

MEMBERSHIP APPLICATION

DATE ISSUED: _____

DATE RETURNED: _____

Preface

This application was prepared for the screening of Applicants for membership to Haddon Fire Company No.1. It is intended for the use by the Membership Committee for assessing the applicant's eligibility for membership.

Instructions

Please Read Carefully Prior to
Filling Out Application

These instructions are provided as a guide to assist you in properly completing your application for membership to Haddon Fire Company No.1. It is essential that the information be accurate in all respects.

1. The application should be typed or printed legibly in ink. Answer all questions.
2. If a question is not applicable to you, enter N/A in the space provided.
3. An accurate and complete application will help expedite the processing of the application. Deliberate omissions or falsifications shall result in disqualification.
4. Completed applications should be returned either by email or in a sealed envelope addressed to the Chief of the Department.
5. Authorization for Release of Information must contain an original signature and be notarized.

Qualifications for Membership

We consider applications for membership without regard to race, color, religion, creed, gender, national origin, disability, martial, or veteran status, sexual orientation, or any other legally protected status.

AGE: Must be at least eighteen (18) years of age.

CITIZENSHIP TESTS: Must be a citizen of the United States.

TESTS: Applicant must pass the prescribed examination of physical fitness, strength, and mechanical dexterity and be approved by the Membership Committee after one interview.

BACKGROUND: Applicant must agree to a thorough background investigation which could include, but not limited to, Federal, State, and Local law enforcement agencies. Applicant must never have been convicted or plead guilty to any felony crime.

RESIDENCY: There is no residency requirement. However, the applicant must be able to maintain the requirements set forth by the By- Laws of Haddon Fire Company.

PHYSICAL: Applicant must be declared medically fit for firefighting duties by a physician licensed to practice medicine in the State of New Jersey.

TRAINING: Applicant must complete State of New Jersey Firefighter 1 Training and complete Company Firematics Training.

DRIVERS LICENSE: Applicant must possess and retain a valid State of New Jersey Driver's License

Biographical Information

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in membership based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for membership if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

PERSONAL DATA			
Name (last, first, middle)		Email Address	
Street Address and/or Mailing Address		City	State
Home Telephone Number		Business Telephone Number	Cellular Telephone Number
DOB:	SSN:	DL State:	DL Number:
Has your DL ever been Suspended and /or revoked? Yes No Explain			
Are you a U.S. Citizen? Yes No		Have you ever been convicted of a felony? If yes, explain: Yes No	
<input type="checkbox"/>		<input type="checkbox"/>	
SPECIAL SKILLS: List any professional, trade, specialized training, skills, business or civic activities, extracurricular activities, hobbies			
EDUCATION, please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.			
	School Name	Degree	Address/City/State
High School			
College			
Other			
REFERENCES: Non-Related Please list three professional references not related to you, with full name, address, phone number, and relationship.			
Name	Physical Address/City/State		Phone/Email
			Relationship
REFERENCES: Please list three relatives name, address, phone number, and relationship.			
Name	Address/City/State		Phone/Email
			Relationship

Chronologically list each and every place you were PREVIOUSLY employed/volunteered (BEGIN WITH MOST RECENT WORK FIRST). Omit NONE since AGE 18. Include all part-time, full-time, military service, and volunteer work. Give correct and full addresses. Give dates of idleness between employment, including any leaves of absence. If you had more than one supervisor at any employment location, list them as well.

Name of Company:					
Street Address:					
City:			State:	Zip:	
Dates of Employment:	From	To	Position / Title:		
Immediate Supervisor:			Phone No.	()	
Reason for Leaving:					

Name of Company:					
Street Address:					
City:			State:	Zip:	
Dates of Employment:	From	To	Position / Title:		
Immediate Supervisor:			Phone No.	()	
Reason for Leaving:					

Name of Company:					
Street Address:					
City:			State:	Zip:	
Dates of Employment:	From	To	Position / Title:		
Immediate Supervisor:			Phone No.	()	
Reason for Leaving:					

Continuation of Employment History.						
Name of Company:						
Street Address:						
City:		State:		Zip:		
Dates of Employment:			Position / Title:			
	From	To				
Immediate Supervisor:		Phone No.		()		
Reason for Leaving:						
Name of Company:						
Street Address:						
City:		State:		Zip:		
Dates of Employment:			Position / Title:			
	From	To				
Immediate Supervisor:		Phone No.		()		
Reason for Leaving:						
Name of Company:						
Street Address:						
City:		State:		Zip:		
Dates of Employment:			Position / Title:			
	From	To				
Immediate Supervisor:		Phone No.		()		
Reason for Leaving:						
Name of Company:						
Street Address:						
City:		State:		Zip:		
Dates of Employment:			Position / Title:			
	From	To				
Immediate Supervisor:		Phone No.		()		
Reason for Leaving:						

Reason for Leaving:	
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Continuation of Employment History.	
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Name of Company:					
Street Address:					
City:		State:		Zip:	
Dates of Employment:	From		Position / Title:		
	To				
Immediate Supervisor:				Phone No.	()
Reason for Leaving:					

Name of Company:					
Street Address:					
City:		State:		Zip:	
Dates of Employment:	From		Position / Title:		
	To				
Immediate Supervisor:				Phone No.	()
Reason for Leaving:					

Name of Company:					
Street Address:					
City:		State:		Zip:	
Dates of Employment:	From		Position / Title:		
	To				
Immediate Supervisor:				Phone No.	()
Reason for Leaving:					

Name of Company:					
Street Address:					
City:		State:		Zip:	
Dates of Employment:	From		Position / Title:		
	To				
Immediate Supervisor:				Phone No.	()
Reason for Leaving:					

Immediate Supervisor:		Phone No. ()
Reason for Leaving:		

Did you ever serve in the military of any country?		Yes		No	
If YES, what Country: _____					
Served From	Served To	Branch of Service	Highest Rank	Military Specialty	Service Serial No.

