



MIDDLESEX COUNTY DEPARTMENT OF CORRECTIONS

Mark Cranston
Warden

Brian Ferguson
Chief of Staff

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Robert Grover, Jr.
Operations Captain

COUNTY CORRECTIONAL POLICE OFFICER PRELIMINARY APPLICATION

Name: _____

Address: _____

Date of Birth: _____ Social Security #: _____ Race: _____ Gender: _____

Driver's License #: _____ State: _____ Are you a U.S. Citizen? _____

Have you ever filed an application for employment with this department? Yes _____ or No _____

Date of Application(s): _____

Telephone Numbers & Email Address:

Home: _____ Cell: _____

Email Address: _____

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for dismissal. I grant permission for the Middlesex County Department of Corrections and its representatives to begin my background process.

Signature: _____ Date: _____