



**OFFICE OF THE PROSECUTOR  
COUNTY OF BURLINGTON**

PO BOX 6000  
MOUNT HOLLY, NEW JERSEY 08060  
PHONE (609) 265-5035  
[www.burlpros.org](http://www.burlpros.org)



**SCOTT A. COFFINA**  
**BURLINGTON COUNTY PROSECUTOR**

**PHILIP ARONOW**  
*FIRST ASSISTANT PROSECUTOR*

**DARREN ANDERSON**  
*CHIEF OF INVESTIGATIONS*

To All Applicants for Employment with the Burlington County Prosecutor's Office:

Every employee is required to complete a comprehensive background investigation which is performed by the investigative staff of this Office. Our background questionnaire is available on-line and may be completed by filling in the required fields and printing the document.

An applicant must complete the background questionnaire only after a formal, written offer of employment is extended to the applicant. A County Investigator will coordinate the completion of the background questionnaire once the formal offer of employment has been extended to the applicant and the applicant has accepted the offer of employment in writing. All information received in the background questionnaire is treated as confidential information and is only used as a basis for determining the qualification of the applicant. All applicants are hired subject to the background questionnaire/investigation disclosing no derogatory or other information which would cause the offer to be rescinded.

**BURLINGTON COUNTY PROSECUTOR'S OFFICE**  
**APPLICATION FOR EMPLOYMENT**



**MISSION STATEMENT**

**THE BURLINGTON COUNTY PROSECUTOR'S OFFICE IS COMMITTED TO A STANDARD OF EXCELLENCE IN PROVIDING OUR CITIZENS WITH THE MOST EFFECTIVE AND EFFICIENT INVESTIGATION AND PROSECUTION OF CRIMINAL OFFENDERS AND PROVIDING INNOVATIVE LEADERSHIP FOR LAW ENFORCEMENT. WE WILL STRIVE TO ENFORCE THE LAWS FAIRLY, IMPARTIALLY AND JUSTLY WHILE TREATING ALL VICTIMS OF CRIME WITH COMPASSION AND DIGNITY.**

**INSTRUCTIONS**  
**READ CAREFULLY**  
**PRIOR TO FILLING OUT APPLICATION**

These instructions are provided as a guide to assist you in properly completing your formal application for employment. It is essential that the information be accurate in all respects. It is used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Formal Application for Employment should be printed. Answer all questions completely and to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided. Leave no blank spaces.
3. If additional space is required to answer any question, utilize bond paper and attach it in the appropriate sequence with this Application.
4. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin. All time periods in your background must be accounted.
5. You are responsible for obtaining correct addresses.
6. An accurate and complete application form will help expedite your investigation. If any of the foregoing statements made by you are willfully false, you are subject to punishment. Any false statements or omissions may be grounds for dismissal or rejection.

**BURLINGTON COUNTY PROSECUTOR'S OFFICE**

**49 RANCOCAS ROAD  
P.O. BOX 6000  
MOUNT HOLLY, NEW JERSEY 08060  
(609) 265-5035**

**FORMAL APPLICATION  
FOR EMPLOYMENT**

POSITION APPLIED FOR:

PRINT:

LAST NAME

FIRST NAME

MIDDLE NAME

MAILING  
ADDRESS:

STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related condition or disability or any other legally protected status.

## PERSONAL DATA

1. What is your full name:

LAST

FIRST

MIDDLE

Height:

Weight:

Eye Color:

Hair Color:

2. Give any other names you have ever used or been know by (including nicknames), and attach a statement, giving reasons (if none, so state).

