

# ENGLISHTOWN FIRE DEPARTMENT



POST OFFICE BOX 1 – 3 SOUTH MAIN STREET – ENGLISHTOWN, NEW JERSEY 07726  
732-446-4818 • FAX 732-446-8285

Dear Prospective Member:

Enclosed is a membership packet which consists of 3 parts, The EFD Application, The Englishtown Police Department Background, and Motor Vehicle Abstract Request. All parts must be filled out in their entirety prior to application being submitted. When complete, Please email [EFDMembership@Englishtownfd.com](mailto:EFDMembership@Englishtownfd.com) to schedule a time to drop off the application. When you drop off the application you will be required to bring a standard passport size photo with you.

Once complete you are required to undergo a criminal history and background check. You will have to make an appointment with Englishtown Borough Police Dept. 732-446-7001 ext. 30. Upon calling advise them you are making a background investigation appointment for The Englishtown Fire Department. Please bring the Englishtown Police Department Background Packet (attached) with you.

After your application is submitted you will receive information to schedule a physical exam, All physical exams must be conducted by the department physician. Please make arrangements with Family Practice of Central Jersey/OHS Broad Street office Freehold Borough to make appointment 732- 780-1601. Just advise them that this is a membership application for the Englishtown Fire Department. There is no charge for the exam the Board of Fire Commissioners is billed for it. You MUST bring the state relief form application with you to be filled out by the doctor. Be sure not to separate the State Form must be left in tack to be accepted.

If you have any questions please feel free to reach out to the above email address.

Sincerely ,

Englishtown Fire Department Membership Committee

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PAGE ONE

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICATION FOR MEMBERSHIP-PLEASE TYPE OR PRINT IN INK

NAME: \_\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CELL PHONE #: \_\_\_\_-\_\_\_\_-\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOW LONG AT ABOVE ADDRESS: \_\_\_\_\_ HOW LONG IN N.J. \_\_\_\_\_

PRIOR ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ HOW LONG \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

YOU EVER APPLIED TO A FIRE DEPT. BEFORE: Yes ☐ OR No ☐

IF YES EXPLAIN:

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

RECOMMENDED BY: \_\_\_\_\_

HAVE YOU EVER PLED GUILTY TO, OR BEEN CONVICTED OF, OR BEEN ARRESTED FOR A VIOLATION OF  
ANY LAW, ORDINANCE OR TRAFFIC VIOLATION: Yes ☐ or No ☐

IF YES GIVE FULL DETAILS:

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

DO YOU HAVE A VALID DRIVERS LICENSE: Yes ☐ or No ☐ HOW LONG: \_\_\_\_\_ CLASS: \_\_\_\_\_

ANY ACCIDENTS IN THE LAST THREE (3) YEARS: Yes ☐ or No ☐

TOTAL ACTIVE POINTS AGAINST LICENSE AT THIS TIME: \_\_\_\_\_

HAVE YOU EVER HAD A LICENSE SUSPENDED: Yes ☐ or No ☐

DRIVERS LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_

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## PERSONAL DATA

MARITAL STATUS: SINGLE: ☐ MARRIED: ☐ WIDOW: ☐ DIVORCED: ☐ SEPERATED: ☐

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ MILITARY SERVICE, IF ANY: \_\_\_\_\_

BRANCH: \_\_\_\_\_ ENTERED: \_\_\_\_\_ RELEASED: \_\_\_\_\_ RANK: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

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## EDUCATION

PLEASE GIVE NAME OF SCHOOL, LOCATION, YEARS ATTENDED & YEAR GRADUATED

GRAMMAR: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ Degree: \_\_\_\_\_

BUSINESS SCHOOL: \_\_\_\_\_

HAVE YOU ANY SPECIAL QUALIFICATIONS OR TECHNICAL TRAINING:

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

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## EMPLOYMENT HISTORY

ARE YOU NOW EMPLOYED: Yes ☐ or No ☐

DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSTION HELD \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PHONE#: \_\_\_\_\_ IMMEDIATE SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSTION HELD \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PHONE#: \_\_\_\_\_ IMMEDIATE SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSTION HELD \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PHONE#: \_\_\_\_\_ IMMEDIATE SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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## EMERGENCY SERVICES HISTORY

