



Ocean County Police Academy

Ocean County Sheriff's Office
County of Ocean, New Jersey



WAIVER APPLICATION CHECKLIST

NAME: _____ DEPT: _____

Before any SLEO II to BCPO Waiver is permitted to attend the Ocean County Police Academy, the following paperwork must be returned to the Academy.

DEADLINE FOR SUBMISSION OF APPLICATION IS 21 DAYS PRIOR TO START DATE

PTC-Approved School: Ocean County Police Academy

Name of Course:

Course Dates:

☐ **PTC-8 Medical Certification Form** (completed and signed by physician within last 90 days of **class start date**)

▪ **NEEDS TO BE RECEIVED BY THE ACADEMY PRIOR TO THE PRE-ACADEMY PT ASSESSMENT DATE**

☐ **Academy Pre-Service Application**

☐ **Hiring Resolution**

☐ **BCPO Agency Certification**

☐ **PTC-7 Healthy History Statement**

☐ **PTC-9 Psychological Certification Form**

☐ **Urinalysis Results** (must be sent to the **State Toxicology Laboratory ONLY** within **90** days prior to the start date of class & negative results must be received by application deadline per PTC)

Ocean County Police Academy



Academy Pre-Service Application

**For Academy Use Only**

Course

Class #

Ocean County Police Academy

Academy Pre-Service Application

I. Agency

Type of Appointment

☐

Regular Police Officer

☐

Special Police Officer Class I

☐

Special Police Officer Class II

☐

Corrections Officer

Employing Agency Name

Employing Agency County

Employing Agency ORI #

☐☐☐☐☐☐☐☐☐☐

Agency Address

City

State

Zip

Agency Executive (Chief, Director, Sheriff, Warden)

Applicant's Date of Appointment

/ /

II. Applicant Information

Name (Last)

(First)

(Middle)

Maiden (If applicable)

Social Security Number

- -

Address

City

State

Zip

Cell Phone Number

Home Phone Number

Work Phone Number

Primary Email Address

Secondary Email Address

Date of Birth

/ /

Age

Birthplace (city,state)

Gender

☐

M

☐

F

Height

Weight

Race / Ethnicity

☐

American Indian/Alaskan Native

☐

Asian

☐

African American/Black

☐

Caucasian/White

☐

Hispanic

☐

Other: _____

Marital Status

☐

Single

☐

Married

☐

Divorced

☐

Widowed

Number of Children

Driver License Number

Driver License State

SBI # (if known)

III. Emergency Contact Information

Name (Last) (First) (Middle)			Relationship to Trainee	
Agency Address	City	State	Zip	
Cell Phone Number	Home Phone Number		Work Phone Number	

IV. Work History

WORK HISTORY

Beginning with your present or most recent job, list past employers, including part time, temporary or seasonal employment.

- 1 From: _____ To: _____
Employer: _____ Phone Number: _____
Address: _____
Job Title: _____
Duties: _____
Supervisor: _____
Reason for Leaving: _____
- 2 From: _____ To: _____
Employer: _____ Phone Number: _____
Address: _____
Job Title: _____
Duties: _____
Supervisor: _____
Reason for Leaving: _____

V. Educational History

High School	City, State	Graduate?	
		Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

V. Educational History (cont.)

List in chronological order, beginning with your most recent College / University education:

- 1 College / University attended: _____
City, State: _____
Major / Minor: _____ Degree received, if any: _____
- 2 College / University attended: _____
City, State: _____
Major / Minor: _____ Degree received, if any: _____

List other schools attended (Trade, Vocational, Business, etc) in chronological order, beginning with your most recent. Give name and dates attended, course of study, certificate received and any other pertinent information.

VI. Special Qualifications/Skills/Leadership Experience

List any special licenses you hold (such as Paramedic, Pilot, Radio Operator, Scuba, etc), including licensing authority, original date of issue and date of expiration (attach copy).

List any specialized machinery or equipment in which you can operate:

If you are fluent in a foreign language, indicate each area of your level of fluency (excellent, good, fair).

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VII. Law Enforcement Experience

Number of years of Law Enforcement experience in various ranks or positions held, and the amount of time spent in each position.

