



**SOUTH RIVER POLICE DEPARTMENT  
BACKGROUND PACKET  
FOR THE POSITION OF  
SPECIAL LAW ENFORCEMENT OFFICER  
(SLEO I)**

**APPLICANT** \_\_\_\_\_

**NAME: (First, Middle, Last)**

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**ADDRESS:**

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**Number/Street**

**City/Town**

**County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

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**Work Telephone Number:** \_\_\_\_\_

**Cellular Telephone Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

## INSTRUCTIONS

1. INFORMATION MUST BE SUPPLIED FOR ALL AREAS AND QUESTIONS WITHIN THIS BACKGROUND PACKET.
2. ALL INFORMATION SUPPLIED MUST BE **TRUTHFUL** AND WILL BE SUJECTED TO VERIFICATION.
3. WHEN COMPLETING THIS BACKGROUND PACKET, PRINT ALL REPLIES IN A LEGIBLE MANNER USING A BLACK INK BALL POINT PEN.
4. DO NOT WRITE IN SCRIPT.
5. BE CERTAIN TO HAVE ALL THE ATTACHED VOUCHERS SIGNED, DATED AND NOTORIZED.
6. PLEASE PROVIDE COPIES OF ALL CERTIFICATES, DIPLOMAS, BIRTH CERTIFICATES, MILITARY DISCHARGE PAPERS, **MUST** BE INCLUDED WITH THIS APPLICATION.
7. YOU MUST HAVE COPIES OF ALL YOUR COLLEGE AND HIGH SCHOOL TRANSCRIPTS MAILED DIRECTLY TO THIS DEPARTMENT, MADE ATTENTION TO THE CHIEF OF POLICE.
8. YOU WILL NEED TO OBTAIN A CERTIFIED CREDIT REPORT AS PART OF YOUR BACKGROUND INVESTIGATION. YOU WILL NOT NEED TO SUBMIT THIS PACKET AS PART OF YOUR APLICATION; HOWEVER IT WILL BE ESSENTIAL IN ORDER TO COMPLETE YOUR BACKGROUND INVESTIGATION.
9. FAILURE TO COMPLY WITH THE AFOREMENTIONED INSTRUCTIONS OR TO RETURN AN INCOMPLETE BACKGROUND PACKET BY THE DATE LISTED BELOW WILL RESULT IN YOUR AUTOMATIC REMOVAL FOR CONSIDERATION.
10. YOU MUST COMPLETE AND SUBMIT ALL THREE VOCUHERS CONTAINED IN THIS PACKET.
11. YOU MUST COMPLETE AND SUBMIT ALL THREE RELEASE AUTHORIZATION FORMS WITH YOUR BACKGROUND PACKET.
12. **THIS DOCUMENT SHALL BE SUBMITTED TO THE SOUTH RIVER POLICE DEPARTMENT NO LATER THAN 4:00 PM ON MONDAY, APRIL 15, 2024.**

THE BOROUGH OF SOUTH RIVER IS AN EQUAL EMPLOYMENT OPPURTUNITY EMPLOYER. IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, THIS APPLICATION DOES NOT CONTAIN ANY QUESTIONS PERTAINING TO YOUR MEDICAL HISTORY.

YOU WILL BE REQUIRED TO FILL OUT A MEDICAL HISTORY QUESTIONNAIRE IN THE EVENT YOU RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT.

IN THE EVENT YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS WOULD REVEAL A MEDICAL CONDITION OR DISABILITY, YOU SHOULD ANSWER THE QUESTION IN A MANNER THAT DOES NOT REVEAL YOUR MEDICAL CONDITION OR DISABILITY.

**PERSONAL INFORMATION**

Social Security Number: \_\_\_\_\_

List all names you have used including nicknames. If you have had your name legally changed, give date, place, and court that it was changed. Explain why you have had the changes made.

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Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are foreign born, list your Country of Birth \_\_\_\_\_

Port or place of entry into the United States: \_\_\_\_\_

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First address after arrival: \_\_\_\_\_

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Are you a naturalized citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Naturalization number: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Naturalization:

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List the town, county, and state where you are registered to vote.

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**RESIDENCES**

Where do you currently reside?

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How long have you resided at the above address? \_\_\_\_\_

In chronological order, state each and every place you have resided since birth, inclusive of military assignments and college.

**Dates**

**Address**

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With whom do you currently reside? List all names, Social Security number, occupation and dates of births of persons with whom you reside if other than spouse or parents.

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**MOTOR VEHICLE INFORMATION**

Do you currently possess a valid New Jersey driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently possess or have you ever possessed a driver's license from any other state or country?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to the above, please list all other prior or current driver license information, including driver license number and date of expiration.

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List your present Driver's License number and state:

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Has your driving privileges ever been revoked or suspended in any jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list ALL dates of suspension(s) as well as reason(s) for same:

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Has your motor vehicle registration ever been revoked or suspended in any jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list ALL dates of suspension(s) revocation(s) as well as reason(s) for same:

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List **ALL** motor vehicle accidents that you have been involved in as a driver, passenger or pedestrian or bicyclist. (List dates & locations).

