



**STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS
APPLICATION FOR EMPLOYMENT
LAW ENFORCEMENT POSITIONS
BACKGROUND INVESTIGATION
QUESTIONNAIRE**

READ THESE INSTRUCTIONS CAREFULLY
PRIOR TO FILLING OUT THE APPLICATION

Instructions: Read through this entire questionnaire before completing the required information. Answer every question. If a question does not apply to you, insert *N/A* in the space provided for the answer. A candidate will be rejected from the selection process who has intentionally made a false statement or practiced, or attempted to practice any deception or fraud in answering this questionnaire, in any examination, interview, or in securing eligibility for employment. Any misstatement of fact is reason for disqualification for employment, or may be punishable by law as per N.J.S.A. 2C:28-2, 2C: 28-3, and 2C:28-7. The questionnaire must be prepared by the applicant. All entries must be completed by the applicant in Times New Roman, Font 10, black lettering. If there is insufficient space available for answering any question, use the continuation pages provided. In the event more continuation pages are needed, you may make copies of a blank continuation page and submit as needed. Precede each answer on continuation pages with the corresponding section title and number of the question being answered. You will NOT be processed if this application is NOT completed.

Job applicants are considered for all positions without regard to race, creed, color, national origin, affection or sexual orientation, age, religion, marital/civil union or veteran's status or disability. The State will not tolerate any form of discrimination or sexual harassment.

The American with Disabilities Act of 1990 prohibits employers from discriminating against any qualified person on the basis of a disability. The State of New Jersey makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The State also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the State can only make reasonable accommodations when it is aware of a disability. It is up to you to inform the prospective employer if you need a reasonable accommodation. The employer may ask you for documentation to support your request for a reasonable accommodation. If you need a reasonable accommodation before the interview process begins, please inform the agency personnel office to which you are applying.

THE STATE OF NEW JERSEY IS AN EQUAL OPPORTUNITY EMPLOYER

Last Name:	First Name:	Middle Name:
Date:		

READ THIS INFORMATION CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE

APPLICANT NOTICE:

You are required to promptly report (within 72 hours of occurrence) any changes in your personal background information or involvement in any incident which may result in criminal or civil charges being brought against you while your application is pending in the New Jersey Department of Corrections pre-employment selection process. This includes, but is not limited to, changes in your address, telephone number, name, employment, or marital status; motor vehicle accidents or summonses; any tickets, arrests; police questioning; charges or convictions for any incident which could lead to criminal or civil charges.

Failure to advise the Custody Recruitment Unit by fax (609-894-2064) or by email to CRUCustody@doc.nj.gov of this information will adversely affect your status in the selection process and be cause for immediate removal from the eligible list. You have 72 hours to report all changes. **ABSOLUTELY NO PHONE CALLS!!** You must submit the required information in writing.

All correspondence to the NJDOC must be in writing, by fax or email, and include your full legal name, social security number and your initial processing date.

CRITERIA FOR REMOVAL FROM THE ELIGIBLE LIST

A. DRIVING RECORD:

HAS TWO (2) OR MORE CONVICTIONS FOR OPERATING A MOTOR VEHICLE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.

HAS EIGHT (8) OR MORE MOVING VIOLATIONS WITHIN FIVE (5) YEARS OF THE ACTIVE HIRING LIST FOR CANDIDATES APPLYING FOR THE NEW JERSEY DEPARTMENT OF CORRECTIONS.

HAS EIGHT (8) OR MORE CURRENT POINTS ACCRUED WITHIN TWO (2) YEARS OF THE ACTIVE HIRING LIST FOR CANDIDATES APPLYING FOR THE NEW JERSEY DEPARTMENT OF CORRECTIONS.

HAS TWO (2) OR MORE CONVICTIONS FOR DRIVING WHILE SUSPENDED OR AS AN UNLICENSED DRIVER WITHIN FIVE (5) YEARS OF THE ACTIVE HIRING LIST FOR CANDIDATES APPLYING FOR THE NEW JERSEY DEPARTMENT OF CORRECTIONS.

HAS FAILED TO APPEAR IN COURT TWO (2) OR MORE TIMES, FOR MOTOR VEHICLE MOVING VIOLATIONS WITHIN FIVE (5) YEARS OF THE ACTIVE HIRING LIST FOR CANDIDATES APPLYING FOR THE NEW JERSEY DEPARTMENT OF CORRECTIONS.

HAS FAILED TO APPEAR IN COURT EIGHT (8) OR MORE TIMES, FOR ACTIVE MOTOR VEHICLE NON-MOVING VIOLATIONS WITHIN FIVE (5) YEARS OF THE ACTIVE HIRING LIST FOR CANDIDATES APPLYING FOR THE NEW JERSEY DEPARTMENT OF CORRECTIONS.

HAS TWO (2) OR MORE CONVICTIONS FOR RECKLESS DRIVING WITHIN FIVE (5) YEARS OF THE ACTIVE HIRING LIST FOR CANDIDATES APPLYING FOR THE NEW JERSEY DEPARTMENT OF CORRECTIONS.

DOES NOT POSSESS A DRIVER'S LICENSE VALID IN NEW JERSEY BY THE TIME OF APPOINTMENT TO CORRECTION POLICE OFFICER APPRENTICE.

B. CRIMINAL HISTORY:

HAS BEEN CONVICTED OF A DISORDERLY PERSONS OR PETTY DISORDERLY PERSONS OFFENSE AS A JUVENILE WITHIN SEVEN (7) YEARS OF THE PROMULGATED CIVIL SERVICE LIST FOR CANDIDATES APPLYING FOR THE NEW JERSEY DEPARTMENT OF CORRECTIONS NOT AN AUTOMATIC DISQUALIFIER. APPLICATION SUBJECT TO REVIEW TO DETERMINE ELIGIBILITY.

HAS BEEN CONVICTED OF A DISORDERLY PERSONS OR PETTY DISORDERLY PERSONS OFFENSE AS AN ADULT WITHIN SEVEN (7) YEARS OF THE PROMULGATED CIVIL SERVICE LIST FOR CANDIDATES APPLYING FOR THE NEW JERSEY DEPARTMENT OF CORRECTIONS.