Law Enforcement Agency	Position or Rank	From	To

Have you attended any New Jersey Police Academy before?

Yes ☐

No ☐

If yes, which Academy: _____

Class Type: _____

Class Number: _____

Date of Graduation: _____

Have you ever filed an appeal with the Police Training Commission?

Yes ☐

No ☐

Have you ever been dismissed from a law enforcement training program,
as a result of a positive drug test?

Yes ☐

No ☐

If you answered yes to either question please explain: _____

VIII. Legal Background Information

Have you ever been arrested or detained by a police officer or
summoned into court for anything **other than** a traffic violation?

Yes ☐

No ☐

If yes, complete the following:

Offense Alleged or Charged	Agency / Jurisdiction	Date	Disposition of Case

IX. Military Service

Have you served in the U.S. Armed Forces:

Yes ☐

No ☐

Dates of service:

From: _____

To: _____

IX. Military Service (cont.)

Branch of Service: _____

Unit Designation: _____

Highest Held Rank: _____

Type of Discharge: _____

Were you ever disciplined while in the Military Service?

(Include Court Martial, Captain's Mast, Company Punishments, etc)

Yes ☐

No ☐

If you answered yes, please explain:

X. Trainee Certification

I certify that the forgoing answers are true and correct to the best of my knowledge and belief. I also understand that any false information provided by me on this application will be grounds for immediate dismissal from the Ocean County Police Academy.

Signature of Applicant

Date

Signature of Witness

Date



PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF PUBLIC INTEGRITY AND ACCOUNTABILITY
POLICE TRAINING COMMISSION
25 MARKET STREET
PO BOX 085
TRENTON, NJ 08625-0085

MATTHEW J. PLATEAU
Attorney General

DREW SKINNER
Executive Director

HEALTH HISTORY STATEMENT

Candidate's Name _____

Last 4 SS No. _____ Date of Birth _____

Candidate's Address: _____

Candidate's Employing Agency _____

Police Training Commission - Approved School Candidate Will Attend:

Name of Course: _____

Course Dates: _____

To the Candidate: Please complete in ink the following questionnaire concerning your past and present health. If you have an electronic copy of this form, it is a fillable .pdf, which can be typed and printed but cannot be saved.

Provide details for any positive answers on this statement.
(You need not explain positive answers for question 16.)
If additional pages are necessary, reproduce the last page.
The information on this form will be used strictly to determine training eligibility and the information will be treated confidentially.

1. Name and address of family doctor _____

2. Date last seen and reason _____

3. Do you use Tobacco products? ☐ Yes ☐ No What type? _____

How often? _____ Quantity? _____

4. Do you use alcoholic beverages? ☐ Yes ☐ No If Yes, what is your approximate intake of these beverages?

	None	Occasional	Often	Drinks per week?
Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hard liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. a. Have you taken any drugs or medications prescribed by a physician in the last year? ☐ Yes ☐ No

b. Have you taken any over-the-counter or non-prescription medications in the last year? ☐ Yes ☐ No

c. Are you now on any medication? ☐ Yes ☐ No

6. a. Have you ever undergone a drug test for any employment or admission into a law enforcement training program? ☐ Yes ☐ No

b. Have you ever produced a positive result on any drug test reported in 6.a.? ☐ Yes ☐ No

7. Do you have any hearing problem or deafness? ☐ Yes ☐ No Explain:_____

8. Do you wear glasses, contact lenses or have any other eye disorder? ☐ Yes ☐ No Explain:_____

9. Do you have any dental problems? ☐ Yes ☐ No Explain:_____

10. Have you ever been hospitalized? ☐ Yes ☐ No If so, when?_____

11. Have you ever had any surgery or operations? ☐ Yes ☐ No Explain:_____

12. Do you have any physical or mental condition that would prevent you from participating in any form of strenuous, prolonged exercise? ☐ Yes ☐ No Explain:_____

13. Do you participate in any regular exercise program or sport? ☐ Yes ☐ No

Explain:_____

14. Has your weight changed in the last year? ☐ Yes ☐ No

How much? _____ (+ or - lbs.)