3. Where were you born:

CITY

STATE

4. Birth Certificate:

NUMBER

CITY

STATE

5. Date of Birth:

MONTH

DAY

YEAR

6. Social Security Number:

7. State Issued:

8. Email(s):

9. Social Media Web Account(s):

## CITIZENSHIP

8. Are you a native born or naturalized citizen?      Fill in the following:

Native born:

Naturalized:

If you are of foreign birth or are a naturalized citizen, fill in the following:

Country of birth:

Port or place of departure to the United States:

Date:

How were you transported to the United States:    (ship, plane, train, etc.):

Port or place of entry into the United States:

If a naturalized citizen, name and address of person who sponsored you on arrival:

First address after arrival:

How did you obtain citizenship: (Give details)

Petition Number:

Date:

Court:

State:

Certificate Number:

**RESIDENCE**

9. Where do you now reside:

Number      Street/Avenue

City

State

Zip Code

County

Telephone Number:

Other Number:

10. How long have you resided there:

11. With whom do you reside:

Name

Birth Date

Occupation

Social Security #

Place of Employment

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Name

Birth Date

Occupation

Social Security #

Place of Employment

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Name

Birth Date

Occupation

Social Security #

Place of Employment

Name

Birth Date

Occupation

Social Security #

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Place of Employment

Name

Birth Date

Occupation

Social Security #

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Place of Employment

Name

Birth Date

Occupation

Social Security #

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Place of Employment

Name

Birth Date

Occupation

Social Security #

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Place of Employment



12. In chronological order, state each and every place in which you have lived during the past ten (10) years, beginning with your present address:

From:	To:	Address
Mo. Yr.	Mo. Yr.	City, State, Zip Code

13. List all places where you registered or voted: (If none, so state).

County	State	Year	County	State	Year
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## **NOTE**

Applicants must provide complete information concerning their relatives. If you have been married or been in a legally-recognized civil union more than once, provide all information concerning each spouse.

If a relative is deceased, give all information requested, last residence, and date of birth.

Include stepbrothers, stepsisters, half brothers and half sisters. If you or your spouse have stepparents, legal guardians, or other individuals that have reared you, you must supply the requested information concerning them, as well as your biological parents.

If you are engaged to be married or are contemplating marriage or a legally-recognized civil union in the near future, you must complete all information regarding your future spouse and in-laws. Clearly indicate such a relationship is a future one.

## SOCIAL STATUS

14. Are you single, married, separated, divorced, in a legally-recognized civil union or widowed: (Please indicate)

15. Give the following information regarding any marriages or civil unions.

When	Where	By Whom	Wife's Maiden Name or Husband's Name
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16. If separated, provide details:

17. If separated or divorced, what is the present address of that person:

18. How many times have you been legally or voluntarily separated?

19. Were you ever divorced, had a marriage annulled, or a civil union dissolved?

Yes  No  How many times:

20. If ever separated, annulled, divorced, or had a civil union dissolved, indicate which, below, and fill in required information:

Separated Annulled Divorced Civil Union	Date Issued	By Whom	Where Issued Court & State	Offending Party Decreed by Whom	Reason
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21. Are you the parent of any children (include deceased):

Yes  No

22. List every child that you are a parent or a guardian of: Include court ordered circumstances

Name	Date of Birth	Place of Birth	With whom and where does child reside
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23. Are you now supporting all children born to you, including adopted and stepchildren?

Yes  No

If no, provide details:

24. Have you ever been involved as a plaintiff or defendant in a paternity proceeding?

Yes  No

If yes, provide details:

25. If single, list names, etc., (at least one) girlfriend/boyfriend:

Name	Address	Date of Birth	Occupation	Social Security #	Phone #
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26. Give the name of your father, mother (maiden name), sisters, brothers, spouse (if deceased, so indicate):

Name	Relationship
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Address

Date of Birth

Social Security Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of Birth

Social Security Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of Birth

Social Security Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of Birth

Social Security Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of  
Birth

Social Security  
Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of  
Birth

Social Security  
Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of  
Birth

Social Security  
Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of  
Birth

Social Security  
Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of  
Birth

Social Security  
Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of  
Birth

Social Security  
Number

Home Telephone #

Employer

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27. Give the names of your father-in-law, mother-in-law, sister/brothers in-law and respective spouses:

Name

Relationship

Address

Date of Birth

Social Security Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of Birth

Social Security Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of Birth

Social Security Number

Home Telephone #

Employer

Name

Relationship

Address

Date of  
Birth

Social Security  
Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of  
Birth