HAS BEEN CONVICTED OF ANY OFFENSE WHICH INVOLVES DISHONESTY (INCLUDING 2C:51-2-FORFEITURE OF PUBLIC OFFICE).

HAS BEEN CONVICTED OF ANY OFFENSE WHICH TOUCHES ON THE POSITION OF A LAW ENFORCEMENT OFFICER (INCLUDING OFFENSES UNDER 2C:51-2- FORFEITURE OF PUBLIC OFFICE).

HAS BEEN CONVICTED OF ANY OFFENSE OR ENTERED INTO A COURT MANDATED PROGRAM WHICH IS A CRIME OF THE 4TH DEGREE OR HIGHER TO INCLUDE, BUT NOT LIMITED TO, ANY SEXUAL OFFENSE OR JUVENILE OFFENSES, INCLUDING 2C:51-2-FORFEITURE OF PUBLIC OFFICE. (PRE-TRIAL INTERVENTION, CONDITIONAL DISCHARGE, ETC).

HAS BEEN CONVICTED OF ANY OFFENSE WHICH INVOLVES LEWDNESS (2C: 14-4-LEWDNESS).

HAS EVER BEEN INCARCERATED BASED ON A CONVICTION IN ANY FACILITY OF ANY JURISDICTION, TO INCLUDE COURT MANDATED COMMUNITY SERVICE IN-PLACE OF INCARCERTATION (I.E. SLAP PROGRAM, ETC).

IS PENDING GRAND JURY INVESTIGATION OR INDICTMENT OR HAS PENDING CHARGES, ACTIVE WARRANTS, OR IS CURRENTLY ON TRIAL FOR ANY OFFENSE IN ANY JURISDICTION.

CRITERIA FOR REMOVAL FROM THE ELIGIBLE LIST (CONTINUED)

IS CHARGED WITH ANY OFFENSE AFTER SUBMISSION OF AN APPLICATION AND FAILS TO IMMEDIATELY DISCLOSE THE EVENT TO THE RECRUITMENT UNIT.

IS PRESENTLY ON PROBATION AS PART OF A JUVENILE OR ADULT MATTER, OR CONDITIONAL DISCHARGE AND/OR PRE-TRIAL INTERVENTION PROGRAM.

HAS BEEN CONVICTED OF ANY ACT OF DOMESTIC VIOLENCE (“LAUTENBURG AMENDMENTS”) OR ANY OFFENSE THAT WOULD PRECLUDE ONE FROM PURCHASING OR HANDLING OF FIREARM.

TWO (2) OR MORE CONVICTIONS (EXPUNGED OR NOT) OF 2C:35-10. POSSESSION, USE OR BEING UNDER THE INFLUENCE OR FAILURE TO MAKE LAWFUL DISPOSITION.

CONVICTION (EXPUNGED OR NOT) FOR THE SALE, POSSESSION (OVER 50 GRAMS), DISTRIBUTION, MANUFACTURING OF CDS (2C:35 OR TITLE 24).

HAS ENTERED INTO A JUVENILE DIVERSION PROGRAM, A CONDITIONAL DISCHARGE AGREEMENT OR PRE-TRIAL INTERVENTION PROGRAM FOR ANY OFFENSE THAT WOULD BE CONSIDERED CRITERIA FOR REMOVAL OR HAS ENTERED INTO A JUVENILE DIVERSION PROGRAM, A CONDITIONAL DISCHARGE AGREEMENT OR PRE-TRIAL INTERVENTION PROGRAM FOR ANY OFFENSE UNDER N.J.S.A: 2C OR TITLE 24 (INCLUDING DISORDERLY PERSONS OR PETTY DISORDERLY PERSONS OFFENSES) WITHIN SEVEN (7) YEARS OF THE PROMULATED CIVIL SERVICE LIST FOR CANDIDATES APPLYING FOR THE NEW JERSEY DEPARTMENT OF CORRECTIONS. **Not an automatic disqualifier. Application subject to additional review to determine eligibility.**

HAS ENTERED INTO A CONDITIONAL DISCHARGE AGREEMENT OR PRE-TRIAL INTERVENTION PROGRAM FOR ANY OFFENSE THAT WOULD BE CONSIDERED CRITERIA FOR REMOVAL OR HAS ENTERED INTO A CONDITIONAL DISCHARGE AGREEMENT OR PRE-TRIAL INTERVENTION PROGRAM FOR ANY OFFENSE UNDER N.J.S.A: 2C OR TITLE 24 (INCLUDING DISORDERLY PERSONS OR PETTY DISORDERLY PERSONS OFFENSES) WITHIN SEVEN (7) YEARS OF THE PROMULATED CIVIL SERVICE LIST FOR CANDIDATES APPLYING FOR THE NEW JERSEY DEPARTMENT OF CORRECTIONS.

HAS FAILED TO DISCLOSE ANY N.J.S.A. 2C CHARGE WHETHER IT HAS BEEN DISMISSED BY THE COURT, DISMISSED THROUGH ANY TYPE OF DIVERSIONARY PROGRAM, AMENDED/DOWNGRADED, EXPUNGED OR IF YOU HAVE SUCCESSFULLY COMPLETED MEDIATION, ANY COURT ORDERED PROGRAM, CLASS OR ETC.

INVOLVEMENT, AFFILIATION OR ENGAGING IN ANY TYPE OF ACTIVITY, CONDUCT, OR BEHAVIOR RELATED TO A CRIMINAL ORGANIZATION, SECURITY THREAT GROUP OR OTHER ORGANIZATION THAT AFFECTS THE SAFETY OF STAFF, INMATES OR COMMUNITY AND/OR AFFECTS THE SAFE, SECURE AND/OR ORDERLY OPERATION OF THE DEPARTMENT OF CORRECTIONS FACILITIES.

C. OTHER:

HAS HAD ANY SEXUAL HARASSMENT VIOLATION IN THE WORKPLACE SUBSTANTIATED

MEETS ANY OF THE DISQUALIFICATION CRITERIA UNDER THE PRISON RAPE ELIMINATION ACT (PREA)

HAS BEEN FOUND TO HAVE FALSIFIED ANY DOCUMENT, HAS FAILED TO DISCLOSE ALL REQUESTED INFORMATION IN THIS APPLICATION, OR INTENTIONALLY GIVES FALSE INFORMATION DURING ANY PART OF THE PRE-EMPLOYMENT PROCESS.

