Please provide the following information

Last Name:       First Name:       Middle Name:

SS#:

DOB (d-mmm-yyyy):

Gender:

Please provide your home address

Street:

City:

State:

Zipcode:

Have you ever been convicted of a crime?

If yes, explain:

Do you currently hold a valid driver’s license?

Drivers license #:

Which state:

Has your driver’s license ever been suspended/revoked?

If yes, explain why:

Do you have any physical or mental disabilities that would restrict or impair your ability to function as

an emergency services provider?

If yes, specify:

I have included copies of my driver’s license and any current emergency or medical training certifications listed on my application.

If no, explain:

**By signing below and on the Authorization and Release, you are verifying that the above statements are accurate and you are providing consent for SARTWC to initiate a background check with the County Prosecutors Office.**

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Name Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Please mail the 2 completed and signed forms to:

SARTWC

P.O. Box 280

Blairstown, NJ 07825

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (include maiden 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 Warren County, New Jersey, Prosecutor’s Office and/or 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.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the said County Prosecutor’s Office and/or 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 said County Prosecutor’s Office and/or the Department of Law & Public Safety or any of their agents or representatives to inspect and make copies of such documents, records and other information.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this authorization and release will be considered in determining my suitability for assignment to the Search and Rescue Teams of Warren County.

I hereby release, discharge and exonerate the said County Prosecutor’s Office and/or the Department of Law & Public Safety, their 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 said County Prosecutor’s Office and/or 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.

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

Date Signature