Social Security  
Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of  
Birth

Social Security  
Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of Birth

Social Security Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of Birth

Social Security Number

Home Telephone #

Employer

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Name

Relationship

Address

Date of Birth

Social Security Number

Home Telephone #

Employer

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28. List the names of three friends and/or associates, other than ~~æ ã Á ^{ à^!•~~, that you have known for at least three (3) years:

Name

Address

Date of Birth

Occupation

Social Security Number

Phone #

Type of Association

---

Number of Years Known

Name

Address

Date of Birth

Occupation

Social Security Number

Phone #

Type of Association

Number of Years Known

Name

Address

Date of Birth

Occupation

Social Security Number

Phone #

Type of Association

Number of Years Known

## EDUCATION

29. List chronologically (earliest date first) all high schools, colleges/universities, and training courses you have attended:

School

Exact Address

From:

Month Yr.

to

Month Yr.

Day/Evening Hrs.

Grade

School

Exact Address

From:

Month Yr.

to

Month Yr.

Day/Evening Hrs.

Grade

School

Exact Address

From:

Month Yr.

to

Month Yr.

Day/Evening Hrs.

Grade

School

Exact Address

From:

Month Yr.

to

Month Yr.

Day/Evening Hrs.

Grade

30. What college/university degree(s), professional license(s), scholastic honor(s) or awards do you possess:

Major:

Grade Point Average (cumulative):

Total Credits Achieved Toward Degree:

31. Other than English, what language(s) do you speak:

Speak:

Understand:

Describe how you achieved this ability:

32. Have you ever been subjected to disciplinary action for any reason while attending schools? (Examples include but are not limited to absenteeism, tardiness, academic probation, suspension, expulsion, etc.)

Date

School

Briefly Explain Problems

33. It is understood I will immediately have forwarded transcripts for all colleges attended: (Initials Required)

TO: Burlington County Prosecutor's Office  
49 Rancocas Road  
P.O. Box 6000  
Mount Holly, NJ 08060  
ATTENTION: SPECIAL INVESTIGATIONS UNIT

**PROPER FEES MUST BE FORWARDED TO THE COLLEGE/UNIVERSITY BY THE APPLICANT**

## MILITARY SERVICE

34. Have you ever served in an active military organization of the United States:

Yes  No

35. Have you ever served in a military organization of any foreign government:

Yes  No

If yes, give details:

36. Give branch of service:

Military Specialty:

37. Rank Held:

Service Serial #:

38. If you have had no military service, give reasons:

39. How many periods of active military service have you had (drafts, enlistments or recalls to service:

Have you served outside the United States for any period(s) of times: If so, give details, locations, dates, etc.:



40. Give period or periods of active service:

From:	To:
From:	To:
From:	To:
From:	To:

41. List all medals and decorations awarded to you as a member of the armed forces:

**NOTE: Questions 42 through 47 pertain to active military service, active or inactive reserve forces of the United States or any foreign government, or the National Guard of any state.**

42. How many discharges or service were given to you:

43. What is the type of your discharge(s) or separations(s) (honorable, dishonorable conditions, etc.) Be exact.

44. Has your discharge or separation notice ever been corrected or changed:

Yes  No

45. What is the nature of the change:

Changed from:	To:
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46. Were you ever court-martialed, tried on charges, or been the subject of a summary court, captain's mast, company punishment, or any other disciplinary action:

Yes  No  Number of Times:

If yes, provide details:

47. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or National Guard of any state:

Yes  No

If yes, state active or inactive:

Branch: Regiment: Unit:

Rank: Address:

From: To:

## EMPLOYMENT

48. Present Employer:

Occupation or Title:

Address:

City, State, Zip Code:

Telephone Number:

Date of Hire:

Duties:

49. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member:

Yes  No

If yes, provide details:

50. Has your name ever been submitted or used as a trustee, officer, or in any capacity, or any labor or trade union, organization or affiliate?

Yes  No

If yes, provide details:

51. List below, chronologically the earliest dates first, each and every place you were previously employed since the age of 18. **OMIT NONE.** Give correct, full addresses. Give dates of non-employment between periods of employment in proper sequence. Include all part-time employment.

