disorderly Persons Offense, or Petty Disorderly Persons Offense? Yes () No ()

If yes, please
explain: _____

8. Have your driving privileges ever been suspended in New Jersey or any other State?

Yes ()

No ()

If yes, please
explain: _____

9. Have you ever been arrested for Driving While Intoxicated?

Yes ()

No ()

If yes, please
explain: _____

I swear or affirm that all of the information that has been provided on this application is factual and done so with my permission:

Signature

Date