

Camden County  
Department of Corrections

Jonathan L. Young Sr.  
Commissioner Liaison

David S. Owens Jr.  
Department Director

Karen Taylor  
Warden



Making It Better, Together.

Correctional Facility  
330 Federal Street  
Camden, NJ 08103

Phone: 856-225-7632

Fax: 856-964-3207

CamdenCounty.com



INSTRUCTIONS FOR FILLING OUT THE INTERNAL AFFAIRS UNIT  
INVESTIGATION APPLICATION FOR THE CAMDEN COUNTY  
DEPARTMENT OF CORRECTIONS

The enclosed packet please find the following:

- (1) The Internal Affairs Investigation Application  
**Application must be filled out in its' entirety. Any incomplete applications will be returned.**
- (2) Camden County Department of Corrections Information Form.
- (3) Please read, sign and date the Fraternization Form.
- (4) Please read, sign and date the Facility Rules Form.
- (5) Please read, sign and date the Authorization for Release of Records  
(2 forms attached)

**Only original applications will be received**

A copy of both front and back of Driver's License and Social Security Card must be attached.



INTERNAL AFFAIRS UNIT  
 INVESTIGATION APPLICATION  
 CAMDEN COUNTY  
 DEPARTMENT OF CORRECTIONS

The Following information is used to complete a thorough background investigation. Print legibly. Use blue or black pen. Complete all items and sign application. Use additional sheets as necessary.

Position applying for: \_\_\_\_\_

1.

|           |            |             |
|-----------|------------|-------------|
|           |            |             |
| LAST NAME | FIRST NAME | MIDDLE NAME |

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ State of Birth: \_\_\_\_\_  
 Month Day Year

Home Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Current Address

|                |       |          |        |
|----------------|-------|----------|--------|
|                |       |          |        |
| STREET ADDRESS |       |          |        |
|                |       |          |        |
| CITY           | STATE | Zip Code | COUNTY |

3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Other states you have resided in: \_\_\_\_\_

5. List previous residences:

| From:<br>Month/Year | To:<br>Month/Year | Street Address | CITY | STATE | COUNTRY | ZIP CODE |
|---------------------|-------------------|----------------|------|-------|---------|----------|
|                     |                   |                |      |       |         |          |
|                     |                   |                |      |       |         |          |
|                     |                   |                |      |       |         |          |
|                     |                   |                |      |       |         |          |

6. List all persons who live at your residence:

| Name: (Last, First, Middle) | Relationship | Date of Birth | Criminal Record                                          |
|-----------------------------|--------------|---------------|----------------------------------------------------------|
|                             |              |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                             |              |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                             |              |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                             |              |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                             |              |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. Provide the following information for each family member. If deceased, please indicate on address line.

| Name: (Last, First, Middle) | Relationship | Date of Birth | Criminal Record                                          |
|-----------------------------|--------------|---------------|----------------------------------------------------------|
|                             |              |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Number                 |              | Cell Number   |                                                          |
| COMPLETE ADDRESS            |              |               |                                                          |
| Street Address              |              |               |                                                          |
| City                        | State        | Country       | Zip Code                                                 |

| Name: (Last, First, Middle) | Relationship | Date of Birth | Criminal Record                                          |
|-----------------------------|--------------|---------------|----------------------------------------------------------|
|                             |              |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Number                 |              | Cell Number   |                                                          |
| COMPLETE ADDRESS            |              |               |                                                          |
| Street Address              |              |               |                                                          |
| City                        | State        | Country       | Zip Code                                                 |

| Name: (Last, First, Middle) | Relationship | Date of Birth | Criminal Record                                          |
|-----------------------------|--------------|---------------|----------------------------------------------------------|
|                             |              |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Number                 |              | Cell Number   |                                                          |
| COMPLETE ADDRESS            |              |               |                                                          |
| Street Address              |              |               |                                                          |
| City                        | State        | Country       | Zip Code                                                 |