From Mo/Yr	To Mo/Yr	Name/Address of Employer	Immediate Supervisor	Reason for Leaving
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52. Were you ever discharged or asked to resign from employment:

Yes  No  How many times:

If yes, provide details:

53. Were you ever subjected to disciplinary action in connection with any employment:

Yes  No

If yes, provide details:

54a. Have you, your spouse, or any corporation or partnership of which he/she was an officer, director, or partner, ever possessed a license or learner's permit (excluding driver's license or learner's permit) issued by any governmental agency:

Yes  No

If yes, provide details:

54b. Have you or your spouse ever possessed a professional or occupational license, permit or certification:

Yes  No

If yes, provide details:

54c. Has any license or permit (excluding driver's license or learner's permit) issued by any city, state, or federal agency ever been denied to you, your spouse, or to any corporation or partnership of which you or your spouse was an officer, director, or partner? Has any such license or permit ever been revoked, canceled or suspended?

Yes  No

If yes, provide details:

55. Have you ever sponsored, vouched for, served as character witness for, or made any recommendations for or concerning any person or premises to the municipal, state or federal agency in connection with the issuance, revocation, or suspension of any license or permit or for any other reason:

Yes  No

If yes, provide details:

56. Have you ever received unemployment insurance or other federal, state, or local benefits or assistance:

Yes  No

What type:

Local Office and Address:

Give Periods:

From: To:

From: To:

From: To:

From: To:

Have you ever received any allowances to which you were not entitled:

Yes  No

If yes, provide details:

57. Have you ever made application with this or any other law enforcement agency:

Yes  No

If yes, provide details:

Where

When

Present Status

58. Have you ever been rejected by another law enforcement agency for employment:

Yes  No

If yes, provide details:

Agency Name

Date

Reason

59. Were you ever a member of a public interest, charitable, social, labor, or fraternal organization?

Yes  No

If yes, list below every organization.

From  
Mo/Yr

To  
Mo/Yr

Name/Address  
of Organization

Type of  
Organization

60a. Have you ever had any debt, garnishes, wage assignment or judgment entered against you?

Yes  No

If yes, provide details:

60a (continued)

Type	Name & Address	With Whom When Incurred	Original Amt.	Present Amt.	Monthly Payment	Amt. in Arrears
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60b. Have you ever received a student loan from a private or governmental agency:

Yes  No  If yes, provide details:

60c. Did you ever default any loan:

Yes  No  If yes, provide details:

61. Have you ever been bonded: Yes  No

With respect to each time bonded, state details below:

Reason  By Whom (Name and Address)



62. Have you ever been refused a bond: Yes  No

If yes, by whom:

63. Have you or your spouse ever been summoned or subpoenaed to court in a civil action or proceeding in this state or elsewhere?

Yes  No

Indicate below, **every** civil action or proceeding in which you or your spouse have been a party:

Date of Disposition	Action or Proceeding	Plaintiff, Defendant Petitioner, Respondent, or Witness	Court
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## FINANCIAL HISTORY

64. What is your present base salary or wage:

65. Do you have income from any source other than your principal occupation:

Yes  No  If yes, how much:

How often: The source:

65a. I understand that if hired by the Burlington County Prosecutor's Office, any outside employment must be approved by the Prosecutor at his/her sole discretion.

Yes  No

66. Do you, your spouse or any corporation or partnership in which you have an interest own any real estate(include your current residence):

Yes  No  Value:

Location(s):

67. Do you own any bonds, government or other:

Yes  No  Value:

68. Do you own any corporate stock::

Yes  No  Value:

69. Do you maintain a bank account: Yes  No

Savings Account Number(s):

Average Balance(s):

Money Market Account Number(s):

Average Balance(s):

Name and Address of Bank(s):

Checking Account Number(s):

Average Balance(s):

Name and Address of Bank(s):

70. FINANCIAL OBLIGATIONS: Give the name and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

TYPE	NAME OF CREDITOR	REASON FOR DEBT OR ITEM PURCHASED	ACCT#	BALANCE	TOTAL MONTHLY PAYMENT
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**ARRESTS, SUMMONSES, ETC.**

71. Have you ever been arrested or charged with any offense as a juvenile (under age 18)

Yes  No  If yes, provide the information below:

Date	Age	Charge	Location	Charge Reduced	Court Disposition
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72. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, or federal agency, committee, or other investigative body?

