

BOROUGH OF GLEN ROCK  
DEPARTMENT OF PARKS AND RECREATION



BOROUGH OF GLEN ROCK  
**BACKGROUND CHECK APPLICATION**

In regulation of Borough Ordinance all Borough of Glen Rock's Non-Sworn Personnel are required to complete below Application and undergo a Borough of Glen Rock approved Criminal History Background Check prior to their first day of work.

**APPLICANT'S CONTACT INFORMATION (PLEASE PRINT)**

NAME (LAST, FIRST, MIDDLE)

MALE/ FEMALE

MAIDEN NAME/ PREVIOUSLY MARRIED NAME

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

DAY PHONE NUMBER

CELL PHONE NUMBER

CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

**PRIOR OUT OF STATE ADDRESS ACKNOWLEDGMENT**

Please list all out of state addresses in which you have resided at within the last ten (10) years.  
Please include street, city, county, state, zip code, and year(s) of residency.

ADDRESS(S):

YEAR(S):

1.

2.

3.

4.

ONE HARDING PLAZA, GLEN ROCK, NEW JERSEY 07452  
OFFICE NUMBER (201) 670-3951 • FAX NUMBER (201) 670-3959

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**REQUEST AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I hereby authorize the D'Angelo Investigations, LLC, the Borough of Glen Rock, and/or its agents and employees to conduct a Prior Address Search and Criminal Report Search concerning my criminal history. By my signature below, I hereby release the D'Angelo Investigations, LLC, the Borough of Glen Rock, and any of its agents and employees, or any individual, company, corporation or institution, including but not limited to its officers and/ or employees from any and all liability for damages of any kind, which may result to me because of their compliance with this authorization.

NAME (FIRST, MIDDLE, LAST)



SIGNATURE

DATE

**CRIMINAL RECORD ACKNOWLEDGMENT**

Please complete the below section and answer all questions to the best of your knowledge.

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME IN ANY STATE?  YES  NO

▪ IF ANSWERED YES TO ABOVE QUESTION, PLEASE EXPLAIN BELOW.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. DO YOU HAVE A VALID NEW JERSEY DRIVER'S LICENSE?  YES  NO

▪ IF ANSWERED YES TO ABOVE QUESTION, PLEASE INCLUDE THE FOLLOWING INFORMATION.

❖ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

❖ DRIVER'S LICENSE EXPIRATION DATE: \_\_\_\_\_

**PLEASE SEND FORMS TO**

**OFFICIAL USE ONLY**

**BOROUGH OF GLEN ROCK**  
**DEPARTMENT OF PARKS AND RECREATION**  
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GLEN ROCK, NJ 07452

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