

MEMBER
N.J. STATE FIREMEN'S
ASSOCIATION



MEMBER
OCEAN COUNTY FIREMEN'S
ASSOCIATION

ORGANIZED 1822

Ship Bottom Volunteer Fire Co. No. 1, Inc. Station 46

21st STREET & CENTRAL AVENUE • P.O. BOX 185 • SHIP BOTTOM, NJ 08008-0231

Application for Membership

Active Firefighter Non-Active Firefighter Fire Police Junior Firefighter

Date of Application: _____

Name: _____
Last First Middle

Address: _____
House # & Street (No P.O. Box's) City State & Zip

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Social Security # _____ Date of Birth: _____ Place of Birth: _____

Driver License # _____ State: _____ Exp. Date: _____

Home Telephone # _____ Cell Phone # _____

E-Mail Address: _____

How long have you lived at your current residence? _____ U.S. Citizen YES NO

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES NO

If YES, please provide dates and details:

Have you ever been expelled from a fire company or first aid squad? YES NO

If YES, why? _____

Do you have any physical disabilities that may interfere with your ability to perform any firefighting tasks or functions, or any first aid squad tasks or functions? YES