ARE YOU A CURRENT CERTIFIED FIREFIGHTER WITHIN THE STATE OF NEW JERSEY? Yes ☐ or No ☐

IF YES, STATE ID NUMBER: \_\_\_\_\_

ARE YOU A CURRENT CERTIFIED EMERGENCY MEDICAL TECHNICIAN/PARAMEDIC WITHIN THE STATE OF NEW JERSEY? Yes ☐ or No ☐

IF YES, STATE ID NUMBER: \_\_\_\_\_

PLEASE CIRCLE YOUR HIGHEST LEVEL OF CERTIFICATION:

FIREFIGHTER      FF1 ☐      FF2 ☐      FF3 ☐      CPR ☐ EXP DATE: \_\_\_\_\_

FEMA ICS      100 ☐    200 ☐    300 ☐    400 ☐      700 ☐    800 ☐

NEW JERSEY IML      LEVEL 1 ☐      LEVEL 2 ☐      LEVEL 3 ☐

FIRE OFFICER      FO1 ☐      FO2 ☐      FO3 ☐

FIRE INSPECTOR ☐      FIRE OFFICIAL ☐

FIRE INSTRUCTOR      LEVEL 1 ☐      LEVEL 2 ☐      LEVEL 3 ☐

HAZARDOUS MATERIALS      AWARENESS ☐      OPERATIONS ☐      TECHNICIAN ☐

EXTRICATION      AWARENESS ☐      OPERATIONS ☐      TECHNICIAN ☐

CONFINED SPACE      AWARENESS ☐      OPERATIONS ☐      TECHNICIAN ☐

ROPE RESCUE      AWARENESS ☐      OPERATIONS ☐      TECHNICIAN ☐

TRENCH RESCUE      AWARENESS ☐      OPERATIONS ☐      TECHNICIAN ☐

PUMP OPERATIONS ☐      CEVO ☐      S130/S190 ☐

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## APPLICANT'S DECLARATION

IF ACCEPTANCE IS OBTAINED UNDER THIS APPLICATION, I AGREE TO COMPLY WITH ALL ORDERS, RULES AND REGULATIONS OF THIS FIRE DEPARTMENT. I FUTHER AGREE TO SUBMIT TO A MEDICAL EVALUATION, WHICH MAY INCLUDE A PHYSICAL EXAMINATION AND/ OR PSYCHOLOGICAL EVALUATION AND DRUG TESTING.

THE ANSWERS TO THE FOREGOING ARE IN MY OWN HANDWRITING OR TYPING AND ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IT IS UNDERSTOOD THAT ANY FALSE STATEMENT ON THIS APPLICATION IS SUFFICIENT CAUSE FOR REJECTION OR DISMISSAL.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

State of New Jersey                    )  
  )            ss

County of \_\_\_\_\_,)

On \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_, Notary Public in and for said county, personally appeared \_\_\_\_\_, [signer/witness] who has/have satisfactorily identified him/her/themselves as the signer(s) or witness(es) to the above referenced document.

(Affix Notary Stamp Here)

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

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## Driver History Abstract Application Request



New Jersey Motor Vehicle Commission  
Business & Government Services  
225 East State Street  
P.O. Box 142  
Trenton, NJ 08666-0142  
609-292-6100

A separate form must be completed for each record requested. You may photocopy this form for your convenience; however, each request must bear an original signature of the applicant. **No other form of request will be accepted.** For applications other than official Government use, the proper fee(s) must accompany each request in the form of a check or money order payable to: "New Jersey Motor Vehicle Commission." **DO NOT SEND CASH. Please note that the turnaround time is approximately 3-4 weeks.**

\*If you have any questions or need to obtain the status of a request sent by mail, please call 609-292-6100.

