

Centerton Fire Company

64 Dealtown Road
Pittsgrove, NJ 08318
(Pittsgrove Twp. Fire District #3)

Membership Application

Date: ____ / ____ / ____

Best Phone number: (____) _____

Name (print): _____ SSN: _____
LAST FIRST M.I.

Date of birth: ____ / ____ / ____

Driver License #: _____

Present Address: _____
Street number & street city state zip code

Previous address (if applicable): _____ How Long: _____

Position Applied For: Fire Cadet (13-16) ____ Jr. Firefighter (16-18) ____
Firefighter (18 +) ____ Social Member ____

How did you learn of this organization: _____

Do You Work: (Y / N) Full Time ____ Part Time ____ Specify Days and/or Hours: _____

Have you been a firefighter or member of a volunteer organization? Y or N

If yes, where and when: _____

List any friends or relatives in the company: _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for this fire company:

If accepted, do you have a reliable means of transportation? Y or N

Do you have any current handicaps or disabilities which may prevent you from specific work or training? Y or N
(This will not prevent acceptance)

If yes, explain: _____

Have you had any serious injuries or illnesses in the past 5 years? Y or N

If yes, explain: _____

Personal References: List three

Name	Occupation	Address	Phone number

List three most recent employers: (if applicable)

Date	Employer	Address	Supervisor	Phone number

Occasionally the form of an application blank makes it difficult for an individual to give his complete background. To assist us in finding the proper position for you in the company, use this space below to summarize any additional information necessary to describe your full qualifications.

Please Read carefully: Applicant's Certification and agreement

I hereby certify that the facts stated in the membership application are true to the best of my knowledge. I understand that falsified statements on this application shall be considered sufficient rejection or dismissal. You are hereby authorized to make any investigation into my personal history and my criminal history.

Signature of applicant : _____

Date: ____/____/____

Request information for background check

The purpose of this page is to run a background check on you to ensure you have no outstanding warrants or past convictions that would influence the decision of your application, please answer truthfully.

Full Name: (print) _____

Address: _____

Home phone number: (____) _____ Cell phone number: (____) _____

Social security number: _____ Driver's License number: _____

Has your driver's license ever been suspended? **Y or N** If yes, explain: _____

Is your driver's license revoked at this time? **Y or N** If yes, explain: _____

Additional information or incidents:

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: ____ / ____ / _____

Final Decision

DO NOT WRITE IN THIS SPACE

Reviewed by the membership committee: Date: ___/___/___ App. Number: _____

Interview held with applicant: **Y or N** If yes, Date: ___/___/___

Result of interview:

Members present at interview:

Back ground check performed: **Y or N** If yes, date: ___/___/___

Background check done by: _____

Approved for probation period by the Board of Fire Commissioners? **Y or N** Date: ___/___/___

Signature of Board Secretary: _____ Date: ___/___/___

Physical form completed: **Y or N** Date: ___/___/___

Accepted for probationary period (6 months) by membership of the company: Meeting Date: ___/___/___

Signature of the Fire Company Secretary: _____ Date: ___/___/___

Approved to be an active member by the company: **Y or N** Date: ___/___/___

Completed Firefighter 1: Date: ___/___/___ CPR / AED initial: Date: ___/___/___

State Fire Number: _____ Relief application submission date: ___/___/___

ICS 100: ___ Date: ___/___/___ ICS 200: ___ Date: ___/___/___

ICS 300: ___ Date: ___/___/___ ICS 400: ___ Date: ___/___/___

NICS 700: ___ Date: ___/___/___ NICS 800: ___ Date: ___/___/___

Any other completed qualifications, specify with date: _____

Company Physical Form

(Cadets and Social Members are exempt)

To be filled out by a physician licensed in the state of N.J. and returned to the Centerton Fire Company. All sections of the physical must be properly filled out and legible.

Please print

Name _____
 First Initial Last sex

Age _____ Height _____ Ft. _____ In. Weight _____ lbs. Hearing _____ Blood Pressure #: _____

Eyesight Left: _____ Right: _____ Both (corrected): _____

Has applicant any apparent disabilities in:

Facial _____ Pulmonary _____

Cardio pulmonary _____ Vascular _____

Abdomen _____ Genitourinary _____

Musculo-skeletal _____ Other _____

The applicant is free of any other, than listed above, medical or physical conditions that would cause harm to him / her or any other firefighter(s). YES _____ NO _____ (If no, explain) _____

Has Applicant ever suffered from any injury? YES _____ NO _____ (If yes, when) _____

Explain: _____

Remarks /or rejection is based on:

I certify that as a practicing physician in the state of New Jersey, the applicant is free from any acute or chronic disease and has no physical defects that would hinder his / her ability to perform the duties of a firefighter.

Date Examined: _____ **Examined at:** _____

Physician's Phone Number Print Physician's Name Signature of Physician

Junior and Cadet Member Applicant only

Parent /Guardian note

I, _____ (_____), allow _____ to join the fire company.
Parent /Guardian

I understand that the company meets every Monday night after 7pm and that he / she will be home by nine on school nights, he / she will not be allowed in first out trucks and will not be allowed on any active fire scenes. I also understand that he / she will be on a six month probation period to start and must show his / her own initiative to be part of the company. It's understandable that I can contact the fire chief or membership committee chairman on any Monday evening if there are any further questions or issues.

Print Parent / Guardian Full Name: _____ Phone Number: _____

Please sign in the presence of a notary.

Place seal here

Parent / Guardian: Date: ___/ ___/ ____

Signature _____

Notary: Date: ___/ ___/ ____

Signature _____

