



BRETT S. PFEIFFER
CAPTAIN



MATTHEW A. BRENNER
CHIEF OF POLICE



KYLE C. MESSICK
LIEUTENANT

Special Law Enforcement Officer- SLEO II Position

September 24, 2021

The East Greenwich Police Department seeks motivated, hardworking and determined candidate(s) for the position of Special Law Enforcement Officer – Class II. The selection process will result in the appointment of individual(s) who will possess the skills, knowledge, and abilities necessary to ensure that the department will remain an effective, professional, and respected law enforcement agency. Position will encompass Part-Time SLEO II Officer duties, compensated at a rate of **\$17.00/Hr.**

Minimum Qualifications:

1. Must already possess a valid NJ Police Training Commission (PTC) Certification for Special Law Enforcement Officer- Class II;
2. Must be legally permitted to work in the United States;
3. Must be a resident of the State of New Jersey during the term of appointment;
4. Must be at least 18 years of age;
5. Must possess and maintain a valid New Jersey Driver's License;
6. Must possess a high school diploma or it's equivalent;
7. Must be of good moral character, and must submit to an extensive Background Investigation;
8. Must pass a medical examination and have doctor complete Medical Certification Form;
9. Must pass a psychological examination;
10. Must pass a Drug Test pursuant to the NJ Attorney General's Law Enforcement Drug Testing Policy;
11. Must pass a Physical Fitness Test;
12. Must submit to an oral interview(s).

Applicants are advised that the Part-Time SLEO II position does **not** include any fringe benefits including Health benefits, vacation, sick or personal leave.

Applications may be picked up at the East Greenwich Police Department and the Township Clerk's Office, 159 Democrat Road, Mickleton, NJ 08056, or also online at: www.egpd.org or www.eastgreenwichnj.com. Applications for this position must be submitted by: **October 22, 2021 at 3:30PM.**

The East Greenwich Township Police Department is an Equal Opportunity Employer and does not discriminate against any applicant for employment, or any employee because of age, color, sex, disability, national origin, race, religion, or veteran status.

Employment Application

The Township of East Greenwich 159 Democrat Road Mickleton, NJ 08056 856-423-0654 An Equal-Opportunity Employer			Position applied for Other names under which you have worked		
Last name	First name	Middle Initial	Social Security Number		
Address			Phone Number (home/Cell)		
Town, State, Zip			Phone (Work)		
Use the bottom to explain any "YES" answer to a question with an asterisk (*)			YES	NO	
1. Can you submit proof of your US citizenship or your legal right to work in the United States?					
2. Do you have any relatives who work for Est Greenwich Township? *					
3. Are you related to any member of the East Greenwich Township Committee? *					
4. Have you been sentenced or placed on probation because you were convicted of a felony, misdemeanor, or court martial since your 18 th birthday? * (A "YES" answer does not necessarily disqualify you from employment. A "YES" answer will be evaluated on the basis of the job you apply for.)					
Use this space to explain any "YES" answers to questions with an asterisk (*). Use additional paper, if needed.					

Instructions:

- Complete all parts of this application. Incomplete applications will not be accepted.
- You may submit supplemental material such as a resume, but you **MUST** provide all information on this form, including information about places and dates of employment.
- **Begin with your current or most recent position**, and go back at least ten years. Show all employers and explain any gaps in employment. Include all paid and unpaid experience you think qualifies you for this position. Use additional sheets, if needed to show full employment history.

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name		Employer's address (include town, state, Zip)	
Name & Title of immediate supervisor			Supervisor's Phone No.
May we contact supervisor?	YES LATER NO		
Reason for leaving position			

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name		Employer's address (include town, state, Zip)	
Name & Title of immediate supervisor			Supervisor's Phone No.
May we contact supervisor? YES LATER NO			
Reason for leaving position			
Describe your duties:			

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name		Employer's address (include town, state, Zip)	
Name & Title of immediate supervisor			Supervisor's Phone No.
May we contact supervisor? YES LATER NO			
Reason for leaving position			
Describe your duties:			

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name		Employer's address (include town, state, Zip)	
Name & Title of immediate supervisor			Supervisor's Phone No.
May we contact supervisor? YES LATER NO			
Reason for leaving position			
Describe your duties:			

Education				
Did you graduate from high school:		YES	NO	
		If NO, do you have a GED?		YES
				NO
Colleges or Universities	City, State/Country	Major	Total Credits Earned	Degree received (AA, BS MBA, etc.)
Trade or other special schools	Name of course or training	Completed Satisfactory?		
		Yes	No	
List any licenses or certificates that are related to the position you seek:				
List any of your professional, trade, business, or civic activities that relate to the position you seek. (If you prefer, you do not need to list any activities that might indicate race, color, religion, gender, marital status, national origin, age or disability.)				
Driver's License				
If driving a car or other vehicle is required for this position, do you have a valid NJ driver's license?				YES
				NO
If NO, do you have a license from another US state?		YES	NO	Which state? _____
License restrictions, other than eyeglasses:				
If a Commercial Driver's License is required for this position, do you possess a valid NJ CDL?				YES
				NO
If YES, give # _____		and class of license _____		
License restrictions, other than eyeglasses:				

**Please read the following statements carefully before signing the application.
They affect your legal rights!**

I certify that all information I have provided on this application, and on any supplementary material submitted with this application, is true and correct. I hereby authorize the Township of East Greenwich to investigate the accuracy of this information, contacting any person or

organization as needed. I release the Township of East Greenwich and all persons and organizations from which it seeks information about me from all claims and liability arising out of the Township's investigation, or from supplying information about me.

I acknowledge that the Township may refuse to hire me if it discovers any false statement or incorrect or misleading information on this application or supplementary material. I further acknowledge that the Township may dismiss me immediately if it discovers, after hiring me, that there was any false statement or incorrect or misleading information on this application or supplementary material.

I understand that I must submit proof of US citizenship or the legal right to work in the US if I am hired; I also understand that I may be required to pass a pre-employment drug test, medical examination, and/or other tests relevant to the position I seek.

Applicant's signature: _____ **Date:** _____

Name _____

Last 4 Digits of SS# _____

**EAST GREENWICH TOWNSHIP POLICE
DEPARTMENT MEDICAL CERTIFICATION
FORM**

Candidate's Name _____

Social Security No. _____

Name of Course: Pre Employment Physical Assessment Course Dates: _____

Physician's Name: _____

Physician's Address: _____

Based upon the medical examination and review of the Health History Statement, the above named individual is determined to be: (Check one)

_____ Medically fit to participate in Physical Conditioning Training Program without limitation to include: 1 ½ Mile Run, Sit Ups, Pushups, 50 yard Dash, Shuttle Run and Pull-ups

Date individual will be cleared to fully participate in training program: _____

_____ Not medically fit to participate in Physical Conditioning Training Program

Physician's Signature & License No.

Date