

OFFICE OF EMERGENCY MANAGEMENT
NEW JERSEY STATE POLICE
P.O. BOX 7068
WEST TRENTON, NJ 08628 - 0068

PLEASE TYPE OR PRINT

First Name	Middle Initial	Last Name
<hr/>		
M ___ F ___	<hr/>	
Sex	Job Title	

(HOME INFORMATION)

(_____) _____
Phone Number _____ email _____
Emergency # we can call in case class
is cancelled at the last minute

Street / P.O Box _____

City	County	Zip
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(WORK INFORMATION)

(_____) _____
Phone Number _____ Employer _____

Street / P.O Box	email (work or home)
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City	County	Zip
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Do you have any disabilities which would require special consideration during your attendance at the course? No ___
Yes ___ Please describe and indicate and special consideration required on a separate sheet.

COURSE INFORMATION

Enter Course Requested	Date of course
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Enter Course Requested	Date of course
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List any prerequisite course (if applicable)

APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL

Signature of applicant: _____ Date :

Signature of County Coordinator _____ Date:

Fax signed applications to Field Training Squad at 609-671-0160