Administration Building: 15 Mountain Blvd, Watchung, NJ 07069 Fax: 908-757-7027

Application Date:	
Name:	
Position Applied For:	
Department:	
Γhe Borough of Watchung considers applicants for all positions without regard to race, creed, color, religion, sex, pregnancy, national origin, age, marital or veteran status, disability, affectional or sexua prientation, gender identity or expression, civil union status, domestic partnership status or any oth egally protected status.	al

The Americans with Disabilities Act of 1990 prohibits employers from discriminating against any qualified person on the basis of a disability. The Borough of Watchung makes reasonable accommodations during all aspects of the application process. The Borough also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential functions of the job. The Borough, however, can only reasonably accommodate a disability of which it is aware. Therefore, it is the applicant's responsibility to inform the Borough that he or she needs a reasonable accommodation. The Borough may ask the applicant for documentation to support the request for a reasonable accommodation. Applicants who need a reasonable accommodation before the interview process begins should inform the personnel office.

A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

DO NOT WRITE IN THIS BOX

<u>= = = : : : : : : : : : : : : : : : : :</u>	··· · · · · · · · · ·
RECOMMEND FOR EMPLOYMENT: ☐ Yes ☐ No	IF NO, HOLD FOR FUTURE USE? \square Yes \square No
IF YES, START DATE:	
SIGNATURE:	DATE:

T	PERSONA	T
1.	LENSONA	L

LAST NAME	F	FIRST	MIDDLE		
PRESENT ADDRE	SS (NUMBER, STREET, CITY, STATE, ZIP)		TELEPHON	E NUMBER	
PERMANENT AD	DRESS (IF DIFFERENT FROM PRESENT)		TELEPHON	E NUMBER	_
ARE YOU 18 YEA	RS OF AGE OR OLDER? (If no, you will be required to sh	now proof of eligibility to work)	□ Yes	s 🗆 No	
	LY ELIGIBLE TO WORK IN THE UNITED STATES? (P will be required upon employment)	roof of US citizenship or work	☐ Yes	s 🗆 No	
NAMES OF RELA	TIVES OR FRIENDS EMPLOYED BY THE BOROUGH	OF WATCHUNG (All candidates	must complete applica	nt relative disc	losure form):
HAVE YOU EVER	BEEN EMPLOYED BY THE BOROUGH OF WATCHURAPPLIED FOR A POSITION WITH THE BOROUGH OF WORKED OR BEEN EDUCATED UNDER A DIFFERE	F WATCHUNG? IF YES, WHEN		s	
IF YES, SPECIFY	NAME:				
TITLE OF POSITION	N AND PERSONAL INTERESTS ON APPLIED FOR YED NOW? Yes No DATE AVAILABLE		\$ PERSALARY DESIRED HOW WERE YO		TO US?
III. EDUCAT	ION AND TRAINING				
SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR EQUIVALENT			9 10 11 12	□Yes □No	
TECHNICAL OR COMMERCIAL			1 2 3 4	□Yes □No	
COLLEGE			1 2 3 4	□Yes □No	
OTHER (SPECIFY)			1 2 3 4	□Yes □No	
ARE YOU TAKING AN	Y COURSE OF STUDY NOW? $\ \square$ YES $\ \square$ NO IF YES, PROVIDE DETAILS:			DATE TO BE CO	OMPLETED:
LIST ANY SCHOLASTI	C HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHI	PS:			
	ALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ional origin or other protected classification:	ACTIVITIES (i.e. EMT or fire fighting tra	ining and participation, e	cc.) Exclude those	that indicate race,
IF YOU HAVE EMT O	R FIRE FIGHTING CERTIFICATION, WOULD YOU BE WILLING TO VOLU	INTEER FOR THE BOROUGH DURING Y	OUR WORKDAY?	☐ Yes ☐ N	0
WHAT COMPUTER S	XILLS DO YOU HAVE? (IF APPLICABLE)				

