



State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
Human Resources Management
PO BOX 080
TRENTON, NJ 08625-0080

PLEASE COMPLETE ALL 5 PAGES

Confidential Background Investigation
Security Clearance Application

Division: _____ **Location:** _____
Applying to which Division, LAW, OAG or Criminal Justice? Where will you be interning? Example; Trenton, Newark, Sea Girt, etc.

Internship Session: _____ **Email Address:** _____
Choose One Session: Spring (January), Summer (June) or Fall (September)

1. Name: _____
(Last) (First) (Middle)

2. Date of Birth: _____ 3. Social Security Number: _____
(MM/DD/YYYY)

4. Permanent address and telephone number if different from that listed on the application for Employment:

(Street) (City) (County) (State) (Zip)

5. List all other names you have ever used including nicknames, maiden names, etc. If you have ever legally changed your name, give date, place and court.

Name:	Name Type:	Date:	Place:	Court:

6. New Jersey Drivers License#: _____ Expires: _____

Drivers License # Other State(s):	States:	Expires:

7. Do you have any unpaid parking tickets? (Please attach additional sheets if necessary.) Yes No
If "yes", where? _____

8. Was your motor vehicle registration certificate, driver or other vehicle operator license ever revoked or suspended? (Please attach additional sheets if necessary.)

Yes No Number of Times: _____

If yes, which license: _____

If yes, which state: _____

When: _____ Where: _____

Why: _____

9. Have you ever been arrested, charged or indicted for any crime, juvenile offense, disorderly persons offenses, or other violation including traffic, but not parking tickets? Have you ever been questioned or under investigation by any agency, or subpoenaed by grand jury or investigative body? (Please attach additional sheets if necessary.)

Yes No If "yes", please indicate the date, place and agency.

Date: _____ Place & Agency: _____
(MM/DD/YYYY) (City, State and Agency Name)

Details: _____

Final Disposition: _____

I am the applicant that is listed above. I understand that the Division of Criminal Justice will conduct a background investigation on the information listed above. I hereby authorize any representative of the Division of Criminal Justice bearing this release to obtain any information pertaining to my Criminal History and Motor Vehicle information, including any and all expungements.

I understand that non-disclosure will result in withdrawal from the Internship Program application process.

I further agree to hold the Division of Criminal Justice, its agents and employees harmless from any and all claims and liability associated with this authorization.

<p><i>Sworn and subscribed before me this</i></p> <p>_____ day of _____ 20____</p> <p>_____</p> <p><i>(Signature)</i></p> <p>_____</p> <p><i>(Print Name and Title)</i></p> <p><i>Notary Public, my Commission Expires:</i></p> <p>_____</p> <p><i>(Affix Notarial Seal)</i></p>	<p>_____</p> <p><i>Signature (Include Maiden Name)</i></p> <p><i>Date:</i> _____</p> <p><i>Address:</i> _____</p> <p>_____</p> <p><i>Telephone:</i> _____</p> <p><i>Date of Birth:</i> _____</p> <p><i>Soc. Sec. No.:</i> _____</p>
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Return this form to: Terri L. Hand
 DCJ Internship Assistant Coordinator
 Division of Criminal Justice
 25 Market St., 5th fl West Wing
 PO Box 085
 Trenton, NJ 08625-085



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AUTHORIZATION & RELEASE

STATE OF _____

COUNTY OF _____

For employment purposes pursuant to the Consumer Credit Reporting Reform Act and the federal Fair Credit Reporting Act, I _____ (Full Name) do hereby permit any duly authorized agent or representative of the State of New Jersey, Department of Law & Public Safety, Division of Criminal Justice to contact any duly recognized credit reporting agency and to have same furnish any document/records/reports pertaining to me to the authorized agent or representative of the Department of Law & Public Safety, Division of Criminal Justice.

I understand that should any information be obtained from the credit reporting agency(s) which might result in disqualification of termination, prior to any action being taken, the Department of Law & Public Safety, Division of Criminal Justice will provide me with a copy of the credit reporting and the Fair Credit Reporting Act.

I understand that use of any information obtained from the credit reporting agency will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

I hereby release, discharge and exonerate the Department of Law & Public Safety, Division of Criminal Justice, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishings, inspection or collection of such documents, records, and other information or the investigation made by the Department of Law & Public Safety, Division of Criminal Justice.

A photocopy of this Authorization to Release Information form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this Authorization to Release Information form.

Sworn and Subscribed before me
 this _____ day of _____
 20____.

 (Signature)

 (Print name and Title)

Notary Public, my Commission Expires:

 (Affix Notarial Seal)

 Signature (include maiden name)

Date: _____

Address: _____

 Telephone: _____

Date of Birth: _____

Soc. Sec. No. : _____



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AUTHORIZATION & RELEASE

STATE OF _____

COUNTY OF _____

I, _____ (Full Name) do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Department of Law & Public Safety of the State of New Jersey, whether the said records or information are of a public, private or confidential nature to include information contained in any expunged or sealed records. I also authorize and request every person, firm, company, corporation, governmental agency, be they municipal, county, state, or federal court, financial or medical institution or any other organization having control of any documents, records and other information pertaining to me, to furnish to the Department of Law & Public Safety any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Department of Law & Public Safety or any of its agents or representatives to inspect and make copies of such documents, records and other information. I also authorized the New Jersey Division of Taxation to obtain and provide the Department of Law & Public Safety any and all records pertaining to the filing of state, federal and out of state tax returns.

I hereby request and authorize the Department of the _____ (Army, Navy, Air Force) to furnish to the Department of Law & Public Safety the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number (social security number) was _____ (Supply form DD214).

I understand that any information obtained by a confidential background investigation which is developed directly or indirectly, in whole or in part, upon thus Authorization and Release will be considered in determining my suitability for employment by the Division of Criminal Justice.

I hereby release, discharge and exonerate the Department of Law & Public Safety, its agents and representatives and 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 Department of Law & Public Safety.

A photocopy of this Authorization and Release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this Authorization and Release.

Sworn and Subscribed before me
 this _____ day of _____
 20____.

 (Signature)

 (Print name and Title)

Notary Public, my Commission Expires:

 (Affix Notarial Seal)

 Signature (include maiden name)

Date: _____

Address: _____

 Telephone: _____

Date of Birth: _____

Soc. Sec. No. : _____