Were you ever discharged or asked to resign from <u>Employment</u>, <u>Military service</u>, or <u>Volunteer Organization</u>?		Yes		No	
(Give details of discharge or forced resignation below):					
Date of Action	Supervisor Name	Type of Discharge and Reason			

Were you ever subjected to disciplinary action in connection with any <u>Employment</u>, <u>Military Service</u> or <u>Volunteer Organization</u>?		Yes		No	
(Give details of discipline below):					
Date of Action	Supervisor Name	Type of Discharge and Reason			

As a Certified Paramedic or EMT, have you ever been the subject of a complaint or investigation by a State or Federal reimbursement or regulatory agency for administrative, medical fraud or certification matters?		Yes		No	
If yes, explain.					

<input type="checkbox"/>	Have you ever been arrested for or charged with Juvenile Delinquency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been convicted for a Criminal Violation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever had any Criminal Record Expunged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been convicted as a Disorderly Person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been convicted for violating a City Ordinance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been investigated by any Law Enforcement or Private Agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been held or detained by a Law Enforcement Agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been held as a Material Witness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever had issued/delivered to you in person or by mail, a summons to appear in court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date	Age	Violation, Charge or Reason	Location	Disposition (convicted, not charged, etc.)	Law Enforcement or Other Agency

<input type="checkbox"/>	Have you or your spouse ever been summoned, subpoenaed, requested or required to testify before any municipal, state, federal agency, committee, court or other investigative body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you or your spouse ever had a restraining order filed against you or have you or your spouse ever been a victim of domestic violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date	Action or Proceeding	Reason	Name of Agency, Body, Etc.

Have you ever received a summons for violating any motor vehicle laws in NJ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever received a summons for violating any motor vehicle laws in any other state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your Motor Vehicle Registration ever been revoked or suspended in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your Driver's License ever been revoked or suspended in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered YES, provide details below. (Attach additional sheet, if necessary)		

Date	Age	Violation, Charge or Reason	Location	Disposition (guilty, dismissed, revoked, etc)	Law Enforcement or Other Agency

<input type="checkbox"/>	Have you ever been involved in a motor vehicle accident as a registered owner or operator whether reported or not reported to police, regardless of fault?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, how many times? _____ (Give details of each accident below):			
Location	Date of Accident	Name and Address of Investigating Law Enforcement Agency	

<input type="checkbox"/>	Has your motor vehicle insurance ever been revoked or issuance refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, explain: _____			
Insurance Company who Dropped or Refused Coverage	Policy Number	Name of Agency	Phone Number
Insurance Company you are CURRENTLY Covered By	Policy Number	Name of Agency	Phone Number

I certify that the facts set forth in this Application for membership are true and complete to the best of my knowledge. I understand that if I am accepted, false statements, omissions or misrepresentations may result in my dismissal. I authorize Haddon Fire Company No. 1 to make an investigation of any of the facts set forth in this application and release Haddon Fire Company No. 1 from any liability. Haddon Fire Company No. 1 may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" organization. Therefore, any member (regular, temporary, or other type of category member) may resign at any time, just as Haddon Fire Company No. 1 may terminate the individual relationship with any member at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date

Comments and Additional Information

Understanding and Agreement:

AUTHORIZATION FOR RELEASE OF

As an applicant for a position with the Borough of Haddonfield, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true, and accurate. If accepted, I understand that I may be separated from membership if the Borough later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Haddonfield the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Borough the right to secure additional job-related information about me. I release the Borough of Haddonfield and its representatives from all liability for seeking such information. I understand the Borough of Haddonfield is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough will make reasonable accommodations as required by the American Disabilities Act. I understand that, if accepted, I may resign at any time and that the Borough may terminate me at any time in accordance with its established policies and procedures. No representative of the Borough may make any assurances to the contrary. I understand that any offer of membership may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. I further understand that I am required to abide by all laws, rules, and regulations of the Borough of Haddonfield, State of New Jersey and the United States.

Applicant's Signature:

Date:

INFORMATION

TO WHOM IT MAY CONCERN:

I _____, HAVE MADE
APPLICATION FOR MEMBERSHIP WITH HADDON FIRE COMPANY AS A
VOLUNTEER FIREFIGHTER, PO BOX 345 15 NORTH HADDON AVE,
HADDONFIELD, NEW JERSEY.

I HEREBY AUTHORIZE A FULL DISCLOSURE AND RELEASE OF ALL
INFORMATION AND RECORDS, CONCERNING MYSELF TO ANY DULY
AUTHORIZED AGENT OF THE HADDONFIELD POLICE DEPARTMENT OR
OTHER INVESTIGATIVE AGENCY WHETHER THE SAID RECORDS ARE
PUBLIC OR PRIVATE, AND INCLUDING THOSE WHICH MAY BE
DEEMED TO BE OF A PRIVILEGED OR CONFIDENTIAL NATURE.
A PHOTOSTAT COPY OF THIS AUTHORIZATION WILL BE
CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

DATE: _____

SIGNATURE: _____ PRINT NAME: _____

SOCIAL SECURITY #: _____

Sworn and subscribed before me this

_____ day of _____, 20__

Notary Signature

My Commission Expires