

Applicant Name _____

Date _____

Tinton Falls Fire District #1
Borough of Tinton Falls, NJ
2 Volunteer Way, Tinton Falls, NJ 07753
732-493-1574



Membership Application for
Firefighter/Fire-Police or Other Category

Place an "X" Next to which Fire Company you are applying to:

Wayside Fire Company-Station 36-2

Pine Brook Fire Company-Station 36-3

Applicant Name _____

Date _____

**PLEASE READ THE INFORMATION
BELOW BEFORE FILLING OUT THIS APPLICATION**

New Member Application Process

1. All applicants should complete and include the following:

- A. A copy of the applicant's driver's license or other legal form of identification.
- B. Copies of training certificates or other requested documents.

2. Before an individual will be considered for an interview, his/her application must include the following:

- A. Criminal and driving history as requested on the application. Note: This information has **no date limitations**. (See list of criminal disqualifications for membership)
- B. The applicant **must** supply **all** information regarding his/her history, **including**, but not limited to, **traffic tickets**.
- C. All applicant's memberships are contingent on the results of a physical/medical examination, criminal, and driver license background investigations.
- D. Signature of applicant **with notary**, required on all applications.

3. Prior to becoming a member, the following must be completed:

- A. Applicant must submit fingerprints and driver's license, if applicable, to the Tinton Falls Police and/or a background investigator of the Board's choice.
- B. Applicant must complete a physical/medical examination and drug screening by the Board of Fire Commissioners designated physician.
- C. Upon receipt of a favorable medical exam, from a licensed physician, the Fire Chief of the respective company the member applied to will be notified by the Board that the fire company may precede with accepting the applicant into the membership rolls of that company.
- D. Once accepted by the fire company the Board of Fire Commissioners will be notified of the addition and formally add the new member to the insurance rolls. The Board of Fire Commissioners will make note in the official minutes of the District and at this time the applicant may participate in fire company activities.
****THIS APPLICATION MUST BE TURNED OVER TO THE BOARD****

Applicant Name _____

Date _____

APPLICATION FOR MEMBERSHIP

____ Wayside Fire Company-Station 36-2

____ Pine Brook Fire Company-Station 36-3

Instructions: This application must be filled out completely and accurately. All statements are subject to investigation. Exaggerated, false, or misleading statements are cause for rejection.

PLEASE TYPE or PRINT CLEARLY

PERSONAL

Name _____
FIRST MIDDLE LAST

Present Address _____
STREET TOWN STATE ZIP

Previous Address _____
STREET TOWN STATE ZIP

Date of Birth _____ Age _____ Social Security No. _____

Contact Phone Numbers

Home (____) _____ Cell (____) _____ Work (____) _____

E-mail _____

Employer/School Information

Employer/School _____

Employer/School Address _____
STREET TOWN STATE ZIP

Position _____ Supervisor/Contact _____

Supervisor/Contact Number_(_____) _____ May we contact? _____

Have you ever filed out an application for a membership within any of the fire companies of Tinton Falls Fire District #1 or within the Borough of Tinton Falls?

____ **Yes** ____ **No** If yes, what fire company _____

Applicant Name _____

Date _____

EDUCATION

(Please include firefighting training, emergency services, etc.)

(CHECK ONE OR MORE)

_____ High School Graduate

_____ G.E.D.

_____ Community College Graduate

_____ College Graduate

_____ Other

(Explain) _____

List any degree held (AA,AS, BS, BA, MA, PhD, etc.)

(Degree) (Subject)

List any courses taken related to the fire service or emergency services:

(Course) Obtained)	(Certificate Obtained)	(Course)	(Certificate Obtained)
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(Course) Obtained)	(Certificate Obtained)	(Course)	(Certificate Obtained)
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(Course) Obtained)	(Certificate Obtained)	(Course)	(Certificate Obtained)
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(Course) Obtained)	(Certificate Obtained)	(Course)	(Certificate Obtained)
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PLEASE ATTACH COPIES OF ANY CERTIFICATES OR DEGREES RELATED TO FIRE RESCUE.

Examples would include:

**Firefighter I Training
CEVO II-Fire**

**Hazardous Materials Training
First Aid Training**

**Incident Command
Vehicle Extrication**

Applicant Name _____

Date _____

FIREFIGHTING EXPERIENCE

List all Departments that you have been previously associated with as a Volunteer or Career:

(Department) (Chief)

(Address, City and State) (Phone)

Position or Rank: _____ Years of Service: _____

(Department) (Chief)

(Address, City and State) (Phone)

Position or Rank: _____ Years of Service: _____

List any other information related to your Fire Rescue experience that you feel should be considered:

Have you ever been removed from membership of any type of volunteer and/or career emergency services organization? If yes, please explain: _____

Have you ever been disciplined/suspended or any other type of sanction enacted against you by any type of volunteer and/or career emergency services organization? If yes, please explain: _____

Character References: List three personal references that are not relatives. Please give name, address, and telephone numbers.

Name, Address, Phone

Name, Address, Phone

Name, Address, Phone

Applicant Name _____

Date _____

PERSONAL HISTORY

Have you ever been arrested; or convicted of any type of crime; or pled guilty to such an offense?

Yes ___ No ___

If yes, indicate crime and provide **city, state, court, crime committed, final disposition** of case, and **dates**:

Do you have a current Driver's License?

Yes ___ No ___

If yes, please include class and endorsement

Do you have a current Commercial Driver's License?

Yes ___ No ___

If yes, please include class and endorsement

Have you ever been convicted of any traffic violations?

Yes ___ No ___

If yes, please provide details of the violation, date, disposition and municipality in which the violation occurred:

Are there any traffic violations pending against you?

Yes ___ No ___

If yes, please provide details of the charge, date and municipality in which the violation occurred:

Applicant Name _____

Date _____

MEDICAL

-Please be assured that this remains confidential-

Do you have any objections to being given a physical or mental examination by a licensed physician?

Yes___ No___

If yes, state your objection: _____

Do you have, or have you ever been treated for any physical or mental injury, disability, or abnormal condition, that could effect you while performing as part of an emergency response team?

Yes___ No___

If yes, state please describe: _____

Have you had any major disabilities or illnesses in the past?

Yes___ No___

If yes, state please describe: _____

Do you have, or ever been treated for any substance abuse problems?

Yes___ No___

If yes, state please describe: _____

Applicant Name _____

Date _____

ADDITIONAL INFORMATION

Are you a citizen of the United States of America?

Yes___ **No**___

Are you able to read, write and understand the English Language?

Yes___ **No**___

If there is any other information you would like to convey, please do so in this section:

APPLICANT CERTIFICATION - READ CAREFULLY BEFORE SIGNING

I hereby certify that each answer to any question herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject matter. **I understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification or to discharge at any time, if I become a member of a fire company within Tinton Falls Fire District #1. In addition I agree to comply with all agency orders, rules, and regulations.**

DATE _____ SIGNATURE _____

NOTARY PUBLIC CERTIFICATION – Required of All Applications

Subscribe and sworn before me, by the said _____

this _____ day of _____, 20____ to certify which

witness my hand and seal of office.

Applicant Name _____

Date _____

BACKGROUND INFORMATION RELEASE

-Please read carefully-

This applicant hereby authorizes the Board of Fire Commissioners of Tinton Falls Fire District #1, Borough of Tinton Falls, County of Monmouth and the State of New Jersey and authorized agents of the Wayside Fire Company or Pine Brook Fire Company to contact the applicants employer, past employers, all persons mentioned in this application and all other persons with respect to obtaining and/or verifying information in connection with this application.

The applicant agrees to sign any information authorization which may be requested.

The facts set forth in my application for entrance into the respective organization is true and complete. I understand that in acceptance, any false statements on this application may result in my dismissal. I further understand that this application is not and is not to be a contract for acceptance, nor does this application obligate the Board of Fire Commissioners of Tinton Falls Fire District #1 in any way.

The applicant hereby acknowledges and agrees that Tinton Falls Fire District #1 of the Borough of Tinton Falls will be performing a criminal background check relative to membership in the Wayside or Pine Brook Fire Company and my continued membership in the Fire Company is contingent upon the results of this criminal background check.

I authorize the Board of Fire Commissioners of Tinton Falls Fire District #1, Borough of Tinton Falls and the State of New Jersey to make any investigation of my personal history by signing the space below.

Signature _____

Printed Name _____

Date _____

NOTARY PUBLIC CERTIFICATION – Required of All Applications

Subscribe and sworn before me, by the said _____

this _____ day of _____, 20_____ to certify which

witness my hand and seal of office.

Applicant Name _____

Date _____

New Applicant Checklist

___ Wayside Fire Company-Station 36-2

___ Pine Brook Fire Company-Station 36-3

ACTION	DATE COMPLETED
Application Completed	
Respective Fire Chief Pre-Acceptance/Interview	
Background through Tinton Falls Police	
Physical/Medical Examination <i>-Pulmonary Review</i> <i>-Relief Association Form Complete</i> <i>-Hepatitis Form or Declination</i>	
Acceptance of respective Fire Company	
Fire Commissioners advised and added to insurance	
Issuance of Gear (Turn Out/Pager/Etc)	
Benefits Forms Completed <i>-Accident & Sickness Policy</i> <i>-Police/Fireman's Insurance</i>	
Key to District Firehouse <i>-Orientation on Gym Equipment</i>	
Pre-Academy Training	
Fire Academy Training Course Enrolled	