



Edison Township First Aid Squads t/a Edison EMS Authorization for Criminal Background Check



I, _____, hereby authorize Edison First Aid & Rescue Squad No. 1, **Applicant Name** Inc./Edison First Aid Squad No. 2, Inc./Clara Barton First Aid Squad, Inc., to request a criminal history background check be performed on my behalf for purposes of evaluating my application for membership-employment. I understand this request is allowed under state law and will be performed in cooperation with the Edison Twp. Division of Police and the New Jersey State Police. I will in no way hold Edison First Aid & Rescue Squad No. 1, Inc./Edison First Aid Squad No. 2, Inc./Clara Barton First Aid Squad, Inc., responsible for any information received as a result of this application and investigation.

Applicant Signature

Squad Officer Signature

Date

Applicant Personal Information

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Last Name	First Name	Middle Name
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Address

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City	State	Zip Code	Home Phone Number
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Date of Birth	Social Security Number
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NJ Driver's License Number

(This information to be filled in by applicant and presented to Edison Division of Police, Bureau of Criminal Investigati