

Florham Park Police Department

Per-Diem Dispatcher Hiring Announcement

The Florham Park Police Department is currently accepting applications for the position of Part Time/Per Diem Dispatcher. The following conditions must be met;

- Applicants must submit an application with a completed waiver form signed by a Notary and a resume during the application period.
- Applicants must be at least 18 years of age, possess a valid New Jersey driver's license, be a resident of the State of New Jersey and a citizen of the United States.
- Applicants must be available on short notice, be willing to work 12 hour shifts during the day, at night, on the weekends and on holidays.
- Applicants must be able to multitask and have above average communication skills.
- Applicants must be able to pass a medical, psychological and drug examinations, as well as pass an exhaustive background investigation.
- Pay for the position is \$20.00 per hour.
- The Borough of Florham Park is an Equal Opportunity Employer
- Applications must be received by 4:00 PM on March 31, 2025.

Applications are available at the Police Dispatch desk, located in Police Headquarters, at 111 Ridgedale Avenue, Florham Park, NJ 07932, or on the Police Department website at FPPD.net

Interested applicants can also request an application via email at the following address;

PIO@fppd.net

Florham Park Police Department

111 Ridgedale Avenue ♦ Florham Park, NJ 07932

Employment Application

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Please complete all applicable area. Please PRINT your answers. Do not type. Do not leave any blocks empty.
If a block does not apply to you, please print N/A.

Biographical Information

Position you are applying for:		Date		Telephone #		
Name			Nickname		Social Security Number	
Street Address			City		State	Zip code
Place of Birth	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex	Height	Weight	Eye Color	Complexion
Drivers License Number		State	Marital Status	Number of Children		Blood Type
Nearest Relative		Address			Relationship	

Educational Background

Years of High School Completed _____ Graduated GED
 Years of College Completed _____ Graduated Degree in: _____

Please List All Schools Attended. Start with the most recent

1) _____

2) _____

3) _____

4) _____

Employment Background

Please Enter your previous work record. Start with the most recent employer and finish with you first employer.

Employer	Position		Supervisor
Address	Start Date	End Date	Reason for Leaving
Employer	Position		Supervisor
Address	Start Date	End Date	Reason for Leaving
Employer	Position		Supervisor
Address	Start Date	End Date	Reason for Leaving
Employer	Position		Supervisor
Address	Start Date	End Date	Reason for Leaving

Background Questions

Do you have any previous police experience? Yes No
If yes, please describe.

Have you ever been arrested or indicted for any crime or violation other than a motor vehicle violation? Yes No
If yes, please explain.

Please list below any special qualifications, licenses, certifications or endorsements that you have:

Do you own any firearms? Yes No
If yes, please list

Are you a member of any clubs or fraternal organizations? Yes No
If yes, please list

Do you have any hobbies? Yes No
If yes, please list

Do you speak any foreign languages? Yes No
If yes, please list

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Employment Application

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Military Service

Do you have any Military Service Yes No

Branch of Service

Rank:

Years of Service:

References

Please list 3 non-family references

Reference #1 Name	Relationship	Years Acquainted		Home Phone #
Address	City	State	Zip	Alternate Phone #
Reference #2 Name	Relationship	Years Acquainted		Home Phone #
Address	City	State	Zip	Alternate Phone #
Reference #3 Name	Relationship	Years Acquainted		Home Phone #
Address	City	State	Zip	Alternate Phone #

Motor Vehicle Background

Do you own or lease any motor vehicles? Yes No

If yes, please list

Make	Model	Year	Color	Registration	State	Expiration

Have you ever been involved in a motor vehicle accident? Yes No

If yes, please list

Date	Municipality	Injuries?	Property Damage?	Summons Issued?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been issued a motor vehicle Summons? Yes No

If yes, please list

Date	Municipality	Violation	Outcome

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111 Ridgedale Avenue ♦ Florham Park, NJ 07932

Authorization & Release Form

STATE OF NEW JERSEY
COUNTY OF MORRIS

AUTHORIZATION & RELEASE OF INFORMATION

I, _____, hereby voluntarily request and authorize you to furnish to the Borough of Florham Park, Morris County, New Jersey, USA, ("Borough") and its Police Department any and all data, documents, test results, records, studies, materials and other information, in your possession, or to which you have access, concerning my personal history, physical health, psychological health, employment history, abilities, disabilities, schooling, fitness for employment, and any and all other information deemed necessary by the Borough, for the purpose of determining my fitness to be hired by the Borough as an employee and/or officer.

I, hereby, further agree that the authorization contained herein shall continue for the entire period of my application for employment and as an office holder in the Borough. I also understand and agree that by executing this authorization, I am voluntarily waiving any and all legal rights and privileges I may have under applicable law in the confidentiality of the records, data, test results, studies, information and materials which I am releasing to the Borough, for the purpose(s) set forth in the preceding paragraph. I explicitly understand the information in my health record may include information related to sexually transmitted diseases, acquired immunodeficiency virus (AIDS) and HIV. It may also include information about behavioral or mental health services, and treatment for substance abuse or chemical dependency. In addition, I understand and agree that the Borough may share the records, data, test results, studies, information and materials which, I am authorizing to be transmitted to the Borough, with the Borough's staff and professionals, the NJ Dept. of Personnel, to the extent the Borough considers same necessary for the purpose(s) stated in the first paragraph of this authorization. In addition information, materials, and documents may be released to any other law enforcement agency on my behalf as requested.

I understand that I may revoke this authorization at any time and that I must do so in writing and present my written revocation to the Borough's Administrator or, if I am an applicant, employee, officer, or official in the police department, to the Chief of Police. Likewise, I understand, and agree, that in the event that I revoke this authorization, that revocation will constitute "just cause" to deny my application for employment or to terminate my office, position and employment with the Borough.

By signing this authorization, I FOREVER RELEASE AND HOLD HARMLESS The Borough, its officials, employees, professionals and any entity or person acting for or in concert with the Borough, from all liability and damages which may result from the disclosure or release of any and all information, records, data, tests results, documents, records, studies and other information pursuant to this authorization and release.

A photocopy of this authorization and release form will be valid as an original thereof, even though the said photocopy does not contain original writing of my signature.

I have read and fully understand the contents of this "AUTHORIZATION AND RELAEASE"

Any information obtained by the Borough pursuant to this Authorization and Release will be held by the Borough in the strictest confidence.

Subscribed and sworn to before me

This _____ Day of _____ AD 20 _____

NOTARY PUBLIC OF NEW JERSEY

My Commission Expires _____

Print Name

Signature

Address

Phone Number

Date of Birth Social Security #