|                             |              |               |                                                                             |
|-----------------------------|--------------|---------------|-----------------------------------------------------------------------------|
| Name: (Last, First, Middle) | Relationship | Date of Birth | Criminal Record<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Number                 |              | Cell Number   |                                                                             |
| COMPLETE ADDRESS            |              |               |                                                                             |
| Street Address              |              |               |                                                                             |
| City                        | State        | Country       | Zip Code                                                                    |

|                             |              |               |                                                                             |
|-----------------------------|--------------|---------------|-----------------------------------------------------------------------------|
| Name: (Last, First, Middle) | Relationship | Date of Birth | Criminal Record<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Number                 |              | Cell Number   |                                                                             |
| COMPLETE ADDRESS            |              |               |                                                                             |
| Street Address              |              |               |                                                                             |
| City                        | State        | Country       | Zip Code                                                                    |

|                             |              |               |                                                                             |
|-----------------------------|--------------|---------------|-----------------------------------------------------------------------------|
| Name: (Last, First, Middle) | Relationship | Date of Birth | Criminal Record<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Number                 |              | Cell Number   |                                                                             |
| COMPLETE ADDRESS            |              |               |                                                                             |
| Street Address              |              |               |                                                                             |
| City                        | State        | Country       | Zip Code                                                                    |

8. Provide the following information regarding your neighbors or persons who live within the vicinity of your residence.

|                                                                  |                     |            |          |             |
|------------------------------------------------------------------|---------------------|------------|----------|-------------|
| LAST NAME                                                        |                     | FIRST NAME |          | MIDDLE NAME |
| STREET ADDRESS                                                   |                     |            |          | Apt. Number |
| CITY                                                             | STATE               | COUNTY     | ZIP CODE |             |
| <input type="checkbox"/> Apartment <input type="checkbox"/> Home | Phone Number (Cell) |            |          |             |

|                                                                  |                     |            |          |             |
|------------------------------------------------------------------|---------------------|------------|----------|-------------|
| LAST NAME                                                        |                     | FIRST NAME |          | MIDDLE NAME |
| STREET ADDRESS                                                   |                     |            |          | Apt. Number |
| CITY                                                             | STATE               | COUNTY     | ZIP CODE |             |
| <input type="checkbox"/> Apartment <input type="checkbox"/> Home | Phone Number (Cell) |            |          |             |

|                                                                  |                     |            |  |             |
|------------------------------------------------------------------|---------------------|------------|--|-------------|
| LAST NAME                                                        |                     | FIRST NAME |  | MIDDLE NAME |
| STREET ADDRESS                                                   |                     |            |  | Apt. Number |
| CITY                                                             | STATE               | COUNTY     |  | ZIP CODE    |
| <input type="checkbox"/> Apartment <input type="checkbox"/> Home | Phone Number (Cell) |            |  |             |

9. Provide the following information regarding your friends and/or associates.

|                                                                  |                     |            |  |             |
|------------------------------------------------------------------|---------------------|------------|--|-------------|
| LAST NAME                                                        |                     | FIRST NAME |  | MIDDLE NAME |
| STREET ADDRESS                                                   |                     |            |  | Apt. Number |
| CITY                                                             | STATE               | COUNTY     |  | ZIP CODE    |
| <input type="checkbox"/> Apartment <input type="checkbox"/> Home | Phone Number (Cell) |            |  |             |
| How long have you known this person?                             |                     |            |  |             |

|                                                                  |                     |            |  |             |
|------------------------------------------------------------------|---------------------|------------|--|-------------|
| LAST NAME                                                        |                     | FIRST NAME |  | MIDDLE NAME |
| STREET ADDRESS                                                   |                     |            |  | Apt. Number |
| CITY                                                             | STATE               | COUNTY     |  | ZIP CODE    |
| <input type="checkbox"/> Apartment <input type="checkbox"/> Home | Phone Number (Cell) |            |  |             |
| How long have you known this person?                             |                     |            |  |             |

|                                                                  |                     |            |  |             |
|------------------------------------------------------------------|---------------------|------------|--|-------------|
| LAST NAME                                                        |                     | FIRST NAME |  | MIDDLE NAME |
| STREET ADDRESS                                                   |                     |            |  | Apt. Number |
| CITY                                                             | STATE               | COUNTY     |  | ZIP CODE    |
| <input type="checkbox"/> Apartment <input type="checkbox"/> Home | Phone Number (Cell) |            |  |             |
| How long have you known this person?                             |                     |            |  |             |

10. Are you or anyone who lives at your residence related to a current or former inmate?  Yes  No

If yes, list name (s) of inmates, dates incarcerated, and family.