IV. EMPLOYMENT HISTORY

PLEASE ACCOUNT FOR ALL PERIODS OF EMPLOYMENT REGARDLESS OF LENGTH OF SERVICE, INCLUDING U.S. ARMED FORCES EXPERIENCE AND SELF-EMPLOYMENT. LIST YOUR PRESENT OR LAST EMPLOYER FIRST. DO NOT OMIT ANY EMPLOYER. IF MORE SPACE IS DESIRED, PLEASE USE AN ADDITIONAL APPLICATION FOR A COPY OF THIS PAGE.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED
		FROM TO
		/ /
		MONTH YEAR MONTH YEAR
STARTING WAGE/SALARY: \$	ENDING WAGE/SALARY: \$	FULL-TIME ☐ PART-TIME ☐
		IF PART-TIME, NUMBER
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	OF HOURS PER WEEK: DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW []	AT A LATER DATE [] NOT AT ALL []	
NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED
		FROM TO
		/ /
		MONTH YEAR MONTH YEAR
STARTING WAGE/SALARY: \$	ENDING WAGE/SALARY: \$	FULL-TIME □ PART-TIME □
		IF PART-TIME, NUMBER OF HOURS PER WEEK:
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
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MAY WE CONTACT EMPLOYER? NOW []	AT A LATER DATE [] NOT AT ALL []	
NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED
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		/ /
		MONTH YEAR MONTH YEAR
STARTING WAGE/SALARY: \$	ENDING WAGE/SALARY: \$	FULL-TIME ☐ PART-TIME ☐
		IF PART –TIME, NUMBER
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	OF HOURS PER WEEK: DEPARTMENT
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW []	AT A LATER DATE [] NOT AT ALL []	
NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATES EMPLOYED
		FROM TO
		/ / MONTH YEAR MONTH YEAR
STARTING WAGE/SALARY: \$	ENDING WAGE/SALARY: \$	FULL-TIME PART-TIME
		IF PART –TIME, NUMBER OF HOURS PER WEEK:
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT
VOLID DOSITION OD TITLE.		DEACON FOR LEAVING
YOUR POSITION OR TITLE:		REASON FOR LEAVING:
MAY WE CONTACT EMPLOYER? NOW []	AT A LATER DATE [] NOT AT ALL []	

IV. EMPLOYMENT HISTORY (cont'd)

NAME OF EMPLOYER	ADDRESS C	OF EMPLOYER	DATES EMPLOYED	
			FROM	то
			/	/
			MONTH YEAR	MONTH YEAR
STARTING WAGE/SALARY: \$	ENDING W	AGE/SALARY: \$	FULL-TIME □ PART	-TIME \square
5.7.11.11.15 17.162, 57.12 11.11.	21151110 11	1102/0712 IIII	IF PART –TIME, NUMBE	
			OF HOURS PER WEEK:	
TELEPHONE OF EMPLOYER	SUPERVISO	OR'S NAME & TITLE	DEPARTMENT	
YOUR POSITION OR TITLE:			REASON FOR LEAVING:	
MAY WE CONTACT EMPLOYER? NOW []	AT A LATER DATE []	NOT AT ALL []		
	-0.270			
7. OUTSIDE ORGANIZAT	IONS			
		•	MENT) WHICH YOU PLAN TO CONTINUE IF YO	U ARE EMPLOYED BY
THE BOROUGH? (If yes, your outside en	nployment will be subject	to review regarding conflict	s of interest).	
☐ YES ☐ NO IF YES, PLEASE EXPLAIN				
	DROFESSIONAL OR SCIEN	TIEIC ASSOCIATIONS? Evolut	de those that indicate race, religion, sex, age,	national origin or other
protected classification.	THO ESSIONAL ON SCIEN	THE ASSOCIATIONS: Exclud	te those that maleate race, religion, sex, age,	national origin of other
DESCRIBE ANY OTHER EVREDIENCE THAT	MIGHT DE HELDELII IN C	ONSIDERING VOLID ARRIGA	TION. (Other work experience, internships, so	hool activity
	I WIGHT BETTELLT OF IN C	ONSIDERING TOOK ALT LICA	TION. (Other work experience, internships, so	moor activity,
apprenticeships, etc.)				
U DEFEDENCES				
I. REFERENCES				
ROVIDE THREE (3) PERSONS, EXCL	.UDING RELATIVES, N	OT PREVIOUSLY MENTIO	ONED WHO ARE MOST FAMILIAR WITH	YOUR WORK,
7I. REFERENCES ROVIDE THREE (3) PERSONS, EXCL BILITY AND TRAINING.	UDING RELATIVES, N	OT PREVIOUSLY MENTI	ONED WHO ARE MOST FAMILIAR WITH	YOUR WORK,
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ROVIDE THREE (3) PERSONS, EXCL BILITY AND TRAINING.				
ROVIDE THREE (3) PERSONS, EXCL BILITY AND TRAINING. NAME	RELATIONSHIP	POSITION	ADDRESS	
ROVIDE THREE (3) PERSONS, EXCL BILITY AND TRAINING. NAME	RELATIONSHIP	POSITION		
ROVIDE THREE (3) PERSONS, EXCL BILITY AND TRAINING. NAME TI, ESSENTIAL FUNCTION	RELATIONSHIP DNS Do not answer	POSITION r this question without f	ADDRESS	TELEPHONE