Yes  No  If yes, provide details:

73. Have you ever received a summons for any violation of the fish and game laws?

Yes  No  If yes, provide the information below:

Date	Age	Charge	Location	Court Disposition
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74. Have you ever been arrested for or charged with a violation of the disorderly persons act or city/township ordinance:

Yes  No  If yes, insert the information below:

Date	Violation	Location	Disposition	Police Agency
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75. Have you ever been arrested, indicted, or convicted for any violation of the criminal law:

Yes  No  If yes, insert the information below:

Date	Violation	Location	Disposition	Police Agency
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76. Have you ever had a criminal or arrest record expunged?

Yes  No  If yes, provide details:

77. Have you ever been held as a material witness:

Yes  No  If yes, insert the information below:

77. (continued)

Date	Age	Location	Disposition
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78. Have you ever been investigated by any law enforcement or private security agency for any reason, including internal affairs matters?

Yes  No  If yes, insert the information below

Date	Location	Disposition	Investigating Agency
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79. Have you ever been fingerprinted: (Exclude only present application with this department):

Yes  No  If yes, provide details:

When	Where	Purpose
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## SUBVERSIVE AFFILIATIONS

80. Are you now or have you ever been a member of any communist, communist-front, white supremacist, or other subversive organization, association, movement, or group, which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the government of the United States by unconstitutional or unlawful means:

Yes  No

81. Have you ever associated with any individuals, including relatives, who are, or have been, members of any organization or groups described in Question 80:

Yes  No

82. Have you ever participated in any of the following activities:

a. Attendance or participation in any parade, picket line, delegation, demonstration, affair, forum, or project sponsored or organized by any organization or group described in Question 80:

Yes  No

b. Payment or solicitation of any money, dues, contributions or donations to any organization or group described in Question 80:

Yes  No

c. Sale or distribution of any materials promulgated or distributed by a group or organization described in Question 80 or by any of its agents:

Yes  No



83. If your answer is YES to 80 – 82, provide details:

## MOTOR VEHICLE HISTORY

84. List every state that you have ever applied for and/or obtained a motor vehicle operator license permit and vehicle registration.

State:

Date:

Assigned/Issued Driver's License Number:

85. Have you ever received a summons for a violation of the motor vehicle laws of the State of New Jersey or any other state: (Exclude overtime parking violations)

Yes  No

If yes, insert the information below:

Date	Violation	Court Location	Disposition	Police Agency
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86. Has your motor vehicle registration certificate, driver or other vehicle operator license ever been revoked or suspended:

Yes  No  Number of Times:

If yes, which license:

If yes, which state:

When:

Where:

Why:

87. If answer to previous question is "yes" was such registration certificate or driver's license ever restored:

Yes  No  When:

Where:

88. If you possess any of the following, complete the information below:

Motor Vehicle Registration:

Number: State: Make/Model

Regular or Temporary: Explain:

Date Issued: Expiration Date:

Motor Vehicle Registration:

Number: State: Make/Model

Regular or Temporary: Explain:

Date Issued: Expiration Date:

Motor Vehicle Registration:

Number: State: Make/Model

Regular or Temporary: Explain:

Date Issued: Expiration Date:

Passenger Vehicle Driver License:

Driver's License Number: State:

Regular or Conditional: Explain:

Date Issued: Expiration Date:

Operator's License for any other type of vehicle:

Number: State:

Regular or Conditional: Explain:

Date Issued: Expiration Date:

89. Have you ever possessed a chauffeur or operator license issued by any state?

Yes  No

If yes, give city and state:

List name, address and policy number of the company which carries your auto insurance:

Has your auto insurance ever been revoked or refused?