**ALL APPLICANTS MUST COMPLETE SECTIONS A, B, C, AND E OF THIS FORM. COMPLETE SECTION D, IF APPLICABLE.**  
(Please print clearly)

SECTION A – Applicant's Information		
Applicant's Name:		
Applicant Type:	<input type="checkbox"/> Individual/Business <input type="checkbox"/> Government/Law Enforcement Entity	Phone Number:
Business or Government/Law Enforcement Entity Name (if applicable):		
Street Address:		
City:	State:	Zip Code:
Applicant Driver License Number or Government Issued ID Number (Please include a photocopy of your ID):		
<b>For Government or Law Enforcement Applicants: Please include a copy of your current Government issued Identification Card. Otherwise, include a photocopy of your Driver License or a photocopy of a Passport, Birth Certificate, or any valid state or federally issued ID.</b>		
SECTION B – Information Requested		
NJ Driver License Number (If you do not have the Driver's License number, you <b>MUST</b> supply name, DOB, gender, and address):		
Name:	Date of Birth:	<input type="checkbox"/> M(Male) <input type="checkbox"/> F(Female) <input type="checkbox"/> X(Unspecified)
Street Address:		
City:	State:	Zip Code:
SECTION C - Records Requested (Check all that apply and include the specific date you want covered for each record if applicable)		
<input type="checkbox"/>	Certified Complete Driver History Abstract \$15	
<input type="checkbox"/>	Certified 5 Year Driver History Abstract \$15	
<input type="checkbox"/>	Order of Suspension \$15	Date(s): _____
<input type="checkbox"/>	Schedule of Suspension \$15	Date(s): _____
<input type="checkbox"/>	Restoration Notice \$15	Date(s): _____
<input type="checkbox"/>	Mailing List \$15	Date(s): _____
<input type="checkbox"/>	Summons \$15	Date(s): _____
<input type="checkbox"/>	Accident Report \$5	Date(s): _____

**\*\* IF YOU REQUIRE THE ISSUE DATE OF YOUR LICENSE, YOU MUST SUBMIT THE DO-11 FORM.**

## SECTION D – Purpose for the Request (required ONLY when requesting another’s record)

PLEASE READ THE BELOW SECTION OF THE NEW JERSEY DRIVER PRIVACY PROTECTION ACT, INITIAL NEXT TO THE PERMITTED USE(S) THAT APPLY TO YOUR SPECIFIC USE OF THE MVC RECORDS. THEN PROVIDE A WRITTEN EXPLANATION OF THE REASON FOR YOUR REQUEST AND INTENDED USE OF THE INFORMATION.

### USES PERMITTED BY N.J.S.A. 39:2-3.4(c)

\_\_\_\_ 1. For use by any government agency including any court or law enforcement agency carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.

*If acting on behalf of a Federal, State, or Local agency, please include a copy of an individual release consent form, the agreement with the client, or other proof that you have been retained to conduct an investigation.*

\_\_\_\_ 2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles; motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and the removal of non-owner records from the original owner records of motor vehicle manufacturers.

*Please include the documentation supporting your request if the information is to be used for motor vehicle emissions, recalls, or advisories, etc.*

\_\_\_\_ 3. For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only;

- To verify the accuracy of personal information submitted by the individual to the business or agents, employees or contractors; and
- If such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

*Please include a copy of the individual release consent form.*

\_\_\_\_ 4. For use in connection with any civil, criminal, administrative or arbitral proceeding in any Federal, State, or Local court or agency or before any self-regulating body, including service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or Local court.

*Please include the Docket number and a letter from the client confirming that you have been retained. Please provide an explanation if no Docket number has been assigned. If no Docket number is available, please submit the case file number on Attorney letterhead and include a copy of the accident report.*

\_\_\_\_ 5. For use in educational initiatives, research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals and, in the case of educational initiatives, only organ procurement organizations as aggregated, non-identifying information.

*Please include a description of the initiative or research on official letterhead.*

\_\_\_\_ 6. For use by an insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.

*Please include supporting documents for intended use.*

\_\_\_\_ 7. For use in providing notice to the owners of towed or impounded vehicles.

*Please include proof of authorization to tow or impound vehicles.*

\_\_\_\_ 8. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the "Commercial Motor Vehicle Safety Act," 49 U.S.C. App. §2710 et seq.

*Please include a copy of an individual release consent form, a copy of the insurance policy, and a copy of the agreement if done on behalf of a client.*

\_\_\_\_ 9. For use in connection with the operation of private toll transportation facilities.