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11. Have you ever visited or corresponded with an inmate via mail, telephone, tablet, or face to face in a correctional facility?

Yes  No

(Please note – your name could be run through the visiting and telephone system to see if you ever visited or communicated with an inmate, when you visited or communicated; what facility; and how many times.)

If yes, list inmate's name, dates visited or communicated, facility where inmate was incarcerated.

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12. Do you belong to any political organizations, lodges, fraternities, etc.  Yes  No

Please list:

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13. Are you presently in the military?  Yes  No

13A. Were you ever in the military?  Yes  No

a. What branch of Service?

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b. Was any disciplinary action / non-judicial punishment taken against you while in the military?  Yes  No

14. Education

Grade School \_\_\_\_\_ Year Graduated \_\_\_\_\_  Yes  No

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_  Yes  No

College \_\_\_\_\_ Year Graduated \_\_\_\_\_  Yes  No

15. Have you worked in the field of law enforcement in the past?  Yes  No

a. Was any disciplinary action taken against you while employed?  Yes  No

16. Have you ever used any controlled deadly substances?  Yes  No

a. Are you presently on drugs?  Yes  No

17. Current Name of Employer: \_\_\_\_\_

|                      |                    |                                    |                                    |
|----------------------|--------------------|------------------------------------|------------------------------------|
| Supervisor Name      |                    | Employment Status                  |                                    |
|                      |                    | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| Employment Date From | Employment Date To |                                    |                                    |
|                      |                    |                                    |                                    |
| Weekly Salary        | Hours per Week     |                                    |                                    |
|                      |                    |                                    |                                    |
| Telephone Number     | Position/Title     |                                    |                                    |
|                      |                    |                                    |                                    |
| COMPLETE ADDRESS     |                    |                                    |                                    |
| Street Address       |                    |                                    |                                    |
| City                 | State              | Country                            | Zip Code                           |
| Reason for Leaving:  |                    |                                    |                                    |
|                      |                    |                                    |                                    |

18. Previous Name of Employers: \_\_\_\_\_

a.

|                      |                    |                                    |                                    |
|----------------------|--------------------|------------------------------------|------------------------------------|
| Supervisor Name      |                    | Employment Status                  |                                    |
|                      |                    | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| Employment Date From | Employment Date To |                                    |                                    |
|                      |                    |                                    |                                    |
| Weekly Salary        | Hours per Week     |                                    |                                    |
|                      |                    |                                    |                                    |
| Telephone Number     | Position/Title     |                                    |                                    |
|                      |                    |                                    |                                    |
| COMPLETE ADDRESS     |                    |                                    |                                    |
| Street Address       |                    |                                    |                                    |
| City                 | State              | Country                            | Zip Code                           |
| Reason for Leaving:  |                    |                                    |                                    |
|                      |                    |                                    |                                    |

b. Previous Name of Employers: \_\_\_\_\_

|                      |  |                                                                       |          |
|----------------------|--|-----------------------------------------------------------------------|----------|
| Supervisor Name      |  | Employment Status                                                     |          |
|                      |  | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |          |
| Employment Date From |  | Employment Date To                                                    |          |
|                      |  |                                                                       |          |
| Weekly Salary        |  | Hours per Week                                                        |          |
|                      |  |                                                                       |          |
| Telephone Number     |  | Position/Title                                                        |          |
|                      |  |                                                                       |          |
| COMPLETE ADDRESS     |  |                                                                       |          |
| Street Address       |  |                                                                       |          |
| City                 |  | State                                                                 | Country  |
|                      |  |                                                                       | Zip Code |
|                      |  |                                                                       |          |
| Reason for Leaving:  |  |                                                                       |          |
|                      |  |                                                                       |          |

