



770 Coopertown Road
Delanco, New Jersey 08075
856-461-0357

CROSSING GUARD
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, am having a confidential background
(Print Full Name)
investigation conducted on me by the Delanco Township Police Department. This
investigation is being conducted by a Delanco Police Officer.

Therefore, I do hereby authorize the review, copying and full disclosure of ANY and ALL
information, but not limited to, **criminal history, arrest records, contacts with police, local
police data bases, NJ Automated Traffic Systems, NJ Automated Complaint System, NJ
Promis/Gavel Records, NJ DV Registry, NJ Motor Vehicle Records and Juvenile records**
concerning myself to any duly authorized agent of the Delanco Township Police Department,
whether the said records are public or private and including those which may be deemed of a
privileged or confidential nature. I hereby release, discharge and exonerate the Delanco
Township Police Department, 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 investigation made
by the Delanco Township Police Department. The intention of this authorization is to provide
information that will be utilized for investigative resource material.

A photo static copy of this authorization will be considered as effective and as valid as the
original.

Date: _____ Signature: _____

Date of Birth: _____

Social Security Number: _____ Witness: _____

Copy issued to:

TOWNSHIP OF DELANCO

770 Coopertown Rd.

Delanco, NJ 08075

Date: _____

Employment Application:

Applicant Information:

Name (Last, First, Middle): _____

Address: _____

City/Town: _____

Phone (Home): _____ (Work): _____

Social Security Number: ____ - ____ - ____

Position applied for: _____

Have you ever applied to the (local unit type) before ___ Yes ___ No If yes, give date _____

Date you can start: _____ Salary desired: _____

Are you available to work: ___ Full time ___ Part time

Are you currently employed: ___ Yes ___ No ___ May we contact you at work: ___ Yes ___ No

May we contact your current employer: ___ Yes ___ No

Are you currently on layoff status and subject to recall: ___ Yes ___ No

Do you possess a current driver's license: ___ Yes ___ No

If yes, provide License _____ & State _____

Do you possess a current commercial driver's license: ___ Yes ___ No

Please list any endorsements: _____

If you are under eighteen years of age, can you provide proof of eligibility to work: ___ Yes ___ No

Are you legally eligible to work in the United States of America: ___ Yes ___ No

Pursuant to Federal Law, proof of LJS Citizenship or immigration status will be required if you are hired.

Employment is conditional upon the results of the criminal background check. Please supply your date of birth and social security number so a complete background check can be completed.

Date of birth _____ Social Security # _____

Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:			
Job Title:			

Supervisor's name and phone number:

May we contact for a reference:	Yes	No
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Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:			
Job Title:			

Supervisor's name and phone number:

May we contact for a reference:	Yes	No
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Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:			
Job Title:			

Supervisor's name and phone number:

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Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:			
Job Title:			

Supervisor's name and phone number:

May we contact for a reference:	Yes	No
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Comments:

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying (i.e. typing, stenography...)

Comments & Additional Information: Is there any additional information about you we should consider?

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should **NOT** be relatives or former superiors.

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the Township, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected *if* any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Township the right to secure additional job-related information about me. I release the Township and its representatives from all liability for seeking such information. I understand that the Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Township may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. *For your application to be considered, you must sign and date below.*

Applicant's Signature: _____

Date: _____

Voluntary Affirmative Action Information

You are ***NOT*** required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program

Applicant Information:

Name: _____

Address: _____

City/town: _____

Phone: () _____

Position Applied For: _____

How did you learn about this position? _____ Advertisement _____ Employment Agency

_____ Friend _____ Relative _____ Walk-in _____ Other (Explain) _____

Information Regarding Status:

Gender:

_____ Male
_____ Female

Equal Employment Opportunity identification groups:

_____ White
_____ African-American (non-Hispanic)
_____ Hispanic
_____ American Indian/Alaskan native
_____ Asian/Pacific Islander
_____ Other _____

Other Protected Groups:

_____ Individual with a disability
_____ Vietnam-era veteran (Served between 1964 and 1975)
_____ Disable veteran

For Township use only

Hired: _____ Yes _____ No Position _____ Date _____

- | | | |
|---------------------------|--------------------------------|----------------------------|
| 1. Officials and Managers | 4. Sales workers | 7. Operators(semi-skilled) |
| 2. Professionals | 5. Office and clerical workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft workers (skilled) | 9. Service workers |

(local unit type) Official, _____ Date, _____

