



# 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 609-376-2800  
Fax 609-984-4473

Completion of this form is required whenever a law enforcement officer is appointed (hired).  
Please type or legibly print all required information.  
In addition, this form can be utilized to reflect an end of service date, by completing section 13.  
Mail or fax this notice to the PTC within 30 days of the appointment or end of service date.

### Identification Information

1. Social Security Number				2. Name (Last)				(First)		(M)		suffix					
3. Birth date				4. Gender		5. Maiden name or any previous name (Last)						(First)		(M)		Suffix	
				<input type="checkbox"/> Male <input type="checkbox"/> Female													
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"/> HS Diploma		<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Master's Degree					
<input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White		<input type="checkbox"/> Grade 12, no diploma		<input type="checkbox"/> Associate Degree		<input type="checkbox"/> Some College - credits completed: _____		<input type="checkbox"/> Law					
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Other _____				<input type="checkbox"/> GED						<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. End of service date if applicable (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
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### Job Title Codes

Arson Investigator	AINV	Deputy Sheriff	DSHE
Auxiliary Police Officer	AUXP	Investigator Dept. of Corrections Internal Affairs	INVC
Campus Police Officer	CAMP	Juvenile Correctional Police Officer	JCPO
Chief Warrant Officer	CWO	Juvenile Detention Officer	JDO
Class 1 Special Law Enforcement Officer	SLE1	Juvenile Parole Officer	JPO
Class 2 Special Law Enforcement Officer	SLE2	Juvenile Residential & Day Program Youth Worker	JRDP
Class 3 Special Law Enforcement Officer	SLE3	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	Humane Law Enforcement Officer	HLEO
Delaware River Port Authority Police	DRPA	State Conservation Officer	SCON
Department of Defense Police Officer	DEFE	State Correctional Police Officer	SCPO
Dept. of Human Services Police Officer	HSER	State Investigator	SINV
Deputy Conservation Officer	DCO	State Park Ranger	SPR