c. Previous Name of Employers: \_\_\_\_\_

|                      |  |                                                                       |          |
|----------------------|--|-----------------------------------------------------------------------|----------|
| Supervisor Name      |  | Employment Status                                                     |          |
|                      |  | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |          |
| Employment Date From |  | Employment Date To                                                    |          |
|                      |  |                                                                       |          |
| Weekly Salary        |  | Hours per Week                                                        |          |
|                      |  |                                                                       |          |
| Telephone Number     |  | Position/Title                                                        |          |
|                      |  |                                                                       |          |
| COMPLETE ADDRESS     |  |                                                                       |          |
| Street Address       |  |                                                                       |          |
| City                 |  | State                                                                 | Country  |
|                      |  |                                                                       | Zip Code |
|                      |  |                                                                       |          |
| Reason for Leaving:  |  |                                                                       |          |
|                      |  |                                                                       |          |



d. Previous Name of Employers: \_\_\_\_\_

|                      |       |                                                                       |          |
|----------------------|-------|-----------------------------------------------------------------------|----------|
| Supervisor Name      |       | Employment Status                                                     |          |
|                      |       | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |          |
| Employment Date From |       | Employment Date To                                                    |          |
|                      |       |                                                                       |          |
| Weekly Salary        |       | Hours per Week                                                        |          |
|                      |       |                                                                       |          |
| Telephone Number     |       | Position/Title                                                        |          |
|                      |       |                                                                       |          |
| COMPLETE ADDRESS     |       |                                                                       |          |
| Street Address       |       |                                                                       |          |
| City                 | State | Country                                                               | Zip Code |
| Reason for Leaving:  |       |                                                                       |          |
|                      |       |                                                                       |          |

e. Previous Name of Employers: \_\_\_\_\_

|                      |       |                                                                       |          |
|----------------------|-------|-----------------------------------------------------------------------|----------|
| Supervisor Name      |       | Employment Status                                                     |          |
|                      |       | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |          |
| Employment Date From |       | Employment Date To                                                    |          |
|                      |       |                                                                       |          |
| Weekly Salary        |       | Hours per Week                                                        |          |
|                      |       |                                                                       |          |
| Telephone Number     |       | Position/Title                                                        |          |
|                      |       |                                                                       |          |
| COMPLETE ADDRESS     |       |                                                                       |          |
| Street Address       |       |                                                                       |          |
| City                 | State | Country                                                               | Zip Code |
| Reason for Leaving:  |       |                                                                       |          |
|                      |       |                                                                       |          |

19. Have you ever been arrested as an adult and/or juvenile?

Yes

No

Number of Arrests: \_\_\_\_\_

**If yes, explain: Dates, Location and charge, also disposition**

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a. Have you ever been charged on a summons or a warrant with a crime or involved in the criminal justice system?  Yes  No

**If yes, explain: Dates, location, and charge, also please attach a copy of the Policy Report along with a copy of the Disposition of the charge.**

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b. Have you ever been incarcerated?

Yes

No

If yes, explain: Dates, location, and charge, also disposition

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c. Has any member of your family been incarcerated:

Yes

No

If yes, explain: Dates, location, and charge, also disposition

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20. Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

A. Vehicles Owned:

| Make | Model | Year | License Plate & State | Registration Number |
|------|-------|------|-----------------------|---------------------|
|      |       |      |                       |                     |
|      |       |      |                       |                     |
|      |       |      |                       |                     |
|      |       |      |                       |                     |
|      |       |      |                       |                     |

21. Additional Information:

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22. I hereby certify that there is no misrepresentation or falsification in the information stated. I am aware that false or misleading statements will be the cause for rejection or dismissal after employment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

