

MORRIS TOWNSHIP
OFFICE OF EMERGENCY MANAGEMENT
50 WOODLAND AVENUE, P.O. BOX 7603
CONVENT STATION, NEW JERSEY 07961-7603

PRELIMINARY APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PHONE #: _____

Check one: Home #: Cell #:

EMAIL ADDRESS: _____

Please fill out and email to OEM Coordinator Daniel Nunn at
[dnunn@morristwp.com](mailto:dunn@morristwp.com)

**TOWNSHIP OF MORRIS OFFICE OF EMERGENCY MANAGEMENT
REQUEST FOR BACKGROUND CHECK**

APPLICANT'S NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____

DATE OF BIRTH: _____ CELL PHONE #: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

LIST ALL PREVIOUS ADDRESSES FOR THE PAST 10 YEARS, LISTING THE MOST RECENT FIRST.

1. PREVIOUS ADDRESS: _____
LENGTH OF TIME AT THIS ADDRESS: _____ YEARS _____ MONTHS
2. PREVIOUS ADDRESS: _____
LENGTH OF TIME AT THIS ADDRESS: _____ YEARS _____ MONTHS
3. PREVIOUS ADDRESS: _____
LENGTH OF TIME AT THIS ADDRESS: _____ YEARS _____ MONTHS
(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET)

CONSENT FOR CRIMINAL RECORDS SEARCH

I, _____, The Office of Emergency Management applicant, do hereby consent to the disclosure and release to the Morris Township Police Department of all criminal records pertaining to me, whether same are located in New Jersey, or any other jurisdiction. I sign this consent freely, acknowledging that such information is necessary to verify my fitness to be a member of the Morris Township Office of Emergency Management..

Signature of Applicant