

# NOTICE TO APPLICANT

1. You must fill out the application completely. You must list phone numbers and the person to speak with in regards to your past or present employer.
2. You must read and fill out the “Authorization of Release” form completely.
3. Your driving and registration privileges within the State of New Jersey must be valid as well as any other state. If not, you will not be hired until you correct the problem.
4. You must report all arrests for criminal offenses. If you fail to report this information, and such information is uncovered during the hiring process, you will be disqualified and/or terminated from employment.
5. By signing this notice, you agree that you have read and fully understand all of the above stated items.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF NEW JERSEY )  
 ) ss.  
COUNTY OF WARREN )

I, \_\_\_\_\_, 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 Correctional Center or the Warren County Communications Center, herein after referred to as "Employer", 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 Employer 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 Employer or any of its agents or representatives to inspect and make copies of such documents, records and other information.

I hereby request and authorize the Department of the \_\_\_\_\_  
(Army, Navy, Air Force, Marines)  
to furnish to the said Employer the record for each period of my service therein, and to furnish the character service rendered for each period. My serial number was \_\_\_\_\_.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorization, and release will be considered in determining my suitability for employment.

I hereby release, discharge and exonerate the said Employer, their agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collections of such documents, records and other information or the investigation made by the said Employer.

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 understood the contents of the "Authorization and Release"

Print ALL used, maiden or alias names (first, middle, last) \_\_\_\_\_

\_\_\_\_\_

Drivers License Number: \_\_\_\_\_ SIGNATURE (Include Maiden Name)  
D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_