

# The New Jersey State Fraternal Order of Constables Inc.



P.O. 1127

Union, New Jersey 07083

OFFICE - (973) 372-0150 FAX - (973) 372-5669

Peace Officers Of The World - To Protect And Serve

**A NON-PROFIT ORGANIZATION**



Members Application		Active Members <input type="checkbox"/>		Associate Members <input type="checkbox"/>		Application Date	
Last Name				First Name		Middle Initial	
Address				City		State Zip	
Date Of Birth MM / DD / YY		Home Phone		Cell Phone		Social Security Number	
City / Township / Of Appointment		Start Date		Expiration Date		<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Dominican	
Have You Completed The (SORA) <input type="checkbox"/> Yes <input type="checkbox"/> No		Completion Date		Expiration Date		Sex Eyes Height Weight Hair	

Were you previously a member of this organization?  Yes, Date(s) \_\_\_/\_\_\_/\_\_\_ Member ID # \_\_\_\_\_  No

List any relatives or friends that are members of this organization:

NAME	RELATIONSHIP
_____	_____
_____	_____

### Vehicle Information

Vehicle Identification Number	Plate	State
Vehicle ID Card Number	Make	Model
Vehicle Shield Number	Year	Color

### MISCELLANEOUS INFORMATION

Have you ever been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?  Yes  No (A conviction record will disqualify you from becoming an active member, but will not disqualify you from becoming an associate member.)  
If "Yes" please explain and describe in full detail: \_\_\_\_\_

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means?  Yes  No  
Are you able to perform the job(s) for which you were appointed?  Yes  No

### APPLICANTS CERTIFICATION - Please read carefully before signing.

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I voluntarily join this organization of my own free will. I agreed to pay an annual fee of **\$75 per year** for membership and miscellaneous fees throughout the year if called upon by this organization to further enhance my fellow constables. I agreed to abide by all the rules and regulations and code of ethics set forth by this organization and any and all municipal, county, state, and federal laws. I further agree that if found and or accused of breaking any rules, regulations, code of ethics, laws of this state and or any other state. This organization has the right after I have been found guilty of said violations by the **(BOARD OF ETHICS COMMITTEE)**, and then being voted out by all members during our earliest business meeting through due process to have me ejected from this organization. After being justifiably ejected from this organization, I give this organization's **(PRESIDENT / COMMANDER IN CHIEF)** and or his authorized subordinate the right to send a letter to the **(CLARK'S OFFICE)** that holds my commission as a constable in this state. **This letter will be for the sole purpose of having me removed from office.**

APPLICANT'S SIGNATURE	DATE
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**DO NOT WRITE - FOR COMPANY USE ONLY ANNUAL FEE \$75.00** Make all checks or money orders out to The F.O.C. Inc. **PAID**  Yes  No

Interviewed? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE _____ TIME _____  Interviewed By _____	Acceptable for Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Chief <input type="checkbox"/>	Deputy Chief - 2 <input type="checkbox"/>
	Deputy Chief - 1 <input type="checkbox"/>	Vice President <input type="checkbox"/>