CRITERIA FOR REMOVAL FROM THE ELIGIBLE LIST (CONTINUED)

REFUSES TO CONSENT TO ANY PART OF THE SECURITY AND/OR BACKGROUND INVESTIGATION DURING ANY PART OF PRE-EMPLOYMENT PROCESSING, INCLUDING DISCLOSING EVENTS WHICH OCCUR AFTER THE SUBMISSION OF THIS APPLICATION IN ACCORDANCE WITH THE INSTRUCTIONS HEREIN.

HAS HAD EMPLOYMENT TERMINATED BY A FEDERAL, STATE, COUNTY, OR MUNICIPAL LAW ENFORCEMENT AGENCY FOR DISCIPLINARY REASONS, OR WHO HAS RESIGNED IN "GOOD STANDING" NOT TO REAPPLY TO LAW ENFORCEMENT.

HAS FAILED TO MEET THE MINIMUM REQUIREMENTS FOR THE POSITION AS OF THE CLOSING DATE OF THE NJ STATE CORRECTION OFFICER RECRUIT JOB ANNOUNCEMENT AS NOTED BY THE NJ CIVIL SERVICE COMMISSION IN THE OPEN ANNOUNCEMENT.

HAS REFUSED/FAILED TO SUBMIT TO A URINE SAMPLE OR SUBMITS A URINE SAMPLE WHICH IS FOUND TO BE POSITIVE FOR AN UNAUTHORIZED CONTROLLED SUBSTANCE.

HAS AN UNACCEPTABLE PAST EMPLOYMENT HISTORY (DISCIPLINARY ACTION FOR PERFORMANCE AND/OR ATTENDANCE).

HAS FAILED TO ATTEND, PARTICIPATE IN AND/OR SUCCESSFULLY COMPLETE ANY PHASE OF THE BASIC TRAINING PROGRAM IN ACCORDANCE WITH ESTABLISHED RULES AND REGULATIONS OF THE CORRECTIONAL STAFF TRAINING ACADEMY AND/OR THE POLICE TRAINING COMMISSION.

CANDIDATE HAS DEMONSTRATED A HISTORY OF CONDUCT OR BEHAVIOR IN HIS OR HER PERSONAL AND/OR WORK LIFE THAT IS INCONSISTENT WITH THE STANDARDS EXPECTED OF A LAW ENFORCEMENT OFFICER INCLUDING CONDUCT OR BEHAVIOR WHICH WOULD SERVE TO UNDERMINE PUBLIC CONFIDENCE IN LAW ENFORCEMENT.

Required Documents

All applicants must bring the ORIGINAL & COPIES of the documents listed below at their initial processing day. Use this Check-Off List to organize your collection of these REQUIRED DOCUMENTS in advance of your processing day.

Applicable Not Applicable

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | | Birth Certificate plus one (1) copy |
| <input type="checkbox"/> | <input type="checkbox"/> | High School Diploma or GED plus (1) copy |
| <input type="checkbox"/> | | Bring original & 2 copies of Social Security Card |
| <input type="checkbox"/> | | Bring original & 2 Copies of Driver's License |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-Employment (<u>only bring items below if you have self-employment</u>)
(If you are self-Employed-bring the last 3 years of your Federal and State tax returns including all W-2 Form(s), 1099 Forms(s), and Schedules. If you cannot locate your copies, you can contact IRS: 1-800-829-1040 or www.irs.gov and/or contact NJ Taxpayer Customer Service Center: (609) 292- 6400 or www.state.nj.us/treasury/taxation) |
| <input type="checkbox"/> | <input type="checkbox"/> | Firearms Purchaser Identification Card plus one (1) copy |
| <input type="checkbox"/> | <input type="checkbox"/> | All Permits to Purchase a Handgun plus one (1) copy |
| <input type="checkbox"/> | <input type="checkbox"/> | All Permits to Carry a Handgun plus one (1) copy |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>ALL</u> court dispositions relative to <u>any</u> charges received (e.g. Criminal, Civil, Family) |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Separation Forms (DD-214 Long Version) |
| <input type="checkbox"/> | <input type="checkbox"/> | ANY AND ALL POLICE REPORTS/RECORDS involving any incident to which you were a party. This is separate from court disposition statements.

Current Military Drill Schedule |

Personal Data

Print Full Name	Last (Include Maiden Name)	First	Middle
Mailing Address: Number & Street / Apt #		City/Town	State Zip
County	Home Phone No.	Cell Phone No.	
Email Address			
Social Security Number	Date of Birth	Place of Birth: City/State	
Current Height	Current Weight	Eye Color	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Mailing Address (If Different) N/A

Mailing Address: Number & Street / Apt #		
City/Town	State	Zip Code

Do you own or rent this property? Own Rent N/A

If you rent, provide landlord's information:

Print Name	Last	First	Middle
Mailing Address: Street / Apt #		City/Town	State Zip Code
County	Home Phone No.	Cell Phone No.	

Who do you currently reside with?

Last Name, First Name	Relationship	Occupation	Employer

Additional information Yes No

See continuation page

1. Are you a natural born citizen of the United States? Yes No

If not, what country were you born in and what year did you arrive in the United States?

2. Are you a naturalized citizen? Yes No

A COPY OF NATURALIZATION PAPERS MUST BE SUBMITTED!

3. Are you a permanent resident (Green Card Holder)? Yes No N/A

4. Foreign language abilities (answer is optional): If there are any foreign languages, including American Sign Language (ASL), in which you are proficient enough to communicate on the job and are willing to use on the job (now or in the future), please list them below. N/A
-

5. Have you ever used a different name? This includes nicknames, maiden names and aliases.
 Yes No N/A

If yes, list all names used:

6. Have you ever identified yourself to any law enforcement officer or court representative using one or more of the names written above when involved in any civil or criminal matter or proceeding? Yes No

If yes, please explain in detail. You must include when (Month/Year), the offense, the jurisdiction (Court) and the disposition (Guilty/Dismissed etc.)