**If your request does not fall under one of the above reasons:**

\_\_\_\_ 10. For use by any applicant, if the applicant demonstrates it has obtained the **notarized** written consent of the individual to whom the information pertains.

**\*Please note: If you selected number 10, a "Notarized Authorization to Release Personal Motor Vehicle Information" (Form BGS/DO-21A) must be submitted and will not be accepted unless it is acknowledged by a Notary Public or Attorney at Law.**

**Explanation of reason**

Please explain in detail your reason for requesting this information and how you plan to use it. If involving a lawsuit, please state the type of lawsuit and your relationship to the case.



**SECTION E – Terms and Conditions**

The disclosure and use of personal information \* contained in the record you have requested is governed by the “New Jersey Drivers’ Privacy Act” (NJDPPIA), N.J.S.A. 39:2-3.3 et seq. The NJDPPIA provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney’s fees and litigation costs.

*\* “Personal Information” means information that identifies an individual, including an individual’s photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver’s status.*

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. (NJDPPIA) and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPPIA.

I agree to hold the New Jersey motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another’s record, I certify that:

1. Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
2. The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
3. If the information requested is to be used “in anticipation of litigation,” pursuant to N.J.S.A. 39:2-3.4(c)4, personal information will only be used where litigation is imminent or foreseeable, or where the party on whose behalf the information is obtained has made the conscious decision to prepare a claim or defend against a probable claim;
4. In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and Federal laws that require notification of individuals in the event of unauthorized release of Person Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty-four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

\_\_\_\_\_  
Signature of Applicant (original signature only – signature  
Stamps are unacceptable)

\_\_\_\_\_  
Date

# POLICE DEPARTMENT

Settled 1688

Borough of Englishtown

Established 1888

Chief of Police  
**Peter S. Cooke, Jr.**  
(732) 446-7001 ext. 230  
[pcooke@englishtownpolice.org](mailto:pcooke@englishtownpolice.org)



15 Main Street  
Englishtown, NJ 07726-1544  
Dispatch: (732) 446-7000  
Fax: (732) 786-0212

## BACKGROUND CHECK QUESTIONS

### 2C:28-3. Unsworn falsification to authorities

**a. Statements Under Penalty.** A person commits a crime of the fourth degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN SUFFIX

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SBI #: \_\_\_\_\_ FBI #: \_\_\_\_\_

LIST ALL OTHER ADDRESSES FROM THE AGE OF 18 CHRONOLOGICALLY (MOST RECENT FIRST):

DATE FROM	DATE TO	NUMBER	STREET	CITY	STATE	ZIP
DATE FROM	DATE TO	NUMBER	STREET	CITY	STATE	ZIP
DATE FROM	DATE TO	NUMBER	STREET	CITY	STATE	ZIP
DATE FROM	DATE TO	NUMBER	STREET	CITY	STATE	ZIP
DATE FROM	DATE TO	NUMBER	STREET	CITY	STATE	ZIP
DATE FROM	DATE TO	NUMBER	STREET	CITY	STATE	ZIP
DATE FROM	DATE TO	NUMBER	STREET	CITY	STATE	ZIP

**TURN OVER AND COMPLETE REQUESTED INFORMATION ON BACK**

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ RIGHT HANDED / LEFT HANDED

CIRCLE ONE

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

HAIRSTYLE: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ COMPLEXION: \_\_\_\_\_