15. Have you ever experienced any heat stress related emergencies, including heat fatigue, heat cramps, heat exhaustion or heat stroke? ☐ Yes ☐ No Explain:_____

16. Are you pregnant? ☐ Yes ☐ No Have you ever been pregnant? ☐ Yes ☐ No

Have you given birth during the six-week period of time preceding the start of the basic course? ☐ Yes ☐ No

17. Have you ever been discharged from the armed services for medical reasons?

☐ Yes ☐ No

Family History

	<u>Age</u>	<u>Health or Cause of Death</u>		<u>Age</u>	<u>Health of Cause of Death</u>
Mother			Father		
Brothers			Sisters		

Heart and Blood Vessels

18. Have you ever had high blood pressure? ☐ Yes ☐ No When? _____

19. Have you ever had any type of heart trouble (murmer, leaky valve, rheutatic fever, heart attack, coronary?) ☐ Yes ☐ No Explain _____

20. Do you have any chest pain, skipped heart beats or palpitations? ☐ Yes ☐ No
Explain _____

21. Do you have any kind of circulation problem (cold hands or feet, leg pain while walking, varicose veins, swollen legs or ankles, vein problem, phlebitis)? ☐ Yes ☐ No
Explain _____

22. Have you ever had any type of stroke? ☐ Yes ☐ No Explain _____

Lung Problems:

23. Have you ever had any lung problem (shortness of breath, chronic cough, wheezing, asthma, emphysema, bronchitis, pneumonia)? ☐ Yes ☐ No Explain _____

24. Are you now or have you ever used inhalers? ☐ Yes ☐ No When/how often? _____

Muscle - Bone - Joint Problems

Have you ever had:

25. Any type of back problem (slipped disk, low back strain, back pain, neck pain)?
Explain _____

26. Recurrent dislocations of any joint, recurrent strains or sprains or any type of arthritis?

27. Any athletic or other injury, broken bones, requiring medical attention? _____

Nervous, Mental or Emotional Disorders

28. Have you ever had any nervous or emotional disorders (seizures, fits, epilepsy, blackouts, fainting spells, mental illness, depression, head injury or concussion)?

☐ Yes ☐ No Explain _____

Allergies

29. List and explain any allergy problems (food, rash, hay fever, sinus trouble, wheezing, reaction to medicines) _____

Blood Sugar, Blood Tests, Cancer

30 List and explain any high or low blood sugar, abnormal cholesterol, thyroid, anemia or other abnormal blood test, leukemia or cancer _____

Please list anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions. _____

Attach additional pages as necessary.

[illegible]

I understand that this Health History Statement will provide information for the physician to use in assessing my overall health for participation in a commission-approved basic course.

I hereby authorize a copy of this form to be released to the commission-approved school where I am enrolled.

I hereby certify that all statements are accurate and complete. Falsification of information on the Health History Statement may result in dismissal from the commission-approved school.

Signature in full _____ Date: _____

Print name in full: _____

PTC-7 (Rev. 06/2024)



PHILIP D. MURPHY
Governor

TAKESHA L. WAY
Lt. Governor

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF PUBLIC INTEGRITY AND ACCOUNTABILITY
POLICE TRAINING COMMISSION
25 MARKET STREET
PO BOX 085
TRENTON, NJ 08625-0085

MATTHEW J. PLATZEN
Attorney General

DREW SKIDNER
Executive Director

MEDICAL CERTIFICATION FORM
(Please Print)

Candidate's Name: _____

Last 4 SS Number: _____

Candidates's Employing Agency: _____

Agency Address: _____

PTC-Approved School
Candidate Will Attend: _____

Name of Course: _____ 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 Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program without limitations.

☐ Not medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program.

Physician's Signature and License No.

Date

**PSYCHOLOGICAL CERTIFICATION
FORM (Please Print)**

Candidate's

Name: _____

Last Four of SS # _____

Candidates's Employing Agency: _____

Agency Address: _____

PTC-Approved School

Candidate Will Attend: _____

Name of Course: _____ Course Dates: _____

Examiner's Name: _____

Examiner's Address: _____

Based upon the psychological examination, the above-named individual:

(Check one)

☐ Has passed a psychological examination in accordance with Police Training Commission Rules.

