



## BERGEN COUNTY S.P.C.A. LAW ENFORCEMENT DIVISION



P.O. BOX 4111 SOUTH HACKENSACK, NEW JERSEY 07606  
P: (201) 573-8900 F: (201) 225-9731

### **APPLICATION FOR MEMBERSHIP**

***Humane Law Enforcement Officer (HLEO)***

***Humane Law Enforcement Agent (HLEA)***

Dear Applicant,

Thank you for your interest in becoming a volunteer Humane Law Enforcement Officer (HLEO) or Humane Law Enforcement Agent (HLEA) with the Bergen County S.P.C.A. Working with our agency in furtherance of our mission will be very demanding task – please make sure you can fully commit to the agency and meet the eligibility requirements before you apply.

In order to be considered for membership in the Bergen County S.P.C.A. Law Enforcement Division, you must meet the following eligibility requirements:

- Must be a resident of New Jersey and a United States Citizen
- Must live or work in Bergen County, NJ (may be waived under special circumstances)
- Must possess a valid NJ driver's license
- Must be 18 years of age or older
- Must not have a criminal history and must be of good moral character
- Must possess a high school diploma or G.E.D.
- Must be able to attend **80 hour** Basic Course for Humane Law Enforcement Officers - Phase 1
- Must be able to attend **80 hour** Basic Course for Humane Law Enforcement Officers - Phase 2, which includes:
  - I. **40 hour** Division of Criminal Justice Use of Force training (HLEO's ONLY)
  - II. **40 hour** Division of Criminal Justice Firearms Qualification training (HLEO's ONLY)
- Must have the ability to perform all tasks and duties of a Humane Law Enforcement Officer (HLEO) or Humane Law Enforcement Agent (HLEA)

Please follow these steps to apply:

1. Complete the application and return it to the Bergen County S.P.C.A. at the PO Box provided above.
2. Include a \$25.00 check or money order made out to the "Bergen County S.P.C.A." This fee will serve as the application fee and if selected for membership this fee will also serve as your first year dues to the organization.
3. Application must be typed or printed legibly in black or blue ink.
4. All questions must be answered. If a question does not apply, enter "N/A" in the space provided. Incomplete applications will not be considered.
5. If space provided is not sufficient you may attach supplemental pages.
6. Distribute the enclosed reference forms to two people who know you well (non-family members). These forms should be returned directly to the Bergen County S.P.C.A.

Notice: The following documents must be attached to this application.

- Copy of NJ Driver's License.
- Copy of high school diploma or approved G.E.D.
- Copy of any prior Police Training Certificates (if applicable).
- Two (2) recent passport style photographs (waist up, full-face view, white background).

Once your application has been received, the selection process will be as follows:

1. If you pass the application stage, you will be contacted to arrange an interview with the Badge & Membership Committee.
2. After your interview, a final decision will be made regarding your ability to meet the job performance requirements.
3. If chosen to continue the process, you will be required to submit to a drug test and background investigation.
4. You will serve a Probationary Period of at least 180 days during which you will participate in field and classroom training.
5. You will be evaluated and expected to reach certain performance levels during your probationary period. Failure to reach certain requirements or benchmarks may result in the termination of your membership.

If you have any questions about the application process or about membership in the Law Enforcement Division, please contact us. We would like to thank you once again for your interest in the Bergen County S.P.C.A. and for taking the time to complete our application.

Yours truly,  
Bergen County S.P.C.A.



**BERGEN COUNTY S.P.C.A.  
LAW ENFORCEMENT DIVISION**



P.O. Box 4111 SOUTH HACKENSACK, NEW JERSEY 07606  
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**APPLICATION CHECKLIST**

***FOR USE BY BADGE & MEMBERSHIP COMMITTEE ONLY.***

***PLEASE RETURN WITH APPLICATION.***

***DO NOT WRITE ON THIS FORM.***

APPLICANT NAME \_\_\_\_\_

**DOCUMENTS RECEIVED**

- \_\_\_ Application
- \_\_\_ Reference #1 \_\_\_\_\_
- \_\_\_ Reference #2 \_\_\_\_\_
- \_\_\_ Copies of high school diploma or GED
- \_\_\_ Copies of certifications
- \_\_\_ Copy of driver license
- \_\_\_ Passport photos