FACIAL HAIR: YES / NO DESCRIBE: \_\_\_\_\_ BUILD: \_\_\_\_\_

CIRCLE ONE

CORRECTIVE LENSES: YES / NO IF YES, GLASSES / CONTACTS

CIRCLE ONE

CIRCLE ONE

SEX AT BIRTH: MALE / FEMALE CURRENT SEX: MALE / FEMALE

CIRCLE ONE

CIRCLE ONE

RACE: CIRCLE ONE – **MANDATORY**

Ethnic: CIRCLE ONE – **IF APPLICABLE**

A – Asian/Pacific Islander, Non-Hispanic

AFR – African

ASIA – Asian

B – Black, Non-Hispanic

CAN – Canadian

CUBA – Cuban

I – Indian/Alaska Native, Non-Hispanic

ENG – English or British

FRCH – French

K – Black, Hispanic

GERM – German

GREK – Greek

L – White/Latin, Hispanic

HIS – Hispanic

LAT – Latino

N – Indian/Alaska Native, Hispanic

MEX – Mexican

NHIS – Non-Hispanic

P – Asian/Pacific Islander, Hispanic

PACF – Pacific Islander

RUS – Russian

U – Unknown

SCAN – Scandinavian

SPAN – Spanish

W – White, Non-Hispanic

TURK - Turkish

SCARS 2" OR LONGER: YES / NO HOW MANY: \_\_\_\_\_

CIRCLE ONE

DESCRIBE: \_\_\_\_\_

BIRTH MARKS LARGER THAN 2" DIAMETER: YES / NO HOW MANY: \_\_\_\_\_

CIRCLE ONE

DESCRIBE: \_\_\_\_\_

TATTOOS: YES / NO HOW MANY: \_\_\_\_\_

CIRCLE ONE

DESCRIBE: \_\_\_\_\_

PIERCINGS: YES / NO HOW MANY: \_\_\_\_\_

CIRCLE ONE

DESCRIBE: \_\_\_\_\_

LIST YOUR MOST DISTINGUISHING SCAR, MARK OR TATTOO: \_\_\_\_\_

PLACE OF BIRTH: (CITY, STATE or COUNTRY) \_\_\_\_\_

UNITED STATES CITIZEN: YES / NO IF NO, ARE YOU IN THE COUNTRY LEAGALLY: YES / NO / N/A  
CIRCLE ONE FOR NON U.S. CITIZENS CIRCLE ONE

DO YOU HAVE A UNITED STATES OF AMERICA PERMANENT RESIDENT CARD (GREEN CARD): YES / NO / N/A  
CIRCLE ONE FOR NON U.S. CITIZENS

DO YOU HAVE A UNITED STATES OF AMERICA EMPLOYMENT AUTHORIZATION CARD YES / NO / N/A  
CIRCLE ONE FOR NON U.S. CITIZENS

IF YES TO EITHER, LIST UNITED STATES CITIZENSHIP AND IMIGRATION SERVICES NUMBER: \_\_\_\_\_

DO YOU HAVE A UNITED STATES OF AMERICA VISA YES / NO / N/A IF YES, VISA TYPE AND CLASS: \_\_\_\_\_  
CIRCLE ONE FOR NON U.S. CITIZENS

MARITAL STATUS: SINGLE / MARRIED / DIVORCED / WIDOWED / SEPERATED / CIVIL UNION  
CIRCLE ONE

HOW MANY TIMES MARRIED: \_\_\_\_\_ MADIEN NAME: \_\_\_\_\_

LIST ANY AND ALL OTHER NAMES YOU HAVE USED CHRONOLOGICALLY (MOST RECENT FIRST):

DATE FROM	DATE TO	NAME
DATE FROM	DATE TO	NAME
DATE FROM	DATE TO	NAME
DATE FROM	DATE TO	NAME

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_

SUPERVISORS TITLE: \_\_\_\_\_ SUPERVISORS PHONE: \_\_\_\_\_

IS THE PERSON NAMED ABOVE AUTHORIZED TO VERIFY YOUR EMPLOYMENT: YES / NO  
CIRCLE ONE

IF NO, PROVIDE THE FOLLOWING INFORMATION NECESSARY TO VERIFY YOUR EMPLOYMENT.

NAME OF THE INDIVIDUAL OR DEPARTMENT: \_\_\_\_\_

IF DIFFERENT FROM ABOVE, PROVIDE THE FOLLOWING INFORMATION NECESSARY TO VERIFY EMPLOYMENT.