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List **ALL** traffic violations, which you have received. Include date, place, charge, disposition and any relevant details.

Date \_\_\_\_\_ Place \_\_\_\_\_ Charge \_\_\_\_\_

Disposition \_\_\_\_\_ Details \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Charge \_\_\_\_\_

Disposition \_\_\_\_\_ Details \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Charge \_\_\_\_\_

Disposition \_\_\_\_\_ Details \_\_\_\_\_

List all motor vehicles registered in your name as well as those that you have access to:

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**SOCIAL HISTORY**

Are you single, married, separated, divorced, widowed or widower? \_\_\_\_\_

List the following information regarding marriage or marriages. Number of times married? \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

Wife maiden name / Husband \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

Wife maiden name / Husband \_\_\_\_\_

If separated state reason.

\_\_\_\_\_

If separated or divorced, what is the address of that person

\_\_\_\_\_

If you had a marriage annulled or you are divorced, list name of county and state where it occurred.

\_\_\_\_\_

\_\_\_\_\_

Are you currently supporting children born to you but that you do not reside with?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list names, mother/father, and address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If single, list name, address, and telephone number of girlfriend or boyfriend

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been a plaintiff or defendant in a Domestic Violence proceeding?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list date(s) time(s) location(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Below, provide the following information in regards to your father, mother, and any brothers or sisters.

**Name**                      **Relation**                      **Address**                      **Occupation**                      **Phone**

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**Name**                      **Relation**                      **Date of Birth**                      **Social Security Number**

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List names, address and telephone number of three (3) friends other than the vouchers

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**LEGAL INFORMATION**

Have you ever been summoned, subpoenaed or other wise requested to testify before any Municipal, State or Federal Agency, Committee, or other investigative body or Administrative Board?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide date(s) time(s) location(s)

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Have you now, or have you ever had a wage assignment or judgment against you?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide amount(s) reason(s)

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Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was the arrest for: Criminal Offense \_\_\_\_\_ Disorderly Person \_\_\_\_\_ Other \_\_\_\_\_

Have you ever been convicted of a: Criminal Offense \_\_\_\_\_ Disorderly Person \_\_\_\_\_

Petty Disorderly Person \_\_\_\_\_ Borough/Local Ordinance \_\_\_\_\_

List below information in regards to any arrest(s) checked above, include date(s), time(s), location(s) and any fines.

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Have you ever been investigated by any Law Enforcement Agency for any reason other than Law Enforcement Employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state Agency and reason(s)

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Have you ever had a Criminal Charge expunged? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state the full facts, provide dates and reason for expungement.

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Have you ever been fingerprinted? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide date(s) reason(s) and Agency(s)

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Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide date(s) by whom and reason(s)

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Have you ever been refused a Bond? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who refused and why

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**EMPLOYMENT HISTORY**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your current occupation?

\_\_\_\_\_

Who is your current employer? \_\_\_\_\_

Address \_\_\_\_\_  
                    STREET                      CITY/TOWN                      STATE                      ZIP CODE

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Type of work performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below all previous employers, addresses and immediate supervisors, nature of work, salary, and reason for leaving each position in reverse chronological order.

Employer: \_\_\_\_\_ How long \_\_\_\_\_

Address: \_\_\_\_\_

Nature of work: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ How long \_\_\_\_\_

Address: \_\_\_\_\_

Nature of work: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ How long \_\_\_\_\_

Address: \_\_\_\_\_

Nature of work: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you ever been discharged, terminated, or released from any employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

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Have you ever been subjected to disciplinary action in connection with any employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

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List below, the names of other law enforcement agencies to which you have applied. State the reason(s) why that you did not continue or were not hired for each of the agencies that you list.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Do you now or have you ever operated your own business?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

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Are you now or have you ever been involved in a business partnership?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

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**MILITARY SERVICE**

Selective Service number: \_\_\_\_\_

Have you ever served in any active military organization of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list below the military organization to which you served in along with the dates of active service.

Military Organization: \_\_\_\_\_ Highest rank achieved: \_\_\_\_\_

Entered: \_\_\_\_\_ Discharged: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ If less than Honorable list reason(s) below:

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Have you ever received disciplinary action while in the military?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

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Are you currently on inactive reserve status?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

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Are you currently serving in any reserve military organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

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**EDUCATION HISTORY**

**GRADE SCHOOL**

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Highest grade level achieved: \_\_\_\_\_ Date entered: \_\_\_\_\_ Date left: \_\_\_\_\_

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Highest grade level achieved: \_\_\_\_\_ Date entered: \_\_\_\_\_ Date left: \_\_\_\_\_

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**HIGH SCHOOL**

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Highest grade level achieved: \_\_\_\_\_ Date entered: \_\_\_\_\_ Date left: \_\_\_\_\_

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Highest grade level achieved: \_\_\_\_\_ Date entered: \_\_\_\_\_ Date Left: \_\_\_\_\_

Have you ever been subjected to any disciplinary action while in school?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COLLEGE OR UNIVERSITY**

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number or credits completed: \_\_\_\_\_ Diploma awarded: \_\_\_\_\_

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of credits completed: \_\_\_\_\_ Diploma awarded: \_\_\_\_\_

Indicate below your major field of study(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever subjected to disciplinary action of any kind while in college?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any and all extracurricular activities that you were involved with in college:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

Do you speak, read or write any language, including sign, other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below:

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List below any schools, seminars or other special training course(s) that you have attended or have obtained. List any that have Law Enforcement background first.

