

OFFICE OF EMERGENCY MANAGEMENT
BOROUGH OF BEACHWOOD
1600 PINEWALD ROAD
BEACHWOOD, NJ 08722
732-240-3850 OR 732-286-6000 ext. 111

Robert L. Tapp
Coordinator

CRIMINAL HISTORY RELEASE FORM

All applicants are subject to a criminal history and license check

If there are no objections to your criminal history and license being checked, please sign below:

Signature: _____ Date: _____

Address: _____
(street, town, State, zip)

Social Security Number: ____ - ____ - ____ Driver's License Number: _____

Date of Birth: _____ (month, day, year)
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This will be kept in a locked, confidential file. They are not open for public discussion. The only person that has access to this information is the Coordinator or our organization. Please complete and sign both forms.
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