Yes  No  If yes, give details:

## OTHER INFORMATION

90. Have you ever applied for any firearms identification card or dealer's license in the State of New Jersey or any other state:

Yes  No  Permit #

Dealer's license #:

Issuing Agency:

Has any licensing agency ever refused your request for a firearms identification card or permit to purchase a firearm?

Yes  No  If yes, explain:

91. Do you currently possess any firearm which is not registered or licensed in this state or any other state:

Yes  No  If yes, explain:

92. Do you use alcoholic beverages:

Yes  No  If yes, explain:

93. Are you currently using any controlled dangerous substances:

Yes  No  If yes, explain:

## COPIES OF DOCUMENTS TO BE SUBMITTED WITH APPLICATION

1. Birth Certificate
2. Naturalization/Immigration Card (if applicable)
3. Education: Diploma(s), Certificate(s), and Certified Transcript(s). These documents are to be mailed from the institution where the documents were generated to:

The Burlington County Prosecutor's Office  
Special Investigations Unit  
49 Rancocas Road  
P.O. Box 6000  
Mt. Holly, New Jersey 08060

4. Military: Discharge and DD-214
5. Driver's License, Registration, Insurance Card
6. Certificate of Ownership (if vehicle is owned)
7. Current Credit Report
8. Resume
9. Copies of last three (3) years State and Federal Income Tax returns with W-2's
10. Copy of Firearms Identification Card (if applicable)
11. Immunization Certificates
12. Marriage Certificate, License (if applicable)
13. Divorce Decree (if applicable)
14. Copy of current and last month's bank statements (Check and Savings)
15. Bankruptcy packet (if applicable)
  
17. Police Training Commission certificate from this state or any other Jurisdiction

STATE OF NEW JERSEY

COUNTY OF

I, \_\_\_\_\_, being duly sworn, depose and say I am the above named person. I signed the foregoing statements. I personally read and have provided answers to each and every question therein and I do solemnly swear that each and every answer is full, true, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Sworn to me before this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

Application mailed or delivered on \_\_\_\_\_

**\*DO NOT WRITE BELOW THIS SECTION\***

\_\_\_\_\_  
Signature of Applicant Made in Presence  
of County Detective

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of County Detective

\_\_\_\_\_  
Date

## AUTHORIZATION AND RELEASE

STATE OF NEW JERSEY            )  
   :  
 COUNTY OF BURLINGTON        )

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 Burlington County, New Jersey, Prosecutor's Office and/or the Department of Law and Public Safety of the State of New Jersey, 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 County Prosecutor's Office and/or the Department of Law & Public Safety 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 County Prosecutor's Office and/or the Department of Law & Public Safety or any of their agents or representatives to inspect and make copies of such documents, records, and other information.

I further agree to execute any and all additional documents, releases and waivers as required for the Burlington County Prosecutor's Office and/or the Department of Law and Public Safety to secure any of the aforementioned information in connection with the employment application process.

I hereby request and authorize the Department of the \_\_\_\_\_ *Army/Navy/Air Force* to furnish to the said Burlington County Prosecutor's Office and/or the Department of Law & Public Safety the record of each period of my service therein, and to furnish the character of 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 by the Burlington County Prosecutor's Office.

I hereby release, discharge and exonerate the Burlington County Prosecutor's Office and the Department of Law & Public Safety, their agents and representatives and any person so furnishing information from any and all liability of ever nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Burlington County Prosecutor's Office and/or the Department of Law & Public Safety.

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 understand the contents of this "Authorization and Release."