---

**FOR OFFICIAL USE ONLY**

Investigator: \_\_\_\_\_

Notes:

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\_\_\_\_\_  
(Signature of I.A.U. Commander)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Warden)

\_\_\_\_\_  
Date

Camden County  
Department of Corrections

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## CAMDEN COUNTY DEPARTMENT OF CORRECTIONS

**TO: All Employees (Officers / Civilians)**

**From: David S. Owens, Jr.**

**Date: February 14, 2014**

**RE: Rules for Officers / Civilian Employees, Working Inside the Correction Facility**

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1. No employee of any organization is allowed to bring any of the following Items beyond the control booth of this facility:
  - A. Umbrellas, must be left in lockers in the lobby area.
  - B. Glass jars, bottles or metal cans of any type.
  - C. Sharp objects, ie:, knives, nail clippers, metal nail files, etc.
  - D. Gas operated cigarette lighters.
  - E. Chewing gum.
  - F. Medications of any type unless cleared by the Warden or his Designee.
  - G. Weapons of any type.
2. No employees of any organization will bring into the facility any civilian clothing other than that worn in the facility, and same clothing will leave at the end of the shift. No civilian clothing will be stored in the facility.
3. No employee of any organization will supply or give any inmate anything without the express approval of the Warden. The forbidden items include but are not limited to the following:
  - A. Tobacco, including one cigarette.
  - B. Money, including placing money on inmate accounts.
  - C. Reading material.
  - D. Food stuffs.
  - E. Matches.
  - F. Or anything an inmate may request of you that is not supplied by the facility.
4. No employee of any organization is to engage in conversation that is not related to work being done with an inmate.

5. No employee of any organization is to carry anything from this facility for any inmate without the express approval of the Warden. This includes mail.
6. No employee of any organization is to bring anything into this facility for any inmate without the express approval of the Warden. This includes messages.
7. Any employee of any organization having a relative or relatives being housed in this facility will submit a list of names and their relationships to the inmate to the Office of Internal Affairs.
8. Employees of any organization are not to enter any area without their identification card being displayed in a visible location on their clothing. Photo side visible.
9. Employees of any organization are to report any request made of them from an inmate to the Office of Internal Affairs prior to the termination of the shift the request was made on. The report will contain the name and location of the inmate and the substance of the request made.
10. Employees of any organization are not to leave their assigned work areas without the express consent of their supervisor.
11. Employees of any organization are not to enter any secure area of this facility except in the course of their assigned duties.
12. Employees of any organization will notify their supervisor as to their location at all times while in the facility.
13. Any employee wishing to visit, leave anything, or have contact with any inmate must request and receive the approval of the Warden prior to the contact.

Failure to comply with any of these articles will result in the removal of the offender's security clearance, thereby terminating employment.

I have read and understand these articles and by signing this form, I am bound under all things stated in this form.

**PRINT NAME:** \_\_\_\_\_

**SIGN NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Camden County  
Department of Corrections

Jonathan L. Young Sr.  
Commissioner Liaison

David S. Owens Jr.  
Department Director

Karen Taylor  
Warden



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Fax: 856-964-3207  
CamdenCounty.com



## **FRATERNIZATION**

### **FRATERNIZING WITH INMATES / EX-INMATES IS STRICTLY PROHIBITED**

#### **EXAMPLES OF FRATERNIZATION INCLUDE BUT ARE LIMITED TO:**

THE DISCUSSIONS BY EMPLOYEES WITH INMATES / EX-INMATES OF EITHER THE EMPLOYEE'S PERSONAL AFFAIRS OR THE INMATES / EX-INMATES PERSONAL AFFAIRS.

BECOMING FAMILIAR WITH INMATES / EX-INMATES OR THE FAILURE TO DISCOURAGE INMATES / EX-INMATES FROM BECOMING UNDULY FAMILIAR.

TRADING, BARTERING OR BORROWING BETWEEN EMPLOYEES AND INMATES / EX-INMATES.