Application complete on \_\_\_\_\_

**INTERVIEW AND ACCEPTANCE**

Date of Interview \_\_\_\_\_ Interviewed by \_\_\_\_\_

Badge & Membership Committee Action \_\_\_\_\_

Physical and Drug Test Results \_\_\_\_\_

Probationary Membership Start Date \_\_\_\_\_

**PROGRESSION OF PROBATIONARY MEMBERSHIP**

180 day probationary period ends on \_\_\_\_\_

Probationary period, passed or failed \_\_\_\_\_

Comments, if needed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BERGEN COUNTY S.P.C.A.**  
**LAW ENFORCEMENT DIVISION**



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**MEMBERSHIP APPLICATION**

**PERSONAL**

NAME \_\_\_\_\_ SEX M / F DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
NUMBER & STREET (APT#) CITY STATE ZIP

PHONE \_\_\_\_\_  
HOME WORK/DORM MOBILE OTHER

CITIZENSHIP \_\_\_\_\_ SSN \_\_\_\_\_ EMAIL \_\_\_\_\_

HEIGHT \_\_\_\_ *ft* \_\_\_\_ *in* WEIGHT \_\_\_\_ *lbs* EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_ If under 2 years, provide previous address at end of application.

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_  
NAME CITY, STATE GRADE COMPLETED DATE OF GRADUATION

COLLEGES OR UNIVERSITIES ATTENDED

NAME	CITY & STATE	TYPE OF DEGREE	MAJOR	CREDITS	DATES ATTENDED	
					from	to

**TRAINING AND CERTIFICATIONS**

LAW ENFORCEMENT CERTIFICATION(S) \_\_\_\_\_

EMT/FIRE CERTIFICATION \_\_\_\_\_  
STATE NUMBER DATE OF ORIGINAL CERTIFICATION EXPIRATION

CPR CERTIFICATION \_\_\_\_\_  
CERTIFYING AGENCY / LEVEL DATE OF ORIGINAL CERTIFICATION EXPIRATION

OTHER PUBLIC SAFETY TRAINING \_\_\_\_\_

**MILITARY SERVICE**

BRANCH	DATES	RANK
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TYPE OF DISCHARGE	SERVICE NUMBER
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JOB DESCRIPTION AND TRAINING \_\_\_\_\_

## DRIVING RECORD

LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

POINTS AGAINST \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

IS YOUR DRIVING PRIVILEGE CURRENTLY SUSPENDED OR REVOKED?    **YES / NO**

HAS YOUR DRIVING PRIVILEGE EVER BEEN SUSPENDED OR REVOKED IN ANY STATE?    **YES / NO**

HAVE YOU EVER BEEN A DRIVER IN AN MVA?    **YES / NO**

HAVE YOU EVER BEEN ISSUED A SUMMONS/TICKET FOR A MOTOR VEHICLE VIOLATION?    **YES / NO**

(IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

EMPLOYER #1 (MOST RECENT)	DATES	SUPERVISOR
ADDRESS		PHONE
POSITION	REASON FOR LEAVING	
EMPLOYER #2	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #3	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #4	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #5	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	

THE BERGEN COUNTY SPCA MAY CONTACT ANY OF THE ABOVE EMPLOYERS FOR REFERENCES. IF YOU DO NOT WISH FOR ANY OF THE ABOVE EMPLOYERS TO BE CONTACTED, PLEASE DO NOT LIST A PHONE NUMBER FOR THOSE SUPERVISORS.



## VOLUNTEER EXPERIENCE/HISTORY

#1 (MOST RECENT)	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION		REASON FOR LEAVING
#2	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION		REASON FOR LEAVING
#3	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION		REASON FOR LEAVING
#4	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION		REASON FOR LEAVING
#5	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION		REASON FOR LEAVING

THE BERGEN COUNTY SPCA MAY CONTACT THE ABOVE SUPERVISORS FOR REFERENCES.

## PERSONAL REFERENCES

A REFERENCE FORM SHOULD BE GIVEN TO EACH INDIVIDUAL LISTED BELOW. THESE PEOPLE SHOULD NOT BE RELATED TO YOU; BUT SHOULD BE ABLE TO COMMENT ON YOUR EDUCATION, WORK EXPERIENCE, COMMUNITY INVOLVEMENT, AND/OR CHARACTER.