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

**TURN OVER AND COMPLETE REQUESTED INFORMATION ON BACK**

NEW JERSEY DRIVERS LICENSE NUMBER: \_\_\_\_\_

HAVE YOU EVER HAD A DRIVERS LICENSE IN ANY OTHER STATE, COMMONWEALTH, U.S. TERRITORY OR FEDERAL JURISDICTION: YES / NO  
CIRCLE ONE

IF YES, LIST ALL OTHER JURISDICTIONS CHRONOLOGICALLY (MOST RECENT FIRST):

1. _____ <small>DATE FROM</small>	_____ <small>DATE TO</small>	_____ <small>STATE OR JURISDICTION</small>	2. _____ <small>DATE FROM</small>	_____ <small>DATE TO</small>	_____ <small>STATE OR JURISDICTION</small>
3. _____ <small>DATE FROM</small>	_____ <small>DATE TO</small>	_____ <small>STATE OR JURISDICTION</small>	4. _____ <small>DATE FROM</small>	_____ <small>DATE TO</small>	_____ <small>STATE OR JURISDICTION</small>
5. _____ <small>DATE FROM</small>	_____ <small>DATE TO</small>	_____ <small>STATE OR JURISDICTION</small>	6. _____ <small>DATE FROM</small>	_____ <small>DATE TO</small>	_____ <small>STATE OR JURISDICTION</small>

ANY VEHICLES REGISTERED IN YOUR NAME: YES / NO HOW MANY: \_\_\_\_\_  
CIRCLE ONE

IF YES, LIST THE PLATE NUMBERS AND STATE OF REGISTRATION FOR ALL: 1. \_\_\_\_\_ PLATE # / STATE 2. \_\_\_\_\_ PLATE # / STATE  
3. \_\_\_\_\_ PLATE # / STATE 4. \_\_\_\_\_ PLATE # / STATE 5. \_\_\_\_\_ PLATE # / STATE 6. \_\_\_\_\_ PLATE # / STATE 7. \_\_\_\_\_ PLATE # / STATE

IF NO, LIST THE PLATE NUMBER, STATE OF REGISTRATION, NAME OF OWNER AND YOUR RELATIONSHIP TO THE OWNER OF THE VEHICLE YOU PRIMARILY OPERATE:

_____ <small>PLATE # / STATE</small>	_____ <small>OWNER</small>	_____ <small>RELATIONSHIP</small>
--------------------------------------	----------------------------	-----------------------------------

HAVE YOU EVER BEEN CHARGED OR ARRESTED FOR DUI / DWI IN THIS STATE, OR ANY OTHER STATE, COMMONWEALTH, U.S. TERRITORY OR FEDERAL JURISDICTION: YES / NO  
CIRCLE ONE

IF YES, LIST WHERE, WHEN & DISPOSITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY PENDING COURT CASES (CRIMINAL, CIVIL, MUNICIPAL AND / OR MOTOR VEHICLE) IN THIS STATE, OR ANY OTHER STATE, COMMONWEALTH, U.S. TERRITORY OR FEDERAL JURISDICTION: YES / NO  
CIRCLE ONE

IF YES, LIST WHERE AND WHAT FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR ANY DOMESTIC VIOLENCE OFFENSE IN THIS STATE, OR ANY OTHER STATE, COMMONWEALTH, U.S. TERRITORY OR FEDERAL JURISDICTION: YES / NO  
CIRCLE ONE

IF YES, LIST WHERE, WHEN & DISPOSITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD A RESTRAINING ORDER (TEMPORARY OR FINAL) ISSUED AGAINST YOU IN THIS STATE, OR ANY OTHER STATE, COMMONWEALTH, U.S. TERRITORY OR FEDERAL JURISDICTION: YES / NO  
CIRCLE ONE

IF YES, LIST WHERE, WHEN & DISPOSITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CHARGED OR ARRESTED FOR A CRIME (FELONY) OR OFFENSE (MISDEMEANOR) AS AN ADULT OR JUVENILE, (INCLUDING ANY THAT MAY HAVE BEEN SEALED OR EXPUNGED), IN THIS STATE, OR ANY OTHER STATE, COMMONWEALTH, U.S. TERRITORY OR FEDERAL JURISDICTION: YES / NO  
CIRCLE ONE

NOTE: THE DISCLOSURE OF RECORDS THAT HAVE BEEN SEALED OR EXPUNGED IS VOLUNTARY. WITHOUT THIS INFORMATION THE PROCESSING OF YOUR APPLICATION MAY BE DELAYED.  
ALL INFORMATION IS CONSIDERED CONFIDENTIAL

