

You are voluntarily submitting to a security background check allowing you access to the Bergen County Jail.

**Please read and follow all instructions below, failure to do so will result in your application being automatically rejected.**

- 1. ALL QUESTIONS MUST BE ANSWERED CLEARLY, CONCISELY, AND LEGIBLY. AN INCOMPLETE FORM WILL BE AUTOMATICALLY REJECTED.**
2. Clearly print or type your answers to all questions. If an area does not apply to you, write “Not Applicable”, not “N/A” or “n/a”.
3. You must indicate the exact position you are applying for (ie. Nurse, Intern, Contractor).
4. All completed forms must be returned to the Bergen County Jail Security Unit [mmartinelli@bcsd.us](mailto:mmartinelli@bcsd.us), or [alepore@bcsd.us](mailto:alepore@bcsd.us).
5. Unless you are a construction contractor, a Facility Tour and Orientation are required prior to entrance into the facility. All orientations are scheduled for 09:00 am on the first and third Tuesday of the month and will run approximately 1.5 hours, unless it is a County Holiday. **YOU MUST CONTACT THE JAIL SECURITY UNIT IN ADVANCE TO SCHEDULE AN ORIENTATION.** Please do not just show up unannounced. If you have any questions, contact Lt. Martinelli of the Jail Security Unit at 201-336-3500 Ext. 4357 ([mmartinelli@bcsd.us](mailto:mmartinelli@bcsd.us)) or Officer Lepore at Ext. 4355 ([alepore@bcsd.us](mailto:alepore@bcsd.us)).



# BERGEN COUNTY JAIL

160 South River Street – Hackensack, New Jersey 07601

Division: Corrections	Unit: Jail Security Unit	Effective Date: January 26, 2017
<b>VOLUNTEER/CONTRACTOR BACKGROUND CHECK FORM</b>		

- ALL QUESTIONS MUST BE ANSWERED CLEARLY AND CONCISELY. AN INCOMPLETE FORM WILL BE AUTOMATICALLY REJECTED.
- You must clearly PRINT or TYPE answers to all questions. If an area does not apply, please print/type "Not Applicable", not "N/A: or "n/a"
- You must indicate the exact position you are applying for
- Return all completed Background Check forms, with a copy of your Identification, to your coordinator to be forwarded to the jail

FOR JAIL SECURITY UNIT USE ONLY					
MVC _____	CCH _____	NCIC _____	ATS _____	ACS _____	OMS _____
SBI# _____	FBI# _____				
Date Completed: _____				III _____	
Officers Name (Print): _____			Officers Signature and Badge #: _____		

Administrative Officer: _____	Date Received: _____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

Inmate/Detainee population that will be receiving services(if applicable):

General Population  Mental Health  Highest Security  Male DRC  Female DRC  Other

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Maiden Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender:  Male  Female Eye Color: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Race:  Caucasian  African American  His. White  His. Black  Indian  Asian  Other \_\_\_\_\_

Scars, Marks or Tattoos: \_\_\_\_\_

### Birth Information

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ U.S. Citizen  Yes  No Passport Number: \_\_\_\_\_

Address

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Years at Residence: \_\_\_\_\_

Previous Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Driver's License Information**

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Are you currently revoked or suspended in any state?  Yes  No (If Yes please specify)

**Work History**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Supervisor Name: \_\_\_\_\_

**Volunteer Work Preferences (Check Only One)**

- Educational       Internship       Contractor       Religious Services/Studies
- NA                       AA                       GA                       Counseling (Agency)
- Other                      \_\_\_\_\_                       Medical/NBMC D1                      \_\_\_\_\_

Materials you intend to bring in (if any): \_\_\_\_\_

**Criminal History**

1. Have you ever been **arrested**?  Yes  No If **yes**, please provide details: \_\_\_\_\_

2. Have you ever been **convicted of a crime**?  Yes  No If **yes**, please provide details: \_\_\_\_\_

3. Have you ever engaged in sexual abuse in a jail, prison, lock-up, community confinement facility, juvenile facility or other institution?  Yes  No

4. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

5. Have you been civilly or administratively adjudicated to have engaged in the aforementioned activity?  Yes  No

6. Do you have any friends or relatives, by blood or marriage incarcerated in any New Jersey Correctional Facility?  Yes  No

7. If you answered "yes" to question 6 above, provide name(s), State Numbers and Correctional Facility(ies) \_\_\_\_\_

8. Do you have any physical limitations?(i.e. cane, wheelchair, seeing eye dog)  Yes  No

9. Do you use any Controlled Dangerous Substances including, but not limited to marijuana, cocaine, heroin or any derivatives thereof?  Yes  No

Is there any other information that you wish to bring to the attention of this office? \_\_\_\_\_

**Emergency Contact Information**

Contact Name: \_\_\_\_\_ Contact Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Reference**

Reference Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Right to Privacy**

**I understand that all information will be kept confidential and I certify that the information contained in this application is accurate. If I am approved as a volunteer, I will abide by all rules and regulations set forth by the Bergen County Sheriff's Office. I certify that I, the Undersigned, am aware that I may be charged criminally with making a false statement if the information above is false or misleading: (N.J. Statute 2C:28-3).**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_