NAME	ADDRESS	OCCUPATION/RELATION

## GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION, OR IMPRISONED FOR ANY CRIMINAL OFFENSE? IF YES, PLEASE EXPLAIN BELOW.	YES	NO
HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION, PAID OR VOLUNTEER? IF YES, PLEASE EXPLAIN BELOW.	YES	NO
HAVE BEEN INDICTED FOR A FELONY THAT WAS NOT RESOLVED WITH COMPLETE DISMISSAL OR FINDING OF NOT GUILTY? IF YES, PLEASE LIST DETAILS BELOW.	YES	NO
HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF ANY PUBLIC SAFETY OR EMERGENCY SERVICES AGENCY? IF YES, PLEASE LIST BELOW.	YES	NO
HAVE YOU EVER BEEN DENIED MEMBERSHIP OR EMPLOYMENT IN ANY PUBLIC SAFETY OR EMERGENCY SERVICES AGENCY? IF YES, PLEASE PROVIDE DETAILS BELOW.	YES	NO
HAVE YOU EVER BEEN INVOLVED IN A DISCIPLINARY ACTION WITH ANY PUBLIC SAFETY OR EMERGENCY SERVICES AGENCY? IF YES, PLEASE PROVIDE DETAILS BELOW.	YES	NO

DEPARTMENT OR AGENCY	PHONE	DATES	SUPERVISOR

Space to explain (if needed) for the three questions above:

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## ABILITY TO PERFORM TASKS

Do you have any physicals conditions or impediments which might, in any way, hinder your ability to perform the tasks of a Humane Law Enforcement Officer (HLEO) or a Humane Law Enforcement Agent (HLEA)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you had any recent or past operations/illnesses or other conditions which might in any way, hinder your ability to perform the tasks of the positions noted above?

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Approximately how many hours per week can you devote to the organization? \_\_\_\_\_

## PERSONAL STATEMENTS

Why do you wish to volunteer for the Bergen County S.P.C.A. Law Enforcement Division?

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What do **YOU** expect to gain if you are selected for membership?

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What do you expect the Bergen County S.P.C.A. to gain from having you as a member?

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## OTHER INFORMATION

What types of animals are you familiar with? \_\_\_\_\_

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Please list any other information (certifications, areas of expertise, etc.) that you feel is beneficial to your consideration for membership. \_\_\_\_\_

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## FURTHER ANSWERS

Please use this space to continue answering any questions in previous sections of the application. Or add your own page if you need more room.

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## SIGNATURE AND RELEASE

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application and/or in my discharge from the Bergen County S.P.C.A.

By signing below, I hereby authorize the Bergen County S.P.C.A. and its officers or delegates to conduct any background investigations necessary to verify the above information. I understand that any offer of membership is contingent upon successfully passing a medical and/or psychological clearance examination and/or urine drug screen administered by the departments delegate, and by signing below I give my consent for that examination.

SIGNATURE OF APPLICANT, DATE



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P.O. Box 4111 SOUTH HACKENSACK, NEW JERSEY 07606  
P: (201) 573-8900 F: (201) 225-9731

## REFERENCE FORM #1

APPLICANT NAME \_\_\_\_\_  
LAST FIRST MIDDLE

I hereby authorize the reference listed below to provide the requested background and personal information to the Bergen County S.P.C.A., its officers, directors, or delegates. I acknowledge that the completed reference form is the property of the Bergen County S.P.C.A., and I further waive any right I may have to review this reference form.

SIGNATURE OF APPLICANT, DATE \_\_\_\_\_

**TO THE REFERENCE:** The above named individual has applied for membership with the Bergen County S.P.C.A. Law Enforcement Division, and you have been given as a reference. References are required as part of the application, but your response is voluntary. If you choose to act as a reference, the information you provide may be relied upon by the agency in determining whether or not to grant membership to the applicant. Please answer the following questions honestly as they apply to the applicant. Where possible, it would be helpful if you could provide an example or anecdote to illustrate your comments. If you require more space to provide an adequate answer, please feel free to attach additional pages. If you would like, you may respond in a different format on separate paper, but, if you do so, please return this form as well. **PLEASE RETURN THIS FORM DIRECTLY TO THE AGENCY AT THE ADDRESS ABOVE, ATTENTION BADGE & MEMBERSHIP COMMITTEE.**

Chartered in 1927, the Bergen County Society for the Prevention of Cruelty to Animals (S.P.C.A.) is a 501c3 non-profit, all volunteer, humane law enforcement agency authorized to investigate and prosecute alleged acts of animal cruelty, abuse, and neglect in Bergen County, New Jersey. Members must be of good moral character, reliable, trustworthy, and able to perform as part of a team within a command structure under stressful emergencies and sometimes in hazardous situations.