IF YES, LIST WHERE, WHEN & DISPOSITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY ON PAROLE IN THIS STATE, OR ANY OTHER STATE, COMMONWEALTH, U.S. TERRITORY OR FEDERAL JURISDICTION: YES / NO  
CIRCLE ONE

IF YES, PROVIDE THE FOLOWING: NAME OF PAROLE OFFICER: \_\_\_\_\_

PHONE NUMBER OF PAROLE OFFICER: \_\_\_\_\_

ARE YOU CURRENTLY ON PROBATION IN THIS STATE, OR ANY OTHER STATE, COMMONWEALTH, U.S. TERRITORY OR FEDERAL JURISDICTION: YES / NO  
CIRCLE ONE

IF YES, PROVIDE THE FOLOWING: NAME OF PROBATION OFFICER: \_\_\_\_\_

PHONE NUMBER OF PROBATION OFFICER: \_\_\_\_\_

IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS DESCRIBE IN FULL THE CONDITIONS OF YOUR PAROLE OR PROBATION IN THE SPACE PROVIDED ON THE LAST PAGE.

HAVE YOU EVER BEEN FINGERPRINTED: YES / NO  
CIRCLE ONE

LIST WHERE, WHEN AND FOR WHAT REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TURN OVER AND COMPLETE REQUESTED INFORMATION ON BACK**

[illegible]

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**PRINT NAME**
**SIGNATURE**
**DATE**

# POLICE DEPARTMENT

Settled 1688

Borough of Englishtown

Established 1888

Chief of Police  
**Peter S. Cooke, Jr.**  
(732) 446-7001 ext. 230  
pcooke@englishtownpolice.org



15 Main Street  
Englishtown, NJ 07726-1544  
Dispatch: (732) 446-7000  
Fax: (732) 786-0212

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, BANKS, CREDIT AGENCIES, HEALTH CARE FACILITIES, HEALTH CARE PROVIDERS, FINANCIAL AND OTHER SUCH INSTITUTIONS AND ALL OTHER GOVERNMENTAL AGENCIES (FEDERAL, STATE, COUNTY AND LOCAL) WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

I, \_\_\_\_\_, AM MAKING APPLICATION FOR APPOINTMENT, EMPLOYMENT, VOLUNTEER, LICENSE OR PERMIT TO THE BOROUGH OF ENGLISHTOWN. AS A RESULT, AN INVESTIGATION IS BEING CONDUCTED TO DETERMINE MY ELIGIBILITY. I HAVE AUTHORIZED THE ENGLISHTOWN BOROUGH POLICE DEPARTMENT TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND ACTIVITIES.

THEREFORE, YOU ARE AUTHORIZED TO RELEASE TO THE ENGLISHTOWN BOROUGH POLICE DEPARTMENT, OR ITS REPRESENTATIVE, ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, INCLUDING BUT NOT LIMITED TO PERSONNEL FILES, DISCIPLINE, ALLEGATIONS OF IMPROPER CONDUCT AND JUVENILE RECORDS, THAT THEY MAY REQUEST, WITHOUT EXCEPTION.

I AM AWARE THAT IN THE COURSE OF THIS INVESTIGATION, CONTACTS MAY BE MADE WITH FRIENDS OR FAMILY, OR OTHERS WHOM I HAVE KNOWN OVER THE YEARS, WITHOUT THE FULL EXPLANATION OF THE REASON FOR THE INVESTIGATION BEING MADE KNOWN TO THEM, BUT NOT WITHSTANDING THIS AWARENESS, I STILL GIVE MY CONSENT TO SUCH INVESTIGATION, AND I DO SO VOLUNTARILY AND FREELY.

THIS AUTHORIZATION SHALL SUPERSEDE AND COUNTERMAND ALL PRIOR REQUESTS OR AUTHORIZATIONS.

A PHOTOCOPY, OR ANY OTHER REPRODUCTION OF THIS AUTHORIZATION, WILL BE VALID AS AN ORIGINAL HEREOF, EVEN THOUGH THE SAID PHOTOCOPY OR REPRODUCTION DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name: Last

First

Middle

Date of Birth

Social Security Number

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Notary Name: Last

First

Middle

SEAL