☐ Has not passed a psychological examination in accordance with Police Training Commission Rules and Regs.

_ Examiner's Signature and License No.

Date

BCPO Agency Certification Form

Trainee Name _____

Last

First

Middle Initial

Suffix

I certify that the trainee has received an appointment as a police officer and **has been granted a leave of absence with pay** during the period of the training pursuant to N.J.S.A.52:17B-69. Also, I certify that this agency has complied with the requirements of the Police Training Commission Rule N.J.A.C.13:1-8.1, including a background investigation, medical and psychological clearance, urinalysis, finger printing, and agency training.

Date _____

Agency Chief _____

Signature

I certify that this trainee has completed agency training pursuant to the Police Training Commission Rule N.J.A.C.13:1-6.1.

Date _____

Agency Chief _____

Signature



DRUG TESTING FACTS

Law enforcement trainees:

1. Trainees will be required to submit one or more urine specimens for testing while they attend a mandatory basic training course. All drug testing conducted during mandatory basic training will comply with rules and regulations established by the Police Training Commission.
2. Individual trainees may also be required to submit a urine specimen for testing when there exists reasonable suspicion to believe that the trainee is illegally using drugs. A trainee shall be ordered to submit to a drug test based on reasonable suspicion only with the approval of the county prosecutor, the chief executive officer of the trainee's agency or the academy director.

Notification of drug testing procedures:

1. All newly appointed law enforcement officers shall be informed that drug testing is mandatory during basic training. Newly appointed officers shall also be informed that a negative result is a condition of employment and that a positive result will result in:
 - a. the officer's termination from employment; and
 - b. inclusion of the officer's name in the central drug registry maintained by the Division of State Police; and
 - c. the officer being permanently barred from future law enforcement employment in New Jersey.
2. Newly appointed officers shall be further informed that the refusal to submit to a drug test shall result in their dismissal from employment and a permanent ban from future law enforcement employment in New Jersey.
3. Each police academy will include in its rules and regulations a provision implementing drug testing during basic training and consequences of a positive test result.

When a trainee tests positive for illegal drug use, subject to rules adopted by the Police Training Commission:

1. The trainee shall be immediately dismissed from basic training and suspended from employment by his or her appointing authority;
2. The trainee shall be terminated from employment as a law enforcement officer, upon final disciplinary action by the appointing authority;
3. The trainee shall be reported to the Central Drug Registry maintained by the Division of State Police; and
4. The trainee shall be permanently barred from future law enforcement employment in New Jersey.

Consequences of a refusal to submit to a drug test:

Trainees who refuse to submit to a drug test during basic training shall be immediately removed from the academy and immediately suspended from employment. Upon a finding that the trainee did in fact refuse to submit a sample, the trainee shall be terminated from law enforcement employment and permanently barred from future law enforcement employment in New Jersey. In addition, the appointing authority shall forward the trainee's name to the Central Drug Registry and note that the individual refused to submit a drug test.



DRUG TESTING TRAINEE NOTICE AND ACKNOWLEDGMENT

I, _____, understand that as part of the program of training at the **OCEAN COUNTY POLICE ACADEMY**, I will undergo unannounced drug testing by urinalysis during the training period.

I understand that a negative result is a condition of my continued attendance at the academy.

I understand that I can refuse to undergo the testing. I understand that if I refuse, I will be dismissed from the academy and from my law enforcement position.

I understand that if I produce a positive test result for illegal drug use, I will be dismissed from the academy.

I understand that if I produce a positive rest result for illegal drug use, the academy will notify my employer of the positive test result. In addition, I will be permanently dismissed from my law enforcement position.

I understand that if I produce a positive test result for illegal drug use, that information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to law enforcement employment.

I understand that if I produce a positive test result for illegal drug use, I will be permanently barred from serving as a law enforcement officer in New Jersey.

I have read and I understand the information contained on this "Trainee Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as part of the academy training program.

Signature of Applicant and Date

Signature of Witness and Date