VIII. PERSONAL STATEMENT

In the space provided, please provide a statement about your qualifications or employment objectives. Include community activities, hobbies and special skills. (Exclude those that indicate race, religion, sex, age or national origin or other protected classification).
IX. DRIVER'S LICENSE COMPLETE THIS SECTION ONLY IF DRIVING IS AN ESSENTIAL PART OF THE JOB FOR WHICH YOU ARE APPLYING.
DO YOU HAVE A VALID DRIVER'S LICENSE? □ YES □ NO
STATE OF ISSUANCE: LICENSE NUMBER:
PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE BOROUGH TO PERFORM A RECORD CHECK OF YOUR DRIVER'S LICENSE, UPON AN OFFER OF EMPLOYMENT BY THE BOROUGH:

COMPLETE THIS SECTION IF THE JOB FOR WHICH YOU ARE APPLYING REQUIRES THAT YOU POSSESS A COMMERCIAL DRIVER'S LICENSE:
DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE?
COMMERCIAL DRIVER'S LICENSE NUMBER:
PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE BOROUGH TO PERFORM A RECORD CHECK OF YOUR COMMERCIAL DRIVER'S LICENSE, UPON AN OFFER OF EMPLOYMENT BY THE BOROUGH:

X. APPLICANT'S STATEMENT

I certify that the information on this application is true, complete and accurate, to the best of my knowledge. I authorize my former employers to release any information they may have concerning my employment record and I release the Borough of Watchung and all previous employers from all liability that might arise from the disclosure of information. I authorize investigation of all statements contained in this application, including education, and a review of all criminal history, military and disciplinary records of any source, as may be necessary in arriving at an employment decision.

I give the Borough of Watchung the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Borough of Watchung the right to secure additional job-related information about me. I release the Borough of Watchung and its representatives from all liability for seeking such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I understand that the discovery of any misrepresentation or omission of fact in this application will result in the rejection of my employment application, or in the event of employment, provide cause for termination of employment. I fully and completely understand that as a condition of employment, I must be able to perform all duties of the position applied for with or without reasonable accommodation. I also understand that if employed by the Borough, I must abide by all Borough rules and regulations.

I understand that any offer of employment may be subject to job-related medical, physical, drug or psychological tests. I also understand that employment is conditioned on passing a complete background and criminal check.

Signature of Applicant:	Date:
Signature of Applicant.	Date.

APPLICANT RELATIVE DISCLOSURE FORM

Name	of Applicant:	
indivi		e hiring of relatives if the employment of such an of a prohibited employment relationship. A prohibited
1. 2. 3.	evaluate or otherwise affect the The relative would be responsi Other circumstances exist which	chority to directly supervise, appoint, remove, discipline, work or employment of another relative. ble for auditing the work of the other. h would place the relatives in a situation of actual, or between the Borough's interest and their own.
child,	step-child, sibling, step-sibling,	artner, domestic partnership partner, parent, step-parent, nalf-sibling, father-in-law, mother-in-law, sister-in-law, l, aunt, uncle, niece, nephew, and cousins.
	y of your relatives currently wornted Borough official?	for the Borough or are any of your relatives an elected of Yes No
		question, please disclose the name(s) of your relative(s) r title, and his or her relationship to you.
Relati Name Title: Relati	:	
Relati Name Title: Relati	:	
electe	* *	sclose his or her relationship to a Borough employee or in rejection of the employment application or, if ent.
		derstand the above Disclosure Form and that I have Borough or serve as elected or appointed officials.
Signat	cure of Applicant	Date

BOROUGH OF WATCHUNG EMPLOYMENT APPLICATION CRIMINAL HISTORY SUPPLEMENT

In accordance with the Opportunity to Compete Act, P.L. 2014, c. 32, the Borough of Watchung requires applicants to provide criminal history information after the completion of the initial employment application process. The initial employment application process ends after the Borough's first interview with the applicant. If you have completed your first interview with the Borough, please complete this supplement to the employment application.

