

PRINT ALL INFORMATION IN BLACK INK

NAME	Last (Suffix - Jr., Sr., III, Etc.)	First	Middle
MAIDEN NAME			
HOME ADDRESS	Number & Street or R.D. Number	Apt. #	City or Town
	County	State	Zip Code
HOME TELEPHONE NUMBER		CELL PHONE NUMBER	
E-MAIL ADDRESS		DRIVERS LICENSE NUMBER	STATE ISSUED
DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RACE

Have you ever been arrested? Yes or No _____ If yes, give details below

Date	Location	Reason	Disposition

Please fill in information requested below on all motor vehicle tickets or summons you have received:

Date	Location	Violation Type	Ticket Number	Status

Name: _____

Phone: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever been convicted of a 1st, 2nd, 3rd, or 4th degree crime, or are you presently under indictment for same? (This applies to expunged convictions) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of a disorderly persons or petty disorderly persons offense in the last 36 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of any domestic violence offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been convicted of two or more offenses of Driving While Intoxicated (DWI), or Refusal to Take a Breathalyzer Test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been convicted of a DWI or Refusal Offense within the last five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you currently on probation or have you been on probation within the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently in default of any payments for alimony or child support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is your driving privilege revoked in New Jersey or in any other state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been dishonorably discharged from any branch of the military or any law enforcement agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been adjudicated delinquent in the last 5 years? (“Adjudicated delinquent” means being found guilty of an indictable offense while you were a juvenile.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you currently a fugitive from justice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever renounced your citizenship of the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have a high school diploma or GED? | <input type="checkbox"/> | <input type="checkbox"/> |

Records Release Authorization Form

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I, _____, am making application for appointment to the Long Branch Police Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Long Branch Police Department or its representatives any and all information, documents or other records pertaining to me that they may request.

I do hereby release, discharge and exonerate the Long Branch Police Department, its agents and representatives, any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Long Branch Police Department.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Signature

Date

Signed and Sealed before me on this _____ day of _____ 20_____.

[Notary Public]

Criminal History Release

I _____, hereby authorize that my fingerprints and name be checked by your department and the New Jersey State Police. I further authorize that a copy of my fingerprint record, if any, be forwarded to the Long Branch Department.

I hereby release and forgo any and all rights, remedies and or causes of action which I may have against the New Jersey State Police, the New Jersey Department of Law and Public Safety, their respective agents, officers, and representatives, the City of Long Branch, the Long Branch Police Department and their respective agents, officers, and representatives, which may result from the searches and checks performed by any of these law enforcement agencies.

Signature of Applicant

Street Address of Applicant

City and State

Date

Signed and Sealed before me on this _____ day of _____ 20_____.

[Notary Public]