

APPLICATION FOR CLEARANCE AND ISSUANCE OF IDENTIFICATION CARDS

CHECK ONE: TEMPORARY OR VOLUNTEER CHECK ONE: NEW RENEWAL

(PLEASE PRINT LEGIBLY)

NAME: (LAST) (FIRST) (M.I.) SS #:

AKA: (OTHER NAMES USED SUCH AS MAIDEN NAME, ADOPTIONAL, RELIGIOUS, ETC.) (MARKS, SCARS AND TATTOOS)

DATE OF BIRTH: / / SEX: RACE: EYES: HAIR: HT: WT:

PLACE OF BIRTH: (State Only) Driver's Lic. #: (State) (Number)

HOME ADDRESS: (STREET) (CITY) (STATE) (ZIP CODE)

Name of your Department/Agency: Phone #

ADDRESS: (STREET) (CITY) (STATE) (ZIP CODE)

PURPOSE OF VISITATION TO INSTITUTIONS:

Have you ever been convicted of any violation of the Criminal Code in this State or in any other Jurisdiction? (Violations include offenses, crimes, misdemeanors, and felonies).

(Check one) YES NO If "YES", explain on reverse side.

Do you presently have any pending criminal charges? YES NO If "YES", explain on reverse side.

APPLICANT MUST LIST EXPUNGED CONVICTION(S) INFORMATION, SIGN AND DATE THE "AUTHORIZATION TO RELEASE INFORMATION" FORM ON THE REVERSE SIDE. FALSIFICATION OF APPLICATION MAY RESULT IN THE TERMINATION OF YOUR EMPLOYMENT.

Have you ever been employed by the NJ Dept. of Corrections in any capacity? YES NO If "YES", explain on reverse side.

Are you currently on an inmate visit list or do you currently have any acquaintances or family members incarcerated in any NJ Dept. of Corrections facilities? YES NO If "YES", explain on reverse side.

^ ***** (DO NOT WRITE BELOW THIS LINE, FOR SPONSOR USE ONLY) ***** ^

Title applicant applying for: Location:

Sponsor: Title:

Division, Bureau or Unit:

Sponsor's signature: Date:

Send reply to: (Print Name) Phone:

NATURE OF CONVICTION	DATE OF CONVICTION	AGE AT TIME OF INCIDENT	NAME & ADDRESS OF POLICE AGENCY OR COURT	DISPOSITION

COMMENTS / EXPLANATIONS: _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the release of any and all information regarding me, to the NJ Department of Corrections, at their request, in order that they may determine my suitability for employment.

SIGNATURE OF APPLICANT: _____ DATE: _____

^ ***** DO NOT WRITE BELOW THIS LINE ***** ^

***** SPECIAL INVESTIGATIONS DIVISION USE ONLY *****

THE ABOVE NAMED APPLICANT'S CRIMINAL HISTORY RECORD INDICATES:

ARREST & CONVICTION ARREST AND NO CONVICTION NO RECORD

NAME TITLE DATE