Subscribed and sworn to  
 before me this \_\_\_\_\_ day \_\_\_\_\_  
 of \_\_\_\_\_, A.D. \_\_\_\_\_  
 \_\_\_\_\_  
 Signature (include maiden name)

\_\_\_\_\_  
 Notary Public of New Jersey  
 My Commission Expires \_\_\_\_\_  
 (Print or type name of Notary under  
 Signature, and affix notaries seal)  
 Address:  
 Phone:  
 DOB:  
 SSN:



**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**  
**PATIENT INFORMATION**

Patient Name:  
DOB:  
SS#:

1. The following individual or organization is authorized to make the disclosure:

\_\_\_\_\_

(Name of Doctors Office/Medical Practice/Hospital Disclosing Information)

2. You are hereby requested and authorized to disclose, make available and furnish to:

**BURLINGTON COUNTY PROSECUTOR'S OFFICE**  
49 Rancocas Road  
P.O. Box 6000  
Mount Holly, NJ 08060-1384  
(609) 265-5035

**ANY AND ALL** information, regardless of time and treatment, from \_\_\_\_\_ to \_\_\_\_\_ of any and all medical records of any kind including, but not limited to, physician's records; reports or copies thereof in relation to consultation, confinement or treatment and to permit them to inspect and make copies of abstracts thereof; hand-written office notes; pharmacy records; reports and letters of medical histories; physical examinations; all tests and procedures of any kind, including, but not limited to, radiological and roentgenographic examinations; laboratory tests, clinical tests; diagnostic tests; diagnosis; surgical procedures, prognosis; medications administered and prescribed; histopathic findings; pathologic findings; x-rays; tissue specimen slides; billing statements; and any other documents or materials in your possession with regard to physical, emotional and mental health of the patient. You are also authorized to send any and all psychiatric/psychological records, drugs, alcoholic, sexually transmitted diseases, tuberculosis or genetics and or HIV/AIDS information if applicable.

3. This request is for the purpose of conducting a pre-employment background investigation for the Burlington County New Jersey Prosecutor's Office.
4. I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing and addressed to the privacy officer of the above-named facility authorized to make this disclosure. I understand that the revocation does not apply to the information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire in six months.
5. A photocopy of this authorization is to be considered as valid as the original.
6. I understand that any disclosure of information may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. I understand that I need not sign this authorization to assure treatment. I understand that I may inspect and/or copy the information to be disclosed. I understand that authorizing this disclosure is voluntary. I understand that if I have any questions about disclosure of my health information, I may contact the privacy officer at the facility listed above that is authorized to disclose this information and request a copy of this authorization.
7. I understand that the information in my health record may include information pertaining to treatment of drug and alcohol abuse, mental health, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), sexually transmitted diseases, tuberculosis information or genetics.

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
If Signed by Legal Representative,  
Relationship to Patient

\_\_\_\_\_  
Signature of Witness

**DRUG SCREENING THROUGH URINALYSIS  
APPLICANT NOTICE AND ACKNOWLEDGEMENT**

I, \_\_\_\_\_, understand that as part of the pre-employment process for the position of County Investigator, the Burlington County Prosecutor's Office will conduct a comprehensive background investigation to determine my suitability for the position for which I have applied.

I understand that as part of this process, I will undergo certain medical and physical examinations, which will include drug screening through urinalysis.

I understand that a negative result on the drug screening is a condition of employment.

I understand that I can refuse to undergo the testing. If I refuse, I understand that I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use, that information will be forwarded to a central registry maintained by the Division of State Police. Information from that registry will be made available by court order or as part of a confidential investigation relating to law enforcement.

I understand that if I produce a positive test result for illegal drug use and am not currently employed as a sworn law enforcement officer, I will be barred from future law enforcement employment in New Jersey for two years. After this two year period, the positive test results may be considered in evaluating my fitness for future law enforcement employment.

I understand that if I am currently employed as a sworn law enforcement officer and I produce a positive test result for illegal drug use, my current law enforcement employer will be notified of the positive test result and in accordance with the Attorney General's Guidelines, I shall be dismissed from my law enforcement position and I shall be permanently barred from law enforcement employment.

I further understand that I will undergo unannounced drug screening by urinalysis during my attendance at academy training.

I acknowledge receipt of a copy of the methods and procedures for drug screening applicants for sworn law enforcement positions.

I have read and understand the information contained on this "Applicant Notice and Acknowledgement" Form. I agree to undergo drug screening through urinalysis as part of the pre-employment process.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE