



**Bergen County Identification Card Application
(Non-First Responder)**

Front Card Information			
Jurisdiction		Agency	
Last Name		First Name	Middle Initial
Title		<input type="checkbox"/> Permanent <input type="checkbox"/> Probationary Status (check one – will effect expiration date)	
Reverse Card Information			
Height (feet and inches)		Weight (pounds)	Gender
Eye Color		Hair Color	
Database Encoding & Federal Standard Information			
New Jersey Driver's License Number <i>(15 characters)</i>		Social Security Number <i>(9 characters)</i>	Date of Birth <i>(MM/DD/YYYY)</i>
Home Street Address <i>*must match NJ Driver's License*</i>		Home Town, State & Zip <i>*must match NJ Driver's License*</i>	Home Phone

Agency Administration Use Only	
Is the employee a? (check one) <input type="checkbox"/> Contractor <input type="checkbox"/> Foreign National (non-US citizen) <input type="checkbox"/> Neither Is the employee designated an emergency response official? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No During times of emergency should the employee be exempted from a weather travel ban (essential)? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No During times of emergency, is the employee essential for business continuity purposes? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No Type of vetting of identification (check one) <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3 <input type="checkbox"/> Type 4 [Explained on page 3]	
Approval Signature of Agency Chief Executive Officer	Date of Approval
Name of person entering data into system	Date entered

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Last Name (pg. 2) (please print)		
Identifying Data (Continued)		
SBI (State Bureau of Identification) Number - Issued when a State fingerprint check is done		
Date hired by agency/organization (MM/DD/YYYY)		
Do you wear eyeglasses/contacts for distance? (check one)	<input type="radio"/> yes	<input type="radio"/> no
Are you hearing impaired? (check one)	<input type="radio"/> yes	<input type="radio"/> no
Medical Information (voluntary)		
Emergency Contact Name:		
Emergency Contact Phone:		
Physician Name and phone		
Health Insurance Carrier		
Health Insurance Policy Number		
Are you an organ donor? (check one)	<input type="radio"/> yes	<input type="radio"/> no
Blood type and Rh: (circle one)	A -- A + AB -- AB + B-- B + O -- O+	
Any known allergies? (please list)		
Any current medications? (please list)		
Significant Medical History (if any)		
Religion		

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Last Name (pg 3) (please print)				
Qualifications/Certifications <i>Check one per line – if applicable qualification or certification. Leave blank if not applicable</i>				
Incident Command	<input type="radio"/> I – 100	<input type="radio"/> I - 200	<input type="radio"/> I - 300	<input type="radio"/> I - 400
Hazmat	<input type="radio"/> Awareness	<input type="radio"/> Operations	<input type="radio"/> Technician	<input type="radio"/> Specialist (ABC)
CBRNE	<input type="radio"/> Awareness	<input type="radio"/> Operations	<input type="radio"/> Technician	
Emergency Medical	<input type="radio"/> First Responder	<input type="radio"/> EMT (BLS)	<input type="radio"/> Paramedic (ALS)	
Fire Fighter	<input type="radio"/> FF I	<input type="radio"/> FF II	<input type="radio"/> FF III	
Fire Officer	<input type="radio"/> Fire Officer 1	<input type="radio"/> Fire Officer 2	<input type="radio"/> Fire Officer 3	<input type="radio"/> Fire Officer 4
Are you SCBA (Self Contained Breathing Apparatus) certified & current?			<input type="radio"/> yes	<input type="radio"/> no
Any other State or Federal licenses and/or certifications applicable to emergencies – please list below				

Vetting level description (page one)

- Type 1: 2 forms of identification shown with at least one a government issued ID
- Type 2: above plus Criminal Case History verified
- Type 3: above plus Fingerprinted
- Type 4: all of above plus interviews of neighbors, past employers etc . . .

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Language Fluency – Other than English, please check all languages where you possess fluency:

Yes (check)	Language	Yes (check)	Language	Yes (check)	Language
	AMERICAN SIGN LANGUAGE		GREBO - LIBERIA		NEPALI – NEPAL, INDIA
	ALBANIAN, GHEG		GREEK		NORWEGIAN, BOKMAAL
	ALBANIAN, TOSK		HAITIAN – CREOLE FRENCH		PAMPANGAN – PHILIPPINES
	ARABIC, EGYPTIAN COLLOQUIAL		HARYANVI - INDIA		PANJABI, WESTERN – PAKISTAN
	ARABIC, ARABIAN PENINSULA		HAUSA – NIGERIA		PASHTO, NORTHERN – PAKISTAN REGION
	ARABIC, LEVANTINE COLLOQUIAL		HEBREW		POLISH
	ARMENIAN		HILIGAYNON – PHILIPPINES		PORTUGUESE
	BASQUE		HINDI – INDIA		ROMANI, VLACH – PRINCIPAL GYPSY LANGUAGE
	BENGALI		HUNGARIAN		ROMANIAN
	BURMESE (MYANMAR)		ICELANDIC		RUSSIAN
	CEBAUNO, PHILLIPINES		IGBO – NIGERIA		SAMOAN
	CHAVACANO, PHILIPPINES		INDONESIAN		SERBIAN
	CHINESE, GAN		ITALIAN		SLOVACK – CZECHOSLOVACKIA, HUNGARY, YUGOSLAVIA
	CHINESE, HAKKA		KASHMIRI – INDIA		SOMALI
	CHINESE, HUNAN/XIANG		KHMU - LAOS		SPANISH
	CHINESE, MANDARIN		KOREAN		SWAHILI
	CHINESE, SHANGHAI/WU		KURDISH, CENTRAL – IRAQ		SWEDISH
	CZECH		KURDISH, NORTHERN – TURKEY		TAGALOG – PHILIPPINES
	DANISH		KURDISH, SOUTHERN - IRAQ		TAMIL – INDIA, SRI LANKA
	DECCAN, INDIA		LAO (LAOTIAN)		THAI
	DUTCH		LATVIAN		TIBETAN, CENTRAL
	EDO, NIGERIA		LITHUANIAN		TURKISH
	EFIK, NIGERIA		LUXEMBOURGEOIS		TURKMEN – TURKMENISTAN REGION
	ESTONIAN		MAGAH I - INDIA		UKRAINIAN
	FARSI, EASTERN – AFGHANISTAN, PAKISTAN		MAITHILI – INDIA, NEPAL		URDU – INDIA, PAKISTAN
	FARSI, WESTERN - IRAN		MALAY - MALAYSIA		VIETNAMESE
	FINNISH		MALTESE		WELSH
	FRENCH		MARATHI - INDIA		YIDDISHI, EASTERN – ISRAEL
	GA - GHANA		MINA – INDIA		YIDDISH, WESTERN - GERMANY
	GEORGIAN – GEORGIA, TURKEY		MISKITO - NICARAGUA		
	GERMAN		MUONG – VIET NAM		

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