

# **NORTH BRUNSWICK POLICE DEPARTMENT**

**JOSEPH A. BATTAGLIA, CHIEF**  
**NORTH BRUNSWICK POLICE RECORDS (732) 247-0922 x 415**  
**RECORDS BUREAU FAX: (732) 846-2548**  
**710 HERMANN ROAD**  
**NORTH BRUNSWICK, NJ 08902**

## **Domestic Violence Response Team Application**

Name:

Address:

How long resided at present address:

If less than 1 year, prior address:

Home Telephone:

Date of Birth:

Marital Status:

Children, Ages:

Occupation:

Employer Name & Address:

Hours of Employment:

Highest Level of Education Reached:

Languages (speak, read, or write):

Driver's License Number:

Have you ever been arrested or convicted of a crime? If yes, please detail.

Are you dependent upon any controlled dangerous substance or alcohol?

Do you have any concern which may impair you participating in an overnight on call schedule?

List any groups or organizations to which you belong:

Provide the name, address, & phone of 2 references:

The answers to the foregoing are true to the best of my knowledge and belief. It is understood that any false statements on this application are sufficient cause for dismissal. By signing below, I consent to the North Brunswick Police conducting a background check.

Date/Signature of Applicant

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