CORRESPONDING WITH INMATES / EX-INMATES; ASSISTING THEM IN ANY MANNER WITH CORRESPONDING WITH PERSONS OUTSIDE THE SERVICE ABOUT THE AFFAIRS OF THE DEPARTMENT, EXCEPT AS NECESSARY IN THE PERFORMANCE OF DUTY.

GRANTING AS A FAVOR TO ANY INMATE / EX-INMATE ANY EXTRA FOOD OTHER THAN WHAT IS NORMALLY AUTHORIZED.

THE RENDERING OF PERSONAL SERVICES BY ANY INMATES / EX-INMATES TO AN EMPLOYEE.

CONVEYING, EITHER TO OR FROM ANY INMATES / EX-INMATE, ANY WRITTEN OR ORAL MESSAGE OR ANY ARTICLE EXCEPT AS NECESSARY IN THE TRANSACTION OF THE BUSINESS OF THE DEPARTMENT.

ENGAGING IN CARD GAMES OR ANY OTHER AMUSEMENTS WITH INMATES / EX-INMATES OR IN ANY RELATIONSHIP WHICH CAN BE VIEWED AS UNDULY FAMILIAR.

**PRINT NAME:** \_\_\_\_\_

**SIGN NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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## Camden County Department of Corrections Information Form

(Type or Print Clearly All Information Must Be Fill in Completely)

|                                                    |                                          |                                            |
|----------------------------------------------------|------------------------------------------|--------------------------------------------|
| <b>Position Applied For:</b><br>(Please Check One) | <b>If Medical, License #:</b>            | <b>Certificate #:</b>                      |
| <input type="checkbox"/> Doctor                    | <input type="checkbox"/> M.A.            | <input type="checkbox"/> Physician Asst.   |
| <input type="checkbox"/> Gourmet Dining            | <input type="checkbox"/> Prison Ministry | <input type="checkbox"/> Medical Personnel |
| <input type="checkbox"/> Other                     | Type Position if not listed:             |                                            |

|                                                                                                                                                            |                                     |                     |                                          |                  |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------|------------------------------------------|------------------|----------------|
| <b>Last Name:</b>                                                                                                                                          | <b>First Name:</b>                  | <b>Middle Name:</b> |                                          |                  |                |
| <b>Address:</b>                                                                                                                                            |                                     | <b>City:</b>        | <b>State:</b>                            | <b>Zip Code:</b> |                |
| <b>Birth Date:</b>                                                                                                                                         | <b>Birthplace City &amp; State:</b> |                     | <b>Age:</b>                              | <b>SSN:</b>      |                |
| <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                              | <b>Race:</b>                        | <b>Eye Color:</b>   | <b>Hair Color:</b>                       | <b>Height:</b>   | <b>Weight:</b> |
| <b>Build: (Check one)</b><br><input type="checkbox"/> Petite <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large |                                     |                     | <b>Education: Highest Grade Attended</b> |                  |                |
| <b>Scars, Marks, Tattoos, Etc.: {PLEASE DESCRIBE EACH TATTOO IN DETAIL}</b>                                                                                |                                     |                     |                                          |                  |                |
|                                                                                                                                                            |                                     |                     |                                          |                  |                |
|                                                                                                                                                            |                                     |                     |                                          |                  |                |
|                                                                                                                                                            |                                     |                     |                                          |                  |                |
| <b>Name &amp; Address of Nearest Relative {NOT LIVING WITH YOU}:</b>                                                                                       |                                     |                     |                                          |                  |                |
|                                                                                                                                                            |                                     |                     |                                          |                  |                |
| <b>Your Occupation: (Self-Employed, Unemployed, or Retired)</b>                                                                                            |                                     |                     |                                          |                  |                |
|                                                                                                                                                            |                                     |                     |                                          |                  |                |
| <b>Your Present Employers &amp; Address:</b>                                                                                                               |                                     |                     |                                          |                  |                |
|                                                                                                                                                            |                                     |                     |                                          |                  |                |
| <b>Your Home Telephone Number:</b>                                                                                                                         |                                     |                     | <b>Secondary Number:</b>                 |                  |                |
| <b>Your Driver's License Number:</b>                                                                                                                       |                                     |                     | <b>State:</b>                            |                  |                |
| <b>Have you ever been arrested? (check yes or no) <input type="checkbox"/> YES <input type="checkbox"/> NO</b>                                             |                                     |                     |                                          |                  |                |

PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER LICENSE OR VALID PHOTO IDENTIFICATION.