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**ORGANIZATION AFFILIATIONS**

The words "Subversive Organization" as used in questions 1 through 7 inclusive shall mean any group or organization which supports, follows, or which is in sympathy with the principles of any subversive doctrine that advocates the overthrow, by force, violence, or other unlawful means, of the United States Government, or of any State Government, or any political subdivision thereof.

Answer yes or no to each question. If the answer given is yes, explain details on a signed separate affidavit for each yes answer to be attached to this form.

1. Have you ever, by word of mouth, or in writing, advocated, advised or taught doctrine that the government of the United States of America, or of any state, or of any political subdivision thereof, should be overthrown or overturned by force, violence, or any unlawful means? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Are you now, or have you ever been a member of any subversive organization? Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Have you ever been connected or affiliated in any manner with or have you ever attended any meetings of any subversive organization? Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Have you ever paid dues, collected money for or made contributions to any subversive organization? Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. Have you ever participated in any parade, picket line, demonstration sponsored by any subversive organization? Yes \_\_\_\_\_ No \_\_\_\_\_
  
6. Have you ever attended or been a member of any school, camp, class, or forum sponsored by any subversive organization? Yes \_\_\_\_\_ No \_\_\_\_\_
  
7. Have you ever signed or solicited people to sign any petition sponsored or issued by any subversive organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you ever a member of any social, labor, fraternal, professional, or charitable organization? (The applicant may exclude any organization which may indicate race, religion or national origin) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list below the organizations, dates belonged, and offices held.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_



## VOUCHER FOR POLICE APPLICANT

(NOT TO BE SWORN MEMBERS OF SOUTH RIVER POLICE DEPARTMENT)

I, the Undersigned, declare that I am eighteen (18) years of age or older and have personally known the applicant, \_\_\_\_\_ for at least a period of five (5) years and I am not related to the applicant.

I will upon further request give further facts concerning the applicant as I may possess. I further understand that I may be contacted by a representative of the South River Police Department to confirm my representations.

All information will be treated as confidential.

### VOUCHER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Best hours and day(s) to contact you are: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

Please state any additional information that you may feel or believe pertinent to this application.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### VOUCHER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Best hours and day(s) to contact you are: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

Please state any additional information that you may feel or believe pertinent to this application.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Best hours and day(s) to contact you are: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

Please state any additional information that you may feel or believe pertinent to this application.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ACKNOWLEDGEMENT

I understand that all appointments are probationary for a period of one (1) year after graduation from the Police Academy during which time I must demonstrate my fitness for continued employment by the South River Police Department.

I also understand that I will be subjected to shift work and must make myself available for such assignments as needs might require and that any supplementary employment must have the express consent of the Chief of Police as in accordance with South River Police Department General Order 94-16.

I further understand that any appointment tendered to me will be contingent upon the results of a complete character and fitness investigation, background, medical and psychological examination.

I am also aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the South River Police Department.

I agree to these conditions and I certify that all the statements made by me on this application are true and completed to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IT IS THE POLICY OF THE BOROUGH OF SOUTH RIVER TO PROVIDE EQUAL OPPURTUNITY IN EMPLOYMENT ON THE BASIS OF MERIT AND FITNESS AND WITHOUT DISCRIMINATION BECAUSE OF RACE, RELIGION, COLOR, SEX, POLITICAL AFFILIATION, NATIONAL ORIGIN, PHYSICAL OR MENTAL HANDICAP, MARITAL STATUS, AGE OR MILITARY SERVICE.**





**RELEASE AUTHORIZATION**

**TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, BANKS, FINANCIAL INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES: FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.**

I, \_\_\_\_\_, have authorized the South River Police Department to conduct a full investigation into my background and activities. I will assist in any way that I am able to obtain any and all documents and information requested by the South River Police Department.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the South River Police Department.

This authorization shall supersede and countermand any prior request of authorization to the contrary.

Further, I authorize the South River Police Department to verify any and all information contained herein and to review my employment, education, and financial and criminal history, military, disciplinary and other records and information from any source as noted in this executed Authorization and Release Form.

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Subscribed and sworn to before me on this:**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**NOTARY SEAL**

\_\_\_\_\_  
**Notary Public**  
**State of New Jersey**

**My Commission Expires on:** \_\_\_\_\_



**RELEASE AUTHORIZATION**

**TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, BANKS, FINANCIAL INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES: FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.**

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Subscribed and sworn to before me on this:**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**NOTARY SEAL**

\_\_\_\_\_  
**Notary Public**  
**State of New Jersey**

**My Commission Expires on:** \_\_\_\_\_



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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Subscribed and sworn to before me on this:**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**NOTARY SEAL**

\_\_\_\_\_  
**Notary Public**  
**State of New Jersey**

**My Commission Expires on:** \_\_\_\_\_