

WEST CALDWELL VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

PART I - PERSONAL

1. Last Name _____ First Name _____ M.I. _____
2. Street Address _____ Apt. No. _____
3. Town/City _____ State _____ Phone() _____
4. Date of Birth _____ Place of Birth _____ Age _____
5. Social Security Number. _____ - _____ - _____ Height _____ Weight _____
6. Do you possess a valid NJ Driver's License? ____ License Number. _____
7. Name of employer _____ Occupation _____
Address _____ Phone _____
Name of Immediate Supervisor _____ Ext. _____
8. Time of Day / Days of Week Available to answer fire calls? _____
9. Names of Persons To Notify In Case Of Emergency:
Name _____ Phone () _____ Relation _____
Name _____ Phone () _____ Relation _____
10. Do you use, or have you used, any narcotics? _____ If yes, explain _____

11. Do you use, or have you used, excessive amounts of alcohol? _____
If yes, explain _____
12. Why do you wish to become a Fire Fighter? _____

PART I - PERSONAL (CONTINUED)

13. Give three references, who are adults of reputable standing in their community. Use those who have known you for at least five (5) years. Do not use relatives..

A. Name _____ Street _____
Town _____ Phone _____

B. Name _____ Street _____
Town _____ Phone _____

C. Name _____ Street _____
Town _____ Phone _____

PART II - QUALIFICATIONS

1. Do you speak, write and understand the English language? _____
 2. Are you an American citizen? _____ SINCE _____
 3. Are you a high school graduate? _____ Date of Graduation _____
 4. Level of post high school education? _____
Name of school _____ Degree Earned _____
 5. Do you have a professional license? _____ If yes, which? _____
 6. Have you ever been a Fire Fighter? _____ Where? _____
When? _____ Highest Rank _____
 7. Do you have any fire fighting experience? _____ If yes, explain _____

 8. Are you a veteran? _____ If yes, which branch? _____
Last Rank _____ Date & Type of Discharge _____

- Any special military training? _____

I UNDERSTAND THAT MY APPLICATION MAY BE REJECTED UPON ANY OF THE FOLLOWING CONDITIONS:

- A. FAILURE TO COMPLETE APPLICATION.
- B. FALSIFICATION OF THE APPLICATION.
- C. IF ANY OF THE REFERENCES ARE UNREACHABLE, OR UPON RECEIPT OF AN UNFAVORABLE REFERENCE.
- D. IF A SEARCH OF MY CRIMINAL HISTORY REVEALS ANY DISORDERLY PERSONS CONVICTIONS, INDICTABLE OFFENCES, OR PENDING CRIMINAL CASES.

I UNDERSTAND THAT PRIOR TO ACCEPTANCE I WILL BE REQUIRED TO SUCCESSFULLY PASS A PHYSICAL AND PSYCHOLOGICAL EXAMINATION (BOTH PROVIDED BY THE TOWNSHIP OF WEST CALDWELL).

I HEREBY CERTIFY THAT I AM THE APPLICANT AND THAT THE INFORMATION I HAVE PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

SIGN THIS APPLICATION IN THE PRESENCE OF A NOTARY PUBLIC AND RETURN THE COMPLETED APPLICATION TO THE WEST CALDWELL FIRE DEPARTMENT.

STATE OF NEW JERSEY COUNTY OF _____ SS:

_____ being duly sworn, doth depose and says that the above statements are true to the best of his/her knowledge and belief.

Sworn to before me this _____ day of _____ year _____

Signature of Notary Public