



State of New Jersey

Notice of New Appointment for Law Enforcement and Corrections Officers

Division of Criminal Justice
Police Training Commission
P.O. Box 085
Trenton, NJ 08625
Phone 609-984-0960
Fax 609-984-4473

Completion of this form is required whenever a law enforcement (or corrections) officer is appointed (hired)
Please type or legibly print (in ink) all required information
Mail or fax this notice to the PTC within 30 days of the appointment date

Identification Information

1. Social Security Number			2. Name (Last) (First) (M) suffix			
3. Birth date		4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Maiden name or any previous name (Last) (First) (M) Suffix		
6. Race/Ethnicity (mark the box that best describes the applicant's race/ethnicity)				7. Education (Mark highest level completed)		
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Filipino		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Grade 11
<input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White		<input type="checkbox"/> Grade 12, no diploma
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Other _____				<input type="checkbox"/> GED
				<input type="checkbox"/> HS Diploma		<input type="checkbox"/> Bachelor's Degree
				<input type="checkbox"/> Associate Degree		<input type="checkbox"/> Master's Degree
				<input type="checkbox"/> Some College - credits completed: _____		<input type="checkbox"/> Law
						<input type="checkbox"/> Doctorate

Appointment Information

8. Employing Agency Name				9. County			
10. Employing Agency ORI		11. Job Title Code		12. Date of Appointment (mm/dd/yyyy)		13. If Civil Service, date of test (mm/dd/yyyy)	
N J							

14. Attestation of reporting official

I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry. The personnel records of this agency substantiates the information on this form.

Signature of department head or authorized designee Full name and title (type or print legibly) Date Phone

Job Title Codes

Arson Investigator	AINV	Investigator, Dept. of Corrections Internal Affairs	INVC
Auxiliary Police Officer	AUXP	Juvenile Corrections Officer	JCO
Campus Police Officer	CAMP	Juvenile Detention Officer	JDO
Chief Warrant Officer	CWO	Juvenile Parole Officer	JPO
Class 1 Special Law Enforcement Officer	SLE1	Juvenile Residential & Day Program Youth Worker	JRDP
Class 2 Special Law Enforcement Officer	SLE2	Municipal Police Officer	PO
Conrail Police Officer	RAIL	New Jersey State Police	NJSP
County Airport Security Officer	AIRP	NJ Transit Rail Police Officer	RAIL
County Corrections Officer	CCO	Other	OTHR
County Detective	CDET	Parole Officer	PARL
County Investigator	CINV	Security Officer in Housing Authorities	HOUS
County Park Police Officer	PO	Sheriff's Investigator	SHRI
County Park Ranger	CPR	Sheriff's Officer	SO
County Police Officer	PO	SPCA Officer	SPCA
Delaware River Port Authority Police	DRPA	State Conservation Officer	SCON
Department of Defense Police Officer	DEFE	State Corrections Officer	SCO
Dept. of Human Services Police Officer	HSER	State Investigator	SINV
Deputy Conservation Officer	DCO	State Park Ranger	SPR
Deputy Sheriff	DSHE		