Other than minor traffic violations, have you ever been convicted of a criminal offense that has not been expunged or sealed by court order?
□ Yes □ No
Note: A conviction does not automatically mean that you will not be selected. The crime you were convicted of and how long ago you were convicted are important. If you answered yes, please provide the information requested below for each conviction so that the Borough of Watchung may make an informed decision. (Please attach additional pages if needed).
Date of Conviction: Violation:
Violation: Specific Statutory Code Violated:
Location:
Court Disposition:
Police Agency Concerned:
Description of Incident:
I certify that the answers provided above are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this criminal history supplement as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information. I understand that the discovery of any misrepresentation or omission of fact in this criminal history supplement will result in the rejection of my employment application, or in the event of employment, provide cause for termination of employment. I understand that all positions require a complete criminal history check as a condition of employment.
Signature of Applicant: Date:

BOROUGH OF WATCHUNG PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Please complete this page only if the job for which you are applying requires that you possess a Commercial Driver's License.

Sec. 40.25(j) As the employer, the Borough must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

Prospe	ective Employee Printed Name:
Prospe	ective Employee ID Number:
The pr	ospective employee is required by Sec. 40.25(j) to respond to the following questions.
1.	Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?
	Check one: ☐ Yes ☐ No
2.	If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?
	Check one: ☐ Yes ☐ No
I certif	y that the information provided on this document is true and correct.
Prospe	ective Employee Signature: Date:
Witnes	ss Signature: Date:

Record retention guidelines:

- If "yes" to question 1, retain this form and documentation provided for 5 years.
- If "no" to question 1, discard after employment terminates but not less than 2 years from date of statement.

FINGERPRINT AND BACKGROUND CHECK CONSENT FORM FOR EMPLOYEES, JOB APPLICANTS, AND VOLUNTEERS THAT MAY WORK OR HAVE CONTACT WITH MINORS

In accordance with N.J.S.A. § 15A:3A-1 et seq., I understand that, as a condition of continued employment, new employment, or my volunteer service, the Borough of Watchung requires background checks on all individuals who will be working with children.

By signing this form, I agree to be fingerprinted and consent to a criminal background record check as a condition of new employment, continued employment, or voluntary service. I also represent, attest, and certify that I have never been convicted of any of the following crimes or disorderly persons offenses as defined by New Jersey law or the law of any other state, or that the guilty disposition of any of the crimes and/or offenses has been amended to a status of not guilty, or that any previous charges, as listed below, have been expunged:

2C:11	HOMICIDE all offenses
2C:12	ASSAULT, ENDANGERING, THREATS all offenses
2C:13	KIDNAPPING all offenses
2C:14	SEXUAL OFFENSES all offenses
2C:15	ROBBERY all offenses
2C:20	THEFT all offenses
2C:24	OFFENSES AGAINST THE FAMILY, CHILDREN AND INCOMPETENTS all offenses
2C:35	CONTROLLED DANGEROUS SUBSTANCES all offenses except paragraph (4) of subsection a. of N.J.S.A. 2C:35-10
Name	(please print)
Signati	ure Date

BACKGROUND CHECKS AND PROCEDURES FOR CANDIDATES WHO DO NOT WORK WITH MINORS

BACKGROUND CHECKS REQUIRED

Criminal background checks are required of all candidates over the age of 18.

BACKGROUND CHECK PROCEDURE

The Administrator will perform or initiate criminal background checks and be the recipient of reports from outside agencies or contractors. These reports shall include, but are not limited, to court records; police department and corrections agency records; registries or watch lists; state criminal record repositories; and the Interstate Identification Index maintained by the FBI.

The Administrator will discuss potentially disqualifying information received with the candidate's Department Head, and a determination that the information is disqualifying will be made based on whether the disqualification is job-related for the position and is consistent with business necessity.

Written information received as a result of a "Request for Criminal History Record Information For A Noncriminal Justice Purpose" will be destroyed immediately after it has served its authorized purpose, as required by the State Police. Such information will be kept confidential and will not be published or disclosed in any manner not consistent with the procedures listed herein. Such information will not be deemed a public record under P.L. 1963, c.73 (C:47:1A-1, et seq.) as amended and supplemented by P.L. 2001, c.404 (C:47:1A-5, et seq.).