REFERENCE NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER & STREET (APT#) CITY STATE ZIP

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
DAY EVENING

For how long and in what capacity have you known the applicant? \_\_\_\_\_

How frequently do you have contact with him or her? \_\_\_\_\_

Is your relationship? (circle all that apply) **BUSINESS / PERSONAL / ACADEMIC / SOCIAL**

Do you know any other persons who are acquainted with the applicant? \_\_\_\_\_



PLEASE RATE THE APPLICANT ON THE FOLLOWING SCALE (1 BEING LOWEST) OR INDICATE NO OPINION

<b>Trustworthiness</b>	Uncomfortable leaving valuables around him/her.	low ..... avg ..... high 1 2 3 4 5 6 7	Entrusted with keys to residence, to use of vehicle, to keep children, etc.	No opinion
<b>Reliability</b>	Unable to keep appointments or finish tasks. Always late.	low ..... avg ..... high 1 2 3 4 5 6 7	Keeps appointments without fail, finishes all expected tasks on or ahead of schedule.	No opinion
<b>Interpersonal Skills</b>	Uncomfortable around all but a few friends.	low ..... avg ..... high 1 2 3 4 5 6 7	At ease with most people regardless of sex, age, race, nationality, culture, etc. Able to communicate with ease.	No opinion
<b>Ability to maintain confidential information</b>	Always gossiping and spreading rumors.	low ..... avg ..... high 1 2 3 4 5 6 7	Does not gossip. Entrusted with very personal information.	No opinion
<b>Ability to remain calm in stressful situations</b>	Gets excited easily. Is outwardly very emotional to the point of not being able to function.	low ..... avg ..... high 1 2 3 4 5 6 7	Thrives under stress. Able to calmly act when others panic. Aides in resolving problems.	No opinion
<b>Ability to receive constructive criticism</b>	Has never been wrong. All mistakes are attributed to others. Gets agitated and hostile.	low ..... avg ..... high 1 2 3 4 5 6 7	Continually seeks to improve. Invites suggestions. Admits mistakes without shifting blame.	No opinion

List two of the applicant's strengths. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List the applicant's primary weakness. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give an example of the applicant acting as a leader. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give an example of the applicant facing and dealing with a personal challenge. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any other comments you feel are pertinent (special abilities or talents, alcohol or drug abuse concerns, psychological instability concerns, incidents of violence or aggression, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF REFERENCE, DATE \_\_\_\_\_

THANK YOU FOR TAKING THE TIME TO HELP US EVALUATE THIS APPLICANT.  
 YOUR COMMENTS ARE VERY MUCH APPRECIATED!



# BERGEN COUNTY S.P.C.A. LAW ENFORCEMENT DIVISION



P.O. Box 4111 SOUTH HACKENSACK, NEW JERSEY 07606  
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## REFERENCE FORM #2

APPLICANT NAME \_\_\_\_\_  
LAST FIRST MIDDLE

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ADDRESS \_\_\_\_\_  
NUMBER & STREET (APT#) CITY STATE ZIP

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
DAY EVENING

For how long and in what capacity have you known the applicant? \_\_\_\_\_

How frequently do you have contact with him or her? \_\_\_\_\_

Is your relationship? (circle all that apply) **BUSINESS / PERSONAL / ACADEMIC / SOCIAL**

Do you know any other persons who are acquainted with the applicant? \_\_\_\_\_

PLEASE RATE THE APPLICANT ON THE FOLLOWING SCALE (1 BEING LOWEST) OR INDICATE NO OPINION

<b>Trustworthiness</b>	Uncomfortable leaving valuables around him/her.	low ..... avg ..... high 1 2 3 4 5 6 7	Entrusted with keys to residence, to use of vehicle, to keep children, etc.	No opinion
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 \_\_\_\_\_  
 \_\_\_\_\_

List the applicant's primary weakness. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give an example of the applicant acting as a leader. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give an example of the applicant facing and dealing with a personal challenge. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF REFERENCE, DATE \_\_\_\_\_

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