

**Chief of Police
Brian V. Pesce**

**Captain of Police
Shawn R. Mount**

**Administration
Lt. Nathan A. Roohr**

**Operations
Lt. Frank M. Nucera III**

POLICE DEPARTMENT



**Township of Bordentown
1 Municipal Drive
Bordentown, New Jersey 08505
(609)-298-4300
Fax (609) 298-1061**

PRIVACY WAIVER

TO: Concerned Person or Authorized
Representative of any Organization,
Institution or Repository of Records.

Name: _____
Date of Birth: _____
Social Security #: _____

I am an applicant for the position of Police Officer for the Township of Bordentown. I am further aware of the fact that there must be an exhaustive background investigation to insure the application submitted by me is accurate. I respectfully request and authorize you furnish the Bordentown Township Police Department and any investigator of that agency any and all information that you may have concerning my work record, school record. Military record, reputation, financial and credit history. Please include any and all medical, physical and mental records or reports including all information of confidential or privileged nature and Photostats of same if requested. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Bordentown Township Police.

I hereby release you and your organization or others from any liability or damages which may result from furnishing the information requested above. A photostatic copy of this authorization shall be considered as effective and as valid as the original.

Signature of applicant

Date

AFFIDAVIT

State of _____

County of _____

The above named individual did personally appear before me and has indicated that he/she has executed the above instrument on his/her own free will and accord with full knowledge of the intended purpose.

Sworn to and subscribed before me this ____ day of _____, _____

Notary Public

My Commission Expires