

#### Middletown Township Fire Department Johnson Gill Annex 1 Kings Highway Middletown, NJ 07748 732-615-2273 / 732-615-3303 (Fax) www.middletownnj.org



#### APPLICATION FOR MEMBERSHIP

#### **INSTRUCTIONS:**

- READ EVERY QUESTION
- ANSWER EVERY QUESTION
- PLEASE PRINT OR TYPE IN ALL OF YOUR RESPONSES
- THE CANDIDATE SHALL PERSONALLY PREPARE THIS FORM
- ATTACH COPIES OF ALL TRAINING CERTIFICATES
- UPON APPROVAL FOR MEMBERSHIP, COMPLETE APPENDIX A AND SUBMIT TO THE MIDDLETOWN TOWNSHIP POLICE DEPARTMENT
- APPLICANTS ARE SUBJECT TO A CRIMINAL BACKGROUND INVESTIGATION
- APPLICANTS MAY RECEIVE APPROVAL FOR MEMBERSHIP, PENDING THE RESULTS OF A CRIMINAL BACKGROUND INVESTIGATION
- UPON COMPLETION OF THIS APPLICATION RETURN ALL DOCUMENTS TO YOUR LOCAL FIRE COMPANY OR THE CHIEF'S OFFICE

The Middletown Township Fire Department does not accept or decline applicants based on sex, race, religion or sexual preference.

### **INTENTION FOR APPLICATION** (please check one):

☐ Firefighter Position		
☐ Non Firefighter Position		
Fire Company Preference (if none leave blank)	):	
PERSONAL INFORMATION		
Name:		
Last	First	Initial
Date of Birth (dd/mm/yyyy):	Place of Birth:	
Street Address:		
City:	State: Zip:	
Phone (home):	Phone (cell):	
Email Address:		
Drivers License Number:	State:	
Social Security Number:		
Please contact me via (please check one):		
☐ Home Phone		
☐ Cell Phone		
□ Email		
Please contact me during (please check one):		
□ Day		
☐ Afternoon		
☐ Evening		
☐ Anytime		

### WORK EXPERIENCE

Occupation:	
Employer:	
Employer Address:	
City:	State: Zip:
Employer Phone:	Supervisor:
FIREFIGHTING EXPERIENCE  Are you now or have you ever been a member that he was 2	er of a Fire Department/Company (please
check one)?	
☐ Yes ☐ No	
If yes, when? From to	
If yes, where? Department:	
Company:	
Municipality:	State:
What is the status of your membership?	
Do you have firefighting experience (please of	check one)?
□ Yes □ No	
NJ Division of Fire Safety Firefighter ID #:	
Do you possess any of the following certification	ations? (check all that apply):
☐ Firefighter 1	
☐ Incident Management Leve	el (1, 2 or 3)
☐ Fire Officer	
☐ Fire Service Instructor	

### **Middletown Township Fire Department**

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### PERSONAL REFERENCES

Please provide two references from people that have known you for at least five (5) years.

Reference 1	
Name:	
Last	First
Street Address:	
City:	State: Zip:
Phone (home):	Phone (cell):
How long have you known the applicant?	
Is the applicant of good moral character?	
Would the applicant be an asset to the Depar	rtment?
Comments:	
Signature:	Date:
Reference 2	
Name:	First
Street Address:	FITSL
City:	State: Zip:
Phone (home):	Phone (cell):
How long have you known the applicant?	
Is the applicant of good moral character?	
Would the applicant be an asset to the Depar	tment?
Comments:	
Signature:	Date:

### **EMERGENCY CONTACT INFORMATION**

SIGNATURE OF APPLICANT

Name:	Relationship:	
Street Address:		
City:	State: Zip:	
Phone (home):	Phone (cell):	
NOTARY PUBLIC		
	To be filled out by a valid Notary Public Name, stamp and seal at bottom left	
STATE OF NEW JERSEY, COUNTY OF )		
) SS		
, BEING DULY SWORN, BOTH DEPOSES AND SAYS THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.		
SWORN BEFORE THIS DA	Y OF	

SIGNATURE OF NOTARY PUBLIC

### **MEDICAL INFORMATION**

#### \*TO BE COMPLETED BY A LICENSED PHYSICIAN IN THE STATE OF NEW JERSEY

Name:			
Last First Initial			
Date of Birth (dd/mm/yyyy): Age:			
Height: Weight: Blood Pressure:			
Eyesight: Left: Right:			
Does the applicant have any apparent disabilities in:			
☐ Facial ☐ Pulmonary ☐ Cardio – Pulmonary ☐ Vascular			
☐ Abdomen ☐ Genitourinary ☐ Muscular Skeletal ☐ Other			
Has the applicant ever suffered from any major injuries?			
□ Yes □ No			
f yes, explain:			
Is the applicant free of any / all medical or physical conditions that would cause harm to him/her or any other firefighter, citizen etc. in the performance of emergency service duties?			
□ Yes □ No			
Denial is based on the following:			
Remarks:			
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: Physician Address:			
Physician Name (Print):			
Physician Signature:			

### FIRE DEPARTMENT USE ONLY DO NOT WRITE BELOW THIS LINE

Application received by:	
Name:	First
Title/Rank:	Fire Company:
Date received:	
Forwarded to:  Last	First
Fire Company:	rirst
Date of interview (if applicable):	
Interview conducted by:	
<u> </u>	
Applicant approved for membership:	
□ Yes □ No	
Rejection is based on the following:	
Date approved/denied:	

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### APPENDIX A CRIMINAL BACKGROUND INVESTIGATION WAIVER

I agree to submit to fingerprinting; authorize the Chief of Police to forward my fingerprint card to the New Jersey State Police to receive criminal history record information; and authorize the use of such information in considering my suitability as an applicant.

Also, I authorize the Chief of Police to investigate the statements contained in this application, and such other aspects of my background as may be necessary; and authorize the dissemination of such information to the Fire Department.

I certify that my statements herein are true. I am aware that if any of the statements which I have made in this application are willfully false, I am subject to punishment and my application for membership may be denied/revoked.

Name:				
	Last	First	I	Initial
Fire Com	pany:			
Signature	:			
Date:				
	DO NOT WRITE B	FI OW THIS I INF		
	TO BE COMPLETED BY POLI		' OFFICIAL	
Date:		Time:		
		·		
Name:	Last	First		
ı	Last	FIISt		
Title:				
Fingerpri	nts submitted:			
			_	
Informati	on for Criminal Background Investi	gation obtained:		
Police De	epartment Official Signature:			
<b>5</b>	11 D 1 D 2	ı		
Date App	endix Returned to Fire Company:		_	
Criminal	Background Investigation Results:			
	Zacingiouna investigation Results.			
	Applicant Membership Approved	☐ Applicant N	Membership Denie	d