



SPCA

STATE OF NEW JERSEY
SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS
BERGEN COUNTY
LAW ENFORCEMENT DIVISION
P.O. BOX 4111 SOUTH HACKENSACK, N.J. 07606

201-573-8900

ENCLOSE
2
PHOTOS
PLEASE

NAME _____ TELEPHONE _____

ADDRESS _____

DATE OF BIRTH _____ AGE _____ HEIGHT _____ WEIGHT _____

SEX _____ COLOR OF EYES _____ COLOR OF HAIR _____

MENTAL OR PHYSICAL DISABILITY _____ (IF YES, EXPLAIN ON BACK)

ARE YOU A U.S. CITIZEN? _____

STATE PLACES OF RESIDENCE FOR PAST TEN YEARS _____

BUSINESS OR PROFESSION _____ POSITION HELD _____

NAME AND ADDRESS OF EMPLOYER _____

WORK PHONE # _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED? _____ (IF YES, EXPLAIN ON BACK)

LIST CURRENT N.J. DRIVER'S LICENSE # _____

DO YOU HOLD A CURRENT N.J. FIREARM ID#? _____ ID# _____

WHY DO YOU WISH TO BECOME A MEMBER OF THE BERGEN COUNTY S.P.C.A.? _____

WHAT LAW ENFORCEMENT EXPERIENCE DO YOU HAVE? _____

APPROX. HOW MANY HOURS CAN YOU DEVOTE TO THE ORGANIZATION MONTHLY? _____

WHAT ANIMAL ORGANIZATIONS ARE YOU NOW A MEMBER OF? _____

WHAT ANIMALS ARE YOU FAMILIAR WITH? _____

ON REVERSE, PLEASE LIST TWO PERSONAL REFERENCES NOT RELATED TO YOU.

APPLICANT SIGNATURE