7. Did you legally change your name? Yes No

If yes, list prior name(s) and the date change:

YOU MUST PROVIDE PROOF OF NAME CHANGE AT YOU INITIAL PROCESSING
DATE

8. Past Residences: In chronological order, starting with your current residence, state each and every past residence since birth (include college residence, military residence, etc.)

From:	To:	Address:	Landlord Name	Landlord Phone No:
_____ Month/Year	_____ Month/Year	City:	State:	Zip Code County
From:	To:	Address:	Landlord Name	Landlord Phone No:
_____ Month/Year	_____ Month/Year	City:	State:	Zip Code County
From:	To:	Address:	Landlord Name	Landlord Phone No:
_____ Month/Year	_____ Month/Year	City:	State:	Zip Code County
From:	To:	Address:	Landlord Name	Landlord Phone No:
_____ Month/Year	_____ Month/Year	City:	State:	Zip Code County
From:	To:	Address:	Landlord Name	Landlord Phone No:
_____ Month/Year	_____ Month/Year	City:	State:	Zip Code County
From:	To:	Address:	Landlord Name	Landlord Phone No:
_____ Month/Year	_____ Month/Year	City:	State:	Zip Code County
From:	To:	Address:	Landlord Name	Landlord Phone No:
_____ Month/Year	_____ Month/Year	City:	State:	Zip Code County
From:	To:	Address:	Landlord Name	Landlord Phone No:
_____ Month/Year	_____ Month/Year	City:	State:	Zip Code County
From:	To:	Address:	Landlord Name	Landlord Phone No:
_____ Month/Year	_____ Month/Year	City:	State:	Zip Code County
From:	To:	Address:	Landlord Name	Landlord Phone No:
_____ Month/Year	_____ Month/Year	City:	State:	Zip Code County

Additional information Yes No

See continuation page _____

Education

9. Do you have a High School Diploma? Yes No N/A (GED)

10. Do you have a GED? Yes No N/A

11. List (most recent dates first) all post-secondary schools attended, including trade schools and colleges/universities:

Name of College:		City/Town of College:		County:		State:		Zip Code:	
List Major:	Degree:	Date of Graduation:	#Credits Earned:	From:		To:		College Phone No:	
				Month	Yr	Month	Yr		
Name of College:		City/Town of College:		County:		State:		Zip Code:	
List Major:	Degree:	Date of Graduation:	#Credits Earned:	From:		To:		College Phone No:	
				Month	Yr	Month	Yr		

Additional information Yes No

See continuation page _____

12. List chronologically (most recent dates first) all schools attended, grades 9 through 12. You may be asked to provide supporting documentation from every school ever attended:

School:		From _____ To _____ Month/Year Month/Year		Phone No:	
Address: Number & Street		City/Town		State	
				Zip Code	
				County	
School:		From _____ To _____ Month/Year Month/Year		Phone No:	
Address: Number & Street		City/Town		State	
				Zip Code	
				County	
School:		From _____ To _____ Month/Year Month/Year		Phone No:	
Address: Number & Street		City/Town		State	
				Zip Code	
				County	

Additional information Yes No

See continuation page _____

13. List any suspensions, expulsions or disciplinary action taken by the college, high school or trade school attended:

School:	Year:	Brief Explanation:	Choose an item.
School:	Year:	Brief Explanation:	Choose an item.

Additional information Yes No

See continuation page _____

Military

14. Have you ever enlisted into the military? Yes No

If yes, provide the branch and the dates(s) of service:

Branch of Service:	Enlistment Date:	ETS: (Expiration of Term Service)

15. While in the military service, were you ever charged with an offense which resulted in a trial by Captain Mast, Deck Court, Summary, Special or General Court Martial or Article 15?
 Yes No

If yes, provide the date(s), nature of the charge(s) or Court Martial and the action taken for each incident:

16. Have you ever served in a military organization under any foreign government? Yes No

If yes, provide the following:

Branch of Service:	Enlistment Date:	ETS: (Expiration of Term Service)

17. How many periods of active military service have you had? (include drafts, enlistments, or recalls to active service) N/A

18. Give period(s) of active service: N/A

FROM: _____	TO: _____	FROM: _____	TO: _____
FROM: _____	TO: _____	FROM: _____	TO: _____
FROM: _____	TO: _____	FROM: _____	TO: _____
FROM: _____	TO: _____	FROM: _____	TO: _____

19. How many discharges or separations from military service have you been given? N/A

What type(s) of discharge(s) or separation(s) were given? (i.e. General Under Honorable Conditions, Other Than Honorable Conditions or Bad Conduct) N/A

20. Has your discharge or separation notice ever been changed or corrected?
 Yes No N/A

IF YES, YOU MUST PROVIDE COPIES DURING YOUR INITIAL PROCESSING DATE.

What was the nature of the change? N/A

What were the dates changed:

From: _____ To: _____

Other Information

21. Would you consent to a Medical and a Psychological evaluation?
 Yes No
22. Would you consent to a urinalysis in order to be considered for employment?
 Yes No
23. Would you consent to a Security Background Check?
 Yes No
24. Will you be able to meet your financial responsibility on the weekly salary of approximately \$650.00 throughout the required Correctional Staff Training Academy period?
 Yes No
25. Are you now or have you ever been a member of any public employee's retirement system?
Yes No

If yes, please indicate the name and membership number of the system:

Retirement System: _____ Member #: _____

26. Have you ever been refused or terminated from employment for failing to submit or successfully pass a urinalysis test designed to detect illegal drug use? Yes No If yes, explain:
27. Have you ever sold any illegal drugs? Yes No
28. Have you ever manufactured any illegal drugs? Yes No
29. Have you ever stored or distributed any illegal drugs or prescription medication not prescribed to you? Yes No
30. Have you ever purchased any illegal drugs or prescription medication not prescribed to you?
 Yes No
31. Have you ever used or possessed illegal drugs? Yes No
- a. Date of last usage: Month _____ Year _____

Employment History

- 32. Present and past Employers** - List all present employer(s) first, including part-time and self-employment. Then CHRONOLOGICALLY list all previous employment, beginning with the most recent employment back to the age of 18, OMIT NONE. If applicable, include dates of military service, school (not working), part-time and summer employment, and unemployment. For example: 3/98 to 7/98
Unemployed – Attending College.

