



BRYAN J. MULHOLLAND
CAPTAIN
732-720-2587

EDWARD L. NELSON
DETECTIVE LIEUTENANT
732-389-7643

EATONTOWN POLICE DEPARTMENT

47 BROAD STREET

EATONTOWN, NEW JERSEY 07724

732-542-0100

THERESA E. HEALY

CHIEF OF POLICE

732-389-7631



MATTHEW T. WILLIAMS
SERVICES LIEUTENANT
732-389-7642

ANTONIO V. AMODIO, III
OPERATIONS LIEUTENANT
732-389-7640

PRELIMINARY BACKGROUND INVESTIGATION

APPLICANT AUTHORIZATION AND RELEASE OF INFORMATION

Position Applied For: _____

Applicant Information

Full Legal Name: _____

Other Names Used (if applicable): _____

Date of Birth: _____

Current Address: _____

City, State, ZIP: _____

Telephone Number: _____

Email Address: _____

Driver's License State: _____

1. PURPOSE OF AUTHORIZATION

I am voluntarily providing this authorization in connection with my application for employment with the Eatontown Police Department. I understand that the Eatontown Police Department may conduct a preliminary background inquiry to assess my qualifications and suitability for further consideration for employment.

I understand that this preliminary inquiry may occur before an employment interview and does not constitute an offer of employment or a guarantee that I will advance in the selection process.

2. AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize individuals, employers, educational institutions, government agencies, and other organizations that lawfully maintain information about me to disclose information relevant

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DETECTIVE BUREAU
732-389-7644

COMMUNITY SERVICE
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TRAFFIC SAFETY
732-389-7830

VISIT US ON THE WEB AT WWW.EATONTOWNNJ.COM/POLICE



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to my application for employment to duly authorized representatives of the Eatontown Police Department, to the extent permitted by applicable law.

This authorization includes, where legally permissible and applicable to the preliminary inquiry:

- **Employment history:** Dates of employment, positions held, and employment-related information that may lawfully be disclosed.
- **Education:** Attendance, degrees, certifications, and other relevant educational credentials.
- **Professional references:** Information provided by individuals identified as references or otherwise lawfully contacted in connection with my application.
- **Driving history:** Verification of driving credentials and motor vehicle history through authorized channels.
- **Prior law enforcement employment:** Verification of prior service and relevant employment information, subject to applicable laws and required procedures.
- **Other relevant information:** Verification of information I have provided in my application or in connection with the hiring process, where disclosure is legally permitted.

This authorization does not independently authorize access to sealed or expunged records, privileged information, restricted criminal justice databases, confidential medical records, or any other protected information where access or disclosure is prohibited or requires additional authorization or legal process.

3. APPLICANT ACKNOWLEDGMENT

I certify that the information I have provided in connection with my application is true and complete to the best of my knowledge.

I understand that material misrepresentations or omissions may affect my eligibility for employment, subject to applicable law and hiring procedures.

I understand that this authorization is limited to the employment screening purpose described above and may be used by duly authorized Eatontown Police Department personnel or investigators acting on the Department's behalf.

4. RELEASE CONCERNING DISCLOSURE OF INFORMATION

To the extent permitted by applicable law, I release persons and organizations responding in good faith to a lawful request made under this authorization from claims arising solely from their

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authorized disclosure of information in response to that request. This provision does not waive rights or remedies that cannot lawfully be waived.

5. VALIDITY AND COPY OF AUTHORIZATION

This authorization is effective as of the date signed below and remains valid for the preliminary employment screening described in this document, unless revoked in writing, subject to applicable law and any lawful reliance on prior authorization.

A photocopy or electronically reproduced copy of this signed authorization may be relied upon to the same extent as the original, where permitted by law.

APPLICANT SIGNATURE

I have read this authorization, understand its purpose, and voluntarily agree to its terms.

Applicant Signature: _____

Printed Name: _____

Date Signed: _____

FOR DEPARTMENT USE ONLY

Receiving Officer / Investigator: _____

Date Received: _____

Preliminary Inquiry Authorized By: _____

Date of Authorization: _____