



Somerset County Sheriff's Office

P.O. Box 3000 • Somerville, New Jersey 08876-1262

- BUREAU OF CRIMINAL IDENTIFICATION -

Phone: 908-231-7137
Fax: 908-704-0671



Darrin J. Russo
SHERIFF
908-231-7140

Robert McCarthy
DIRECTOR
908-231-7136

Application for Background Check

A copy of your *driver's license* and *social security card* will be made upon completion of this form.
(Una copia de su *licencia* I carta de *seguro social* se va aser cuando termina la forma).

Today's Date: _____ Home Phone: (_____) _____ - _____
(Fecha) (teléfono de casa)

Name: _____ Cell Phone: (_____) _____ - _____
(Su nombre) (teléfono celular)

Address: _____
(Donde Vive)

Birth Place: _____ D.O.B.: _____
(Lugar de macimiento) (Fecha de nacimiento)

Social Security #: _____ - _____ - _____ Driver's License #: _____
(Numero de seguro) (Numero de su licencia)

Position Applied For: _____ Name of Company Applying with: _____
(Que tipo de trabajo estas aplicando) (El nombre de la comania que estas aplicando)

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
(sexo) (raza) (altura) (peso) (color de pelo) (color de ojos)

Marital Status: _____ County Contact: _____
(Casado, Soltero, Divorziado) (Contacto con el condado)

Current Employer/Address: _____
(El Nombre y Direccion dela compania de la compania que estas travajandro ahora)

Occupation: _____ (Applying for) Cty Employment: ___ Contractor: ___ Intern: ___ Vol: _____
(Ocupacion)

DO NOT WRITE BELOW THIS LINE - FOR SHERIFF'S OFFICE USE ONLY

SBI: _____ FBI: _____ NCIC: _____ ATS: _____ ACS: _____ P/P: _____ PROM/GRV: _____

CO CORR: _____ BCI: _____ Megan's Law: _____ APPROVED BY: _____

*DMV Abstract (Police Only): _____ *DV: _____ *JUV: _____ *Firearms: _____
(*Law Enforcement Only)

Arrests/Convictions: _____ BCI OFFICER: _____



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www.somcosheriff.org

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Authorization for Background Check

Robert McCarthy
DIRECTOR
908-231-7136

(Name) (Date of Birth)

(Address) (City) (State) (Zip Code)

(Telephone Number) (Social Security Number)

By my signature below, I hereby authorize any representative of the Somerset County Sheriff's Office, access and release of all Federal, State, and Local records pertaining to my Criminal History. I also agree to a Motor Vehicle Records Check Police (**Police applicants only**) and submittal to being fingerprinted and photographed by the Bureau Of Criminal Identification.

I understand that the information released is for official use by the Somerset County Sheriff's Office only, to determine my suitability to work within the confines of the Somerset County Complex and any other buildings or properties owned or run by the county of Somerset.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state for federal laws.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used in accordance with the Somerset County Sheriff's Office procedures.

You must present two forms of personal identification from the list below. One form must have your photograph on the identification. Approved identifications are:

- Your Driver's License
- Your Social Security Card
- Your Birth Certificate
- Your Passport

Signature: _____ Date: _____

Parent or Guardian Signature (If Applicable): _____

Date: _____