



Morristown Ambulance Squad, Inc.

Volunteers for Community Service since 1961

PO Box 553 • Morristown, NJ 07963-0553

Phone: 973-538-1783 • Fax: 973-267-4799

www.morristownambulance.org

AUTHORIZATION FOR LOCAL & FINGER PRINTING BACKGROUND INVESTIGATION

Contact Morristown Police Dept. Records Bureau at 973-292-6621 for an appointment. Hours are 8:30am - 3:00pm.

I, _____, am (check one) 18+ years old / 16-17 years old and being considered for membership at the Morristown Ambulance Squad, Inc. As a condition of my membership, I consent to a local background and finger printing investigation (18+ years old only) conducted by the Morristown Police Department and the New Jersey State Police. (If you are 16-17 years old, only a local investigation will be done - juveniles can not be finger printed.)

In furtherance of the background investigation, I consent to and authorize the disclosure of all information the Morristown Ambulance Squad, Inc. deems relevant to the evaluation of my eligibility to hold a position of public trust.

I, therefore, authorize the disclosure of such information to the Morristown Ambulance Squad, Inc., including but not limited to, files and records maintained by former and/or current employers, by educational institutions, by governmental bodies, by professional associations and by investigative disciplinary or grievance bodies as may relate to me.

I hereby waive any privilege of confidentiality with respect to the release of such information to the Morristown Police Department and / or Morristown Ambulance Squad, Inc.

Upon presentation of this form to the Morristown Police Department - photo identification is required. Driver's license or passport is preferred. If you do not have a driver's license or passport, please discuss your options with the Record Bureau when making your appointment.

Applicant's Signature: _____		Date: _____
Print Name: _____		Race: _____
Home Address: _____		
City, State & Zip: _____		
SS #: _____ - _____ - _____	DOB: _____ / _____ / _____	Gender: M F
Driver's License #: _____		State: _____
Height: _____	Weight: _____	Hair Color: _____
		Eye Color: _____

ACCEPTANCE BY THE MORRISTOWN AMBULANCE SQUAD, INC. MAY BE INFLUENCED BY THE INFORMATION OBTAINED BY THIS INVESTIGATION.



200 South Street, P.O. Box 914
 Morristown, New Jersey 07963-0914

Bureau of Police Fingerprint Authorization

By completing this document and signing below, I acknowledge that I am requesting that an inked impression of my fingerprints be made by a member of the Morristown Bureau of Police and I am expressly providing authorization for such action to take place. I understand that I am required to provide all fingerprint forms for this action and agree to pay such fee as imposed by the Bureau of Police as allowed by law.

Official Use Only			
MPD IR NUMBER:			
PRINTING OFFICER:			
FEE PAID:	CASH	CHECK	MO
PHOTO ID PROVIDED:			

APPLICANT INFORMATION

Last Name:		First Name:	
Date of Birth:		Social Security Number:	
Hgt:	Wgt:	Eyes:	Hair:
Current Home Address: (Street, City, State & Zip)			
Drivers License: (State & Number)		Telephone Number:	
Reason for Fingerprinting Request: Perspective volunteer member of the Morristown Ambulance Squad.			

Applicant's Signature: _____

Date: _____