From: _____ Mo. Yr.	To: _____ Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor Name		Phone No. & Ext.	Brief explanation for leaving:
Choose an item.			
From: _____ Mo. Yr.	To: _____ Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor Name		Phone No. & Ext.	Brief explanation for leaving:
Choose an item.			
From: _____ Mo. Yr.	To: _____ Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor Name		Phone No. & Ext.	Brief explanation for leaving:
Choose an item.			
From: _____ Mo. Yr.	To: _____ Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor Name		Phone No. & Ext.	Brief explanation for leaving:
Choose an item.			
From: _____ Mo. Yr.	To: _____ Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor Name		Phone No. & Ext.	Brief explanation for leaving:
Choose an item.			
From: _____ Mo. Yr.	To: _____ Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor Name		Phone No. & Ext.	Brief explanation for leaving:
Choose an item.			
From: _____ Mo. Yr.	To: _____ Mo. Yr.	Employer Name and Complete Address:	Occupation:
Immediate Supervisor Name		Phone No. & Ext.	Brief explanation for leaving:
Choose an item.			

Additional information Yes No

See continuation page _____

33. Are you now engaged in any business as an owner (active or silent), partner, stockholder or corporate member? Yes No If yes, explain:

34. Were you ever suspended, terminated, asked to resign, given a written reprimand or subject to any disciplinary action by any employer of supervisor? Yes No

Must list all indicated actions and sanctions below: (i.e. Lateness/3 Days Suspension):

DATE:	EMPLOYER NAME AND ADDRESS:		
IMMEDIATE SUPERVISOR:	PHONE #:	Choose an item.	EXPLANATION:
DATE:	EMPLOYER NAME AND ADDRESS:		
IMMEDIATE SUPERVISOR:	PHONE #:	Choose an item.	EXPLANATION:
DATE:	EMPLOYER NAME AND ADDRESS:		
IMMEDIATE SUPERVISOR:	PHONE #:	Choose an item.	EXPLANATION:
DATE:	EMPLOYER NAME AND ADDRESS:		
IMMEDIATE SUPERVISOR:	PHONE #:	Choose an item.	EXPLANATION:

Additional information Yes No See continuation page _____

35. Have you ever been professionally licensed or certified? (i.e. Law, Real Estate, Nursing)

Yes No

If yes:

Type of License/Cert	License/Cert No.	Issuing Authority	Expiration Date

Additional information Yes No See continuation page _____

36. Has any such license or certification, listed above, ever been revoked, cancelled or suspended?

Yes No N/A If yes, explain:

37. Have you ever received unemployment insurance, or any type of federal, state or local benefits or assistance? Yes No

Benefits/assistance received: _____

Local office & address: _____

Period(s) of benefits/assistance:

From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:

Additional information Yes No

See continuation page _____

38. List any time you have submitted an application, taken a written test or submitted information for a background investigation for any other law enforcement agencies. (Include Juvenile Justice Commission, municipal or other county agencies)

Agency & Address	Phone No.	Test Date	Application Date	Status

Additional information Yes No

See continuation page _____

39. Have you ever withdrawn from the selection process or any police department of law enforcement or government agency? Yes No

If yes:

Date:	Agency:	Address & Phone No:	Reason:

Additional information Yes No

See continuation page _____

40. Have you ever been dismissed or refused employment from a law enforcement or government agency? Yes No

If yes, Dismissed Refused Both, explain:

41. Have you ever failed or refused a urinalysis test for any law enforcement or government agency?

Yes No If yes, explain:

Date:	Agency:	Reason:

Additional information Yes No

See continuation page _____

42. Have you ever been rejected from the selection process of any police department of law enforcement or government agency? Yes No If yes:

Date:	Agency:	Address & Phone No:	Reason:

Additional information Yes No

See continuation page _____

43. Have you previously applied for employment as a Correctional Police Officer with the New Jersey Department of Corrections? Yes No If yes:

Date of Application:	Symbol #	Level Completed:	Outcome:

Additional information Yes No

See continuation page _____

44. Have you ever submitted an appeal or have an appeal currently pending with the Civil Service Commission, Merit Board, PTC (Police Training Commission) or any law enforcement agency as a result of a dismissal or refusal of employment? Yes No If yes, explain:

45. Do you now or have you ever possessed any pistol permits, firearm permits, firearm ID card(s), or Firearms Dealer License(s) in this or any other state, or area under federal jurisdiction?
 Yes No:

If yes, provide the following information

Permit Number:	
Firearms Dealer License:	
Issuing Agency:	
State:	

Additional information Yes No

See continuation page _____

LIST ALL FIREARMS THAT YOU POSSESS AND/OR OWN:

IF YOU DO NOT POSSESS OR OWN ANY FIREARMS, MUST WRITE N/A IN EACH BOX!

SERIAL NO.	MAKE/IMPORTER	MODEL	CALIBER/GAUGE	REGISTERED
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Arrest, Summonses, Etc.

FOR THE PURPOSE OF THIS APPLICATION THE WORD “ARREST” INCLUDES ANY “DETAINING, HOLDING, OR TAKING INTO CUSTODY BY POLICE OR ANY OTHER LAW ENFORCEMENT AGENCY,” IN THIS OR ANY OTHER STATE OR FOREIGN COUNTRY WHETHER ADULT OR JUVENILE. YOU MUST INCLUDE ALL CHARGES REGARDLESS IF DISCHARGED UNDER ANY DIVERSION PROGRAM OR DISMISSED.

THE WORD “CHARGE” INCLUDES ANY “INDICTMENT, COMPLAINT, SUMMONS, AND INFORMATION” OR OTHER NOTICE OF THE ALLEGED COMMISSION OF ANY “OFFENSE” IN THIS OR ANY OTHER STATE OR FOREIGN COUNTRY EVEN IF IT DID NOT RESULT IN YOUR PHYSICAL ARREST.

THE WORD “OFFENSE” INCLUDES ALL “ALL MISDEMEANORS, FELONIES, DISORDERLY PERSONS OFFENSES OF ANY CRIMINAL STATUTE” LISTED UNDER NEW JERSEY’S CRIMINAL CODE (*N.J.S.A. 2C*). THIS INCLUDES ANY AND ALL “JUVENILE” VIOLATIONS. THIS ALSO APPLIES TO THE CRIMINAL STATUTES IN ANY OTHER STATE OR FOREIGN COUNTRY AS WELL.

ACCORDING TO *N.J.S.A. 2C:52-27.C*, INFORMATION DIVULGED ON EXPUNGED RECORDS SHALL BE REVEALED BY A PETITIONER SEEKING EMPLOYMENT WITH A LAW ENFORCEMENT AGENCY AND SUCH INFORMATION SHALL CONTINUE TO PROVIDE A DISABILITY AS OTHERWISE PROVIDED BY LAW.

FOR THE PURPOSE OF THIS QUESTION THE WORDS “ARREST,” “INDICTMENT,” AND “CHARGE” INCLUDE ANY QUESTIONING, DETAINING, HOLDING, OR BEING TAKEN INTO CUSTODY BY ANY POLICE OR OTHER LAW ENFORCEMENT AGENCIES, WHETHER JUVENILE OR ADULT.

PLEASE NOTE: IT IS MANDATORY THAT YOU DISCLOSE ALL CHARGES, WHETHER DISMISSED, ADJUDICATED, OR PENDING, INCLUDING EXPUNGEMENTS, SEALED RECORDS, CONDITIONAL DISCHARGES, PRE-TRIAL INTERVENTIONS, OR ANY OTHER DISMISSAL AS A RESULT OF SUCCESSFUL COMPLETION OF A DIVERSIONARY PROGRAM, ANY DUI/DWI CONVICTIONS, ALL JUVENILE MATTERS, AND ALL INCIDENCES OF DOMESTIC VIOLENCE TO WHICH YOU WERE A PARTY. EVERYTHING MUST BE DISCLOSED ON THIS APPLICATION REGARDLESS OF THE OUTCOME OF SUCH MATTERS. THIS INCLUDES TEMPORARY RESTRAINING ORDERS (ACTIVE OR DISMISSED) AND FINAL RESTRAINING ORDERS (ACTIVE OR DISMISSED).

YOU MUST PROVIDE CERTIFIED DISPOSITION PAPERWORK FROM EACH COURT REGARDING ALL CHARGES LISTED BELOW.

NOTICE: MUST INCLUDE EXPUNGEMENTS, CONDITIONAL DISCHARGES OR JUVENILE DIVERSIONS ON THIS APPLICATION. SUCH DISCLOSURE IS FOR LAW ENFORCEMENT PURPOSES ONLY. ALSO INCLUDE ALL JUVENILE EXPUNGEMENTS

46. As a juvenile, have you ever had any police contact, been taken into custody, received a summons complaint(s) or charged with Juvenile Delinquency? Yes No

If yes, explain:

Date:	Age:	Violation/Charge if act were committed as an adult:	Police Agency:	Phone No:
Municipality/Township		County	State	Court Disposition/Sentence: Choose an item.
Date:	Age:	Violation/Charge if act were committed as an adult:	Police Agency:	Phone No:
Municipality/Township		County	State	Court Disposition/Sentence: Choose an item.
Date:	Age:	Violation/Charge if act were committed as an adult:	Police Agency:	Phone No:
Municipality/Township		County	State	Court Disposition/Sentence: Choose an item.

Additional information Yes No

See continuation page _____

47. Have you ever been summoned, subpoenaed, or required to testify before any municipal, county, state, or federal agency or other investigative body for a criminal matter? Yes No

If yes, explain: (Name and address of court, victim, witness, defendant)

48. Since the age of 18 years, have you ever received a summons complaint, been arrested, indicted, or convicted for any violation of the law, including fish and game laws? Include disorderly persons, petty disorderly persons offenses, city, borough or county ordinances/violations. To include but not limited to: Possession of alcohol in public, fare evasion, urinating in public, etc. **(DO NOT LIST MOTOR VEHICLE VIOLATIONS)**

Date:	Violation:	Municipality/Twp:	County	State
Court Disposition: Choose an item.		Age at Time:	Police Agency:	Phone No:
Date:	Violation:	Municipality/Twp:	County	State
Court Disposition: Choose an item.		Age at Time:	Police Agency:	Phone No:

Date:	Violation:	Municipality/Twp:	County	State
Court Disposition: Choose an item.		Age at Time:	Police Agency: Phone No:	
Date:	Violation:	Municipality/Twp:	County	State
Court Disposition: Choose an item.		Age at Time:	Police Agency: Phone No:	
Date:	Violation:	Municipality/Twp:	County	State
Court Disposition: Choose an item.		Age at Time:	Police Agency: Phone No:	

Additional information Yes No

See continuation page _____

49. Have you ever had a criminal record expunged, or been accepted into a Pre-Trial Intervention or Conditional Discharge Program? Yes No

If yes, explain:

Date:	Violation:	Municipality/Twp:	County	State
Court Disposition: Choose an item.		Age at Time:	Police Agency: Phone No:	
Date:	Violation:	Municipality/Twp:	County	State
Court Disposition: Choose an item.		Age at Time:	Police Agency: Phone No:	
Date:	Violation:	Municipality/Twp:	County	State
Court Disposition: Choose an item.		Age at Time:	Police Agency: Phone No:	

Additional information Yes No

See continuation page _____

50. Have you ever been the subject of a criminal investigation or investigated by any law enforcement or private security agency for any reason, to include any police contact? (Other than pre-employment for a law enforcement agency) Yes No If yes, explain:

(Continued from question 50)

Date:	Violation:	Municipality/Twp:	County	State
Court Disposition: Choose an item.		Age at Time:	Police Agency:	Phone No:
Date:	Violation:	Municipality/Twp:	County	State
Court Disposition: Choose an item.		Age at Time:	Police Agency:	Phone No:

Additional information Yes No

See continuation page _____

51. Have you ever been fingerprinted? (Exclude this application and applications for employment with other law enforcement agencies, but include if fingerprinted for criminal or noncriminal such as licensing or employment)

Yes No If yes, explain:

52. Have you ever had any police or other law enforcement contact as a juvenile or adult? (Include anytime you have been questioned, stopped or a part of an incident in which you were involved)

Yes No If yes, explain:

53. Have you ever been accused, charged, arrested, convicted of or had charges adjudicated for any type of sexual offense? Yes No If yes, explain:

54. Have you ever been involved with harassment, discrimination or hostile work environment situation or investigation? Yes No If yes, explain:

55. Have you ever been involved in a personal relationship in where you threatened, assaulted or harassed another party? Yes No If yes, explain:

56. Have you ever been involved in a personal relationship in which you were threatened, assaulted or harassed by another? Yes No If yes, explain:

57. Have you ever been charged with or accused of, violating the civil rights of another person?
 Yes No If yes, explain:

58. Have you ever been a Plaintiff, a Defendant or involved in any act of Domestic Violence in this state or any other state? Yes No

- TEMPORARY RESTRAINING ORDER AS A PLAINTIFF [ACTIVE DISMISSED]
- TEMPORARY RESTRAINING ORDER AS A DEFENDANT [ACTIVE DISMISSED]
- FINAL RESTRAINING ORDER AS A PLAINTIFF [ACTIVE DISMISSED]
- FINAL RESTRAINING ORDER AS A DEFENDANT [ACTIVE DISMISSED]

NAME(S) OF PARTIES: _____

COURT WHERE FILED: _____

Additional information Yes No

See continuation page _____

CONFLICTS

7;. Are you engaged in any business activity or employment in which you plan to continue if employed by the state? Yes No If yes, explain:

62. Would the nature or circumstance of any of the above activities present any possible conflict of interest should you be employed by the state? Yes No If yes, explain:

63. THE FOLLOWING INFORMATION IS REQUIRED TO PERFORM A CRIMINAL BACKGROUND INVESTIGATION. ALL SECTIONS MUST BE COMPLETED.

ETHNIC CATEGORIES (CHECK ONE):

- Hispanic, Person of Mexican, Puerto Rican, Cuban, Central of South American or other Spanish culture or origin, regardless of race.
- African American, not of Hispanic Origin: Person having origins in any of the Black racial groups of Africa.
- Caucasian, not of Hispanic Origin: Person having origins in any of the Original peoples of Europe, North Africa, or the Middle East.
- Asian or Pacific Islander, Person having origins in any of the original peoples of Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The area includes Pakistan, Korea, China, Japan, Vietnam, Cambodia, and the Philippine Islands, and Samoa.
- Native American or Alaskan Native, Persons having origins in any of the original people of North America, affiliation or community recognition.

MOTOR VEHICLE

64. Driver's License(s):

Current Driver's License #	State	Expiration Date

65. Have you ever held or do you hold a driver's license in another state? Yes No

Driver's License #	State	Expiration Date

Additional information Yes No See continuation page _____

66. Vehicle Registration(s): List all vehicles presently owned or leased

License Plate #	State	Year	Make/Model/Color

Additional information Yes No See continuation page _____

67. Is your driving privilege currently revoked or suspended in this or any other state?

Yes No If yes, explain:

68. Have your driving privileges ever been suspended or revoked in this state or any other state?

Yes No If yes, explain:

69. Do you currently have any active surcharges pending? Yes No If yes, explain:

68. Have you ever been arrested and/or detained for driving while under the influence of alcohol or drugs in this state or any other state? Yes No If yes, explain:

69. Do you have any outstanding motor vehicle violations currently pending?
 Yes No If yes, explain:

Note – Although outstanding tickets are not an automatic disqualifier, processing of your application will be delayed until after these violations have been paid.

Date of Citation	Municipality	Ticket No. #	Fee	Court Date

Additional information Yes No

See continuation page _____

Subversive Affiliations

70. Are you now, or have you ever been a member or an affiliate of any organization, association, movement, or group which you know to advocate the commission of acts of force or violence designed to overthrow the government of the United States or this state to include but not limited to street gangs such as Bloods, CRIPS, Skinheads, Latin Kings, MS-13, NETA, Motorcycle Groups, Organized Crime, Communist or Communist-Front groups or any other subversive organization or hate groups? Yes No If yes, explain:
71. Are you associated with, or have you ever been associated with any individuals including relatives who you know or have reason to believe are or have been members of any organization or groups described in question 71? Yes No If yes, explain:
72. Do you presently or have you ever resided with anyone associated with or a member of any organization or group described in question 71? Yes No If yes, explain:
73. Have you ever had problems or been accused of having problems dealing with persons of another race, ethnic origin, religious group, gender or sexual orientation? Yes No If yes, explain:

Additional Information

74. Do you or have you ever resided or associated with any inmates, ex-inmates or any individual on probation or parole? Yes No

If yes:

Last Name, First Name	Relationship	Custody Status
		Choose an item.
		Choose an item.
		Choose an item.

Additional information Yes No

See continuation page _____

75. Have you ever visited any persons incarcerated in any Correctional/Detention Facility or Halfway House? Yes No

If yes:

Last Name, First Name	Relationship	Name of Facility	State of Facility	Date of Visit

Additional information Yes No

See continuation page _____

76. Have you ever created or used a JPAY account or out-of-state equivalent to contact an inmate?
 Yes No

If yes:

User Name: _____ Password: _____

REFERENCES

77. List three (3) people unrelated to you that we may contact for information concerning your qualification and character. You must have known these individuals for a minimum of three (3) years.

1. Reference

Print Name	Last	First	Middle
Mailing Address: Street / Apt #		City/Town	State Zip Code
Telephone:		Occupation:	
How long have you personally known this individual?			

2. Reference

Print Name	Last	First	Middle
Mailing Address: Street / Apt #		City/Town	State Zip Code
Telephone:		Occupation:	
How long have you personally known this individual?			

3. Reference

Print Name	Last	First	Middle
Mailing Address: Street / Apt #		City/Town	State Zip Code
Telephone:		Occupation:	
How long have you personally known this individual?			

78. Name and telephone number of a person to contact in case of an emergency:

NAME	RELATIONSHIP
PHONE NUMBER:	AREA CODE

USE THIS SHEET FOR ADDITIONAL INFORMATION
EVEN IF UNUSED, CANDIDATE MUST INITIAL, DATE, AND TYPE "N/A"

USE THIS SHEET FOR ADDITIONAL INFORMATION
EVEN IF UNUSED, CANDIDATE MUST INITIAL, DATE, AND TYPE "N/A"

ACKNOWLEDGEMENT

I UNDERSTAND THAT IF I PLAN TO ENGAGE IN ANY BUSINESS OR EMPLOYMENT WHILE WORKING FOR THE STATE IN ANY OF ITS DEPARTMENTS OR AGENCIES, PRIOR APPROVAL WILL BE NECESSARY BEFORE ACCEPTING EMPLOYMENT SINCE THERE MAY BE RESTRICTIONS IN ACCORDANCE WITH THE NEW JERSEY CONFLICTS OF INTEREST LAW AND/OR THE STATE, DEPARTMENT, OR AGENCY'S CODE OF ETHICS.

I HEREBY AUTHORIZE MY CURRENT AND/OR FORMER EMPLOYERS TO RELEASE ANY INFORMATION THEY MAY HAVE CONCERNING MY EMPLOYMENT RECORD AND I RELEASE THE STATE OF NEW JERSEY FROM ALL LIABILITY WHATSOEVER THAT MAY ARISE FROM SECURING THIS INFORMATION. I FURTHER AUTHORIZE REPRESENTATIVES OF THE NJDOC TO VERIFY ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING EDUCATION AND TO REVIEW ANY AND ALL CRIMINAL HISTORY, MILITARY, AND DISCIPLINARY RECORDS FROM ALL SOURCES.

I CERTIFY THAT THE INFORMATION SUBMITTED BY MYSELF ON THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISLEADING, WITHHELD OR INCORRECT INFORMATION MAY RENDER THIS APPLICATION VOID AND CAUSE MY NAME TO BE IMMEDIATELY REMOVED FROM THE ELIGIBLE LIST. IN ADDITION, IT WILL BE JUST CAUSE FOR IMMEDIATE TERMINATION IF ALREADY EMPLOYED.

PRINT NAME

DATE

Prior to clicking the box ensure that all information is completed in its entirety and accurate as you will not be able to edit this document after you select this box. By checking this box you agree that all information is complete and accurate to the best of your knowledge.



State of New Jersey
DEPARTMENT OF CORRECTIONS
WHITTLESEY ROAD
PO Box 863
TRENTON NJ 08625-0863

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

VICTORIA L. KUHN, ESQ.
Commissioner

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____
(Print last name, first name, middle initial, social security number)

Hereby authorize the Veterans Administration, United States Air Force, Coast Guard, Marine Corps, Navy, medical doctors, psychiatrists, psychologists, Law Enforcement agencies, insurance companies, current and former employers, State and Federal income tax bureaus, Social Security Administration, educational institutions, or any other agency to furnish the New Jersey Department of Corrections with any and all information regarding me, at their request, in order to determine my suitability for employment.


NOTE: A photocopy of this document is binding for the purposes stated herein.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____

Signature of Notary: _____

Notary Stamp:




State of New Jersey

DEPARTMENT OF CORRECTIONS

WHITTLESEY ROAD

PO Box 863

TRENTON NJ 08625-0863

PHILIP D. MURPHY

Governor

SHEILA Y. OLIVER

Lt. Governor

VICTORIA L. KUHN, ESQ.

Commissioner

FINGERPRINT DATA SHEET

THE INFORMATION YOU PROVIDE WILL BE USED BY NEW JERSEY DEPARTMENT OF CORRECTIONS ID UNIT TO IDENTIFY YOU WHEN YOU ARE FINGERPRINTED. PLEASE ENSURE ALL OF THE INFORMATION IS COMPLETE AND ACCURATE.

LAST NAME		FIRST NAME		FULL MIDDLE NAME	
-----------	--	------------	--	------------------	--

DATE OF BIRTH		FULL SOCIAL SECURITY #		SEX		RACE	
---------------	--	------------------------	--	-----	--	------	--

HEIGHT (FEET/INCHES)		WEIGHT (LBS)		HAIR COLOR		EYE COLOR	
----------------------	--	--------------	--	------------	--	-----------	--

STATE OF BIRTH		IF BORN OUTSIDE OF THE USA-CITY AND COUNTRY OF BIRTH	
----------------	--	--	--

ARE YOU A CITIZEN OF THE UNITED STATES Y/N?	
---	--

ADDRESS		APT/BLDG #		CITY		STATE		ZIP	
---------	--	------------	--	------	--	-------	--	-----	--

ALIASES/AKA'S	
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NOTE: SCARS, MARKS, TATTOOS- LIST ALL TATTOOS, LARGER THEN AN INCH AND A HALF, INCLUDE WHERE THEY ARE ON THE BODY AND WHAT THEY ARE. LIST ALL BIRTHMARKS AND SCARS THAT ARE BIGGER THEN A QUARTER. IF MORE SPACE IS NEEDED, PLEASE PRINT AN ADDITIONAL SHEET AND LABEL IT PAGE 2 OF 2.

TATTOOS:	TATTOOS:	SCARS:
		BIRTHMARKS:



**NEW JERSEY DEPARTMENT OF CORRECTIONS
CANDIDATE INFORMATION FORM**

LAST NAME:		SUFFIX:	
-------------------	--	----------------	--

FIRST NAME:	
--------------------	--

MIDDLE NAME:	
---------------------	--

ALL NAMES EVER USED (INCLUDE MAIDEN NAMES, ALIAS, OR NICKNAMES):

ADDRESS:		APT:	
-----------------	--	-------------	--

CITY:		STATE:		ZIP:	
--------------	--	---------------	--	-------------	--

DATE OF BIRTH:		CITY OF BIRTH:	
-----------------------	--	-----------------------	--

SOCIAL SECURITY NO:		AGE:	
----------------------------	--	-------------	--

RACE:		GENDER:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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DRIVER'S LICENSE NO:	
-----------------------------	--

EXPIRATION DATE:		ISSUING STATE:	
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HAVE YOU EVER HELD A LICENSE IN ANOTHER STATE? IF YES, PLEASE LET THE STATES:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PRIMARY EMAIL ADDRESS:	
-------------------------------	--