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Department of Corrections

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**INTERNAL AFFAIRS UNIT**  
AUTHORIZATION FOR THE  
RELEASE OF INFORMATION  
Camden County  
Department of Corrections

I do hereby authorize the Camden County Department of Corrections, its agents and representatives, to take and release fingerprint data to the Federal Bureau of Investigation and the New Jersey State Police for the purpose of obtaining criminal history information.

Additionally, I authorize the Camden County Department of Corrections to utilize the information submitted on this document for the express purpose of processing my application for a law enforcement position.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**STOP**

---

**FOR OFFICIAL USE ONLY**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness



Camden County  
Department of Corrections

Jonathan L. Young Sr.  
Commissioner Liaison

David S. Owens Jr.  
Department Director

Karen Taylor  
Warden



Making It Better, Together.

Correctional Facility  
330 Federal Street  
Camden, NJ 08103

Phone: 856-225-7632  
Fax: 856-964-3207  
CamdenCounty.com



## AUTHORIZATION FOR RELEASE OF RECORDS

Date: \_\_\_\_\_

I, \_\_\_\_\_ as a candidate for the position of \_\_\_\_\_.

With the Camden County Corrections Department hereby authorize any individual within this institution with whom I have been associated, to furnish the Department of Corrections of Camden County with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from all liability for damages incurred in furnishing such information. A photocopy of this release bearing my signature shall be considered as valid as the original.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

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## Covid-19 Questionnaire

Covid-19 vaccine Required: As of the first day of employment, you must be able to demonstrate proof that you are fully vaccinated (as defined by the CDC) against Covid-19, unless you are granted a medical or religious exemption in accordance with company policy.

1. Have you received one or more doses of a COVID-19 vaccination and or booster shot?  Yes  No
2. If you answered yes to question number (1) which type(s) of vaccination, did you receive? If you answered no to question number (1) check N/A.  
 Pfizer  Moderna  Jansen (Johnson & Johnson)  N/A
3. If you answered yes to question number (1), how many shot(s) did you receive? If you answered no to question number (1) check N/A.  
 One  Two  N/A
4. Have you received a booster shot?  Yes  No
5. If you answered yes to question number (1) Please provide the date(s) of vaccination and/or booster shot. If you answered no to question number (1) proceed to question number (6).

\_\_\_\_\_  
1<sup>st</sup> Shot

\_\_\_\_\_  
2<sup>nd</sup> Shot

\_\_\_\_\_  
Booster

6. If you answered no, to question number (1) do you intend on being vaccinated?  Yes  No  N/A
7. If you answered no, to question number (4) do you intend on receiving a booster shot?  Yes  No  N/A
8. If you answered yes, to question number (6 & 7) which type of vaccination and/or booster do you intend to receive? If you do not know or answered no to question number (6 & 7) and/or fully vaccinated with a booster shot check N/A.  
 Pfizer  Moderna  Jansen (Johnson & Johnson)  N/A
9. If you answered yes, to question number (6 & 7) please provide the date(s) intended for vaccination and/or booster shot. If you do not know or answered no to question number (6 & 7) proceed to question number (10).

\_\_\_\_\_  
1<sup>st</sup> Shot

\_\_\_\_\_  
2<sup>nd</sup> Shot

\_\_\_\_\_  
Booster

10. If you answered no, to question number (6 & 7) and you are exempt or do not plan to receive the vaccination or booster shot briefly state why and provide proof of exemption.  
 Medical  Religious  Other (Why)  N/A

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name