When a disqualification decision has been made based on the Borough's "targeted screening process" described below, the Administrator will inform the candidate or employee, in writing, of any information that would disqualify the person. If the Borough contracts with an outside vendor to process the background checks, that contractor may be authorized to inform the person in writing of any information that would disqualify the person.

In addition, the individual will be advised that they have the opportunity to explain the criminal record and to demonstrate why the exclusion based on the Borough's targeted screening process should not apply to them under the circumstances. This information may include evidence of an error in the criminal record; facts surrounding the conviction; age at the time of the conviction and/or release from prison; evidence of a clean criminal and employment record since release; rehabilitation efforts; positive references; and evidence that they are bondable. Thereafter, the Borough will give the individual further consideration.

CONDITIONS UNDER WHICH A CANDIDATE WILL BE DISQUALIFIED

A candidate may be disqualified from employment if that person's criminal record history background check reveals a record of conviction of a crime or disorderly persons offense as defined by New Jersey law or by analogous laws in other States.

A disqualification from a position will be based only on a conviction of a disqualifying crime or offense based on the Borough's targeted screening process, by which the Borough has considered the following factors:

- 1. The nature and gravity of the offense or conduct, including the consideration of (i) the harm caused by the crime; (ii) the legal elements required to prove the crime; and (iii) the classification of the crime (i.e., felony or misdemeanor, etc.);
- 2. The time that has elapsed since the offense, conduct, and/or completion of the sentence;
- 3. The nature of the job held or sought, including the consideration of: (i) the job duties (not merely the job title); (ii) the level of supervision to be provided; (iii) the working environment (e.g., private home, outdoors, warehouse); (iv) interaction with others, especially with vulnerable individuals such as children/youth/minors; and (v) the relationship of the criminal history to the job to be performed.

An acquittal, a dismissal, successful completion of Pre-Trial Intervention (PTI), or an expungement of a criminal offense, including a disqualifying criminal offense, is not a disqualifying conviction. Further, an arrest record standing alone may not be used to disqualify a candidate or employee from an employment opportunity. However, the Borough may make a disqualification decision based on the conduct underlying the arrest if the conduct makes the individual unfit for the position in question, in which case the conduct, not the arrest, is relevant for employment purposes.

APPEAL PROCESS

The Appeals Committee will be comprised of the Administrator, Chief of Police and Borough Clerk.

Once a candidate has been notified of a disqualifying conviction, the candidate has fourteen (14) calendar days to file a Notice of Appeal with the Borough. Such Notice of Appeal must be sent in writing to the Administrator. The Notice of Appeal shall include a Notice of Rehabilitation and/or a Notice that the information is inaccurate or incorrect, pursuant to N.J.A.C. § 13:59-1.6.

In determining the appeal, the Appeal Committee will consider the following information:

- 1. The nature and responsibility of the position which the convicted individual would hold, has held, or currently holds, as the case may be.
- 2. The nature and seriousness of the crime or offense.
- 3. The circumstances under which the crime or offense occurred.
- 4. The date of the crime or offense.
- 5. The age of the individual when the crime or offense was committed.
- 6. Whether the crime or offense was an isolated or a repeated incident.
- 7. Any social conditions which may have contributed to the commission of the crime or offense.

- 8. Any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received.
- 9. Acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have had the individual under their supervision.

The Administrator will issue a written determination on the candidate's appeal of their disqualifying conviction, setting forth the reasons for the determination.

BOROUGH OF WATCHUNG

OFFICE OF THE BOROUGH CLERK



BACKGROUND CHECK INFORMATION

There are two ways to get criminal history results for a background check;

SUBMITTING FINGERPRINTS THROUGH IDENTOGO

Contact: **Sgt. Jason Moberly, Watchung Police Department, Criminal Investigation Division at 908-756-3663 x112,** for a department case number. This case number is needed to preregister online at https://uenroll.identogo.com/, enter this service code: 2F17ZY. Our ORI number is NJ0182100 (this allows the Police Department to receive the results). Once you are preregistered, you can make an appointment to submit fingerprints.

Below is some more information:

https://www.identogo.com/uploads/general/NJ FAQ UEP.pdf

OBTAINING A "NAME CHECK" THROUGH THE NJ STATE POLICE

Submit a 212b form through the State Police website https://www.njportal.com/njsp/212b/