

**LONGPORT VOLUNTEER FIRE DEPARTMENT
2301 Atlantic Avenue
Longport, NJ 08403**

MEMBERSHIP APPLICATION

POSITION(S) APPLYING FOR: FIREFIGHTER EMT BOTH SOCIAL

DATE OF APPLICATION: _____
DATE RECEIVED: _____ RECEIVED BY: _____
DATE PROCESSED: _____ PROCESSED BY: _____
APPLICATION FEE & DUES ONE YEAR \$10.00 DATE PD: _____

A. APPLICANT IDENTIFICATION:

Name _____
(Last) (First) (MI)

Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Telephone Numbers _____ / _____
(home) (cell)

Email Address _____

Date Of Birth _____ Place of Birth _____ Age _____

Check One: _____ Rent _____ Own _____ Live with Parents _____

Social Security Number _____

Drivers License # _____

Height _____ Weight _____ Color Hair _____ Color Eyes _____

Scars/Marks/Tattoos _____

Rev. 09/2012

B. REFERENCES:

1. List all addresses where you have lived during the past 10 years, beginning with current address. List date by Month & year.

FROM	TO	ADDRESS

2. List three people who are not related to you that are familiar with your education and/or work experience.

NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

C. **FIRE, EMS, LAW ENFORCEMENT MEMBERSHIP:** Are you or have you ever been a member of any Fire, EMS or Law Enforcement agency. If so please list the agency, agency administrator, and address. Attach extra pages if necessary.

FROM _____ TO _____ AGENCY _____
ADDRESS _____
PHONE# _____
JOB TITLE _____ DUTIES _____
ADMINISTRATOR _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR PRESENT/PAST AGENCY REGARDING MEMBERSHIP RECORD ? YES NO

FROM _____ TO _____ AGENCY _____
ADDRESS _____
PHONE# _____
JOB TITLE _____ DUTIES _____
ADMINISTRATOR _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR PRESENT/PAST AGENCY REGARDING MEMBERSHIP RECORD ? YES NO

FROM _____ TO _____ AGENCY _____
ADDRESS _____
PHONE# _____
JOB TITLE _____ DUTIES _____
ADMINISTRATOR _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR PRESENT/PAST AGENCY REGARDING MEMBERSHIP RECORD ? YES NO

FROM _____ TO _____ AGENCY _____
ADDRESS _____
PHONE# _____
JOB TITLE _____ DUTIES _____
ADMINISTRATOR _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR PRESENT/PAST AGENCY REGARDING MEMBERSHIP RECORD ? YES NO

D. WORK HISTORY: Beginning with your present or most recent job, list all employment held for the past 10 years, including part-time, temporary or seasonal employment. Include periods of unemployment. Attach extra pages if necessary.

FULL TIME	PART TIME	PER-DEIM	AVERAGE HRS. PER WEEK
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FROM _____ TO _____ EMPLOYER _____
 ADDRESS _____
 PHONE# _____
 JOB TITLE _____ DUTIES _____
 SUPERVISOR _____ NAME OF CO-WORKER _____
 REASON FOR LEAVING _____
 MAY WE CONTACT YOUR PRESENT/PAST EMPLOYER REGARDING EMPLOYMENT RECORD ? YES NO

FULL TIME	PART TIME	PER-DEIM	AVERAGE HRS. PER WEEK
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FROM _____ TO _____ EMPLOYER _____
 ADDRESS _____
 PHONE # _____
 JOB TITLE _____ DUTIES _____
 SUPERVISOR _____ NAME OF CO-WORKER _____
 REASON FOR LEAVING _____
 MAY WE CONTACT YOUR PRESENT/PAST EMPLOYER REGARDING EMPLOYMENT RECORD ? YES NO

FULL TIME	PART TIME	PER-DEIM	AVERAGE HRS. PER WEEK
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FROM _____ TO _____ EMPLOYER _____
 ADDRESS _____
 PHONE # _____
 JOB TITLE _____ DUTIES _____
 SUPERVISOR _____ NAME OF CO-WORKER _____
 REASON FOR LEAVING _____
 MAY WE CONTACT YOUR PRESENT/PAST EMPLOYER REGARDING EMPLOYMENT RECORD ? YES NO

FULL TIME	PART TIME	PER-DEIM	AVERAGE HRS. PER WEEK
-----------	-----------	----------	-----------------------

FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
PHONE # _____
JOB TITLE _____ DUTIES _____
SUPERVISOR _____ NAME OF CO-WORKER _____
REASON FOR LEAVING _____
MAY WE CONTACT YOUR PRESENT/PAST EMPLOYER REGARDING EMPLOYMENT RECORD ?YES/NO

D. EDUCATIONAL HISTORY:

HIGH SCHOOL		DATES ATTENDED		GRADUATED	
ATTENDED	CITY - STATE	FROM	TO	YES	NO

COLLEGE-UNIVERSITY		DATES ATTENDED		GRADUATED	
ATTENDED	CITY - STATE	FROM	TO	YES	NO
DEGREE (S)					

E. MILITARY HISTORY: Are you presently or have you served in the Armed Services, Reserves, or National Guard of the United States. YES / NO

Branch of Service _____

Dates of Service _____

Date Discharged _____

Rank _____

Special Skills/Training _____

F. TRAINING COURSES:

(Copies of Licenses and Certificates must be attached to completed Application)

EMS LICENSE

LICENSE # _____ EXPIRATION: _____
LEVEL: _____ STATE: _____
HEALTH CARE PROVIDER CPR: YES/NO EXPIRATION: _____
PALS COURSE: YES / NO EXPIRATION: _____
ACLS COURSE: YES / NO EXPIRATION: _____
NALS COURSE: YES / NO EXPIRATION: _____
PHTLS COURSE: YES / NO EXPIRATION: _____
OTHER: _____

FIREFIGHTER CERTIFICATIONS

FIRE FIGHTER I: YES / NO DATE: _____
FIRE FIGHTER II: YES / NO DATE: _____
PUMP OP I: YES / NO DATE: _____
PUMP OP II: YES / NO DATE: _____
ICS: YES / NO DATE: _____
HAZARDOUS MATERIALS LEVEL:
AWARENESS _____ OPERATIONS _____ TECHNICIAN _____
OTHER CERTIFIED COURSES: _____

G. MEDICAL HISTORY:

Health (circle one) Excellent Good Fair Poor

Do you have any disabilities? If so, please list: _____

Have you completed any of the following ? (Attach current Documentation)

TB test: YES / NO Date: _____ HBV test: YES / NO Date: _____
HAV test: YES / NO Date: _____ Comments: _____

H. MISC:

In a few sentences, state why you wish to join this department:

Have you ever been arrested, indicated, convicted, imprisoned, or placed on probation for any criminal, disorderly person or petty disorderly person offence ?

Please circle- YES / NO

If yes, please explain

Have your driving privileges ever been revoked or suspended in this state or any other state ? Please circle- YES / NO

If yes, please explain

AUTHORIZATION TO RELEASE INFORMATION:

I _____, HERBY REQUEST AND AUTHORIZE YOU TO FURNISH TO THE LONGPORT VOLUNTEER FIRE DEPARTMENT, FIRE CHIEF, OR HIS REPRESENTATIVE, ANY INFORMATION THEY MAY REQUEST CONCERNING MY WORK RECORD, EDUCATION HISTORY, MILITARY RECORD, CRIMINAL RECORD OR DRIVERS LICENSE RECORD. THIS AUTHORIZATION IS SPECIFICALLY INTENDED TO INCLUDE ALL INFORMATION OF CONFIDENTIAL NATURE AS WELL AS PHOTOCOPIES OF SUCH DOCUMENTS, IF REQUESTED. THE INFORMATION WILL BE USED FOR DETERMINING MY ELIGIBILITY FOR MEMBERSHIP WITH THE LONGPORT VOLUNTEER FIRE DEPARTMENT.

I HEREBY RELEASE YOU AND/OR YOUR ORGANIZATION FROM ANY LIABILITY, WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE ALONG WITH ANY SUBSEQUENT USE OF SUCH INFORMATION THAT IS USED IN DETERMINING MY QUALIFICATIONS TO SERVE AS A FIREFIGHTER OR EMERGENCY MEDICAL TECHNICIAN.

NAME OF APPLICANT: PLEASE PRINT _____ **DATE** _____
SIGNATURE OF APPLICATE: _____ **DATE** _____

APPLICATE DECLARATION:

I UNDERSTAND THAT ALL APPOINTMENTS TO THE LONGPORT VOLUNTEER FIRE DEPARTMENT ARE PROBATIONARY FOR A MINIMUM OF 6 MONTHS AND THAT ANY APPOINTMENT TENDERED WILL BE CONTIGENT UPON MY CHARACTER AND HISTORY INVESTIGATION. I AM AWARE THAT WILLFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS APPLICATION WILL BE A BASIS FOE DISMISSAL. I AGREE TO THESE CONDITIONS AND HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

NAME OF APPLICANT: PLEASE PRINT _____ **DATE** _____
SIGNATURE OF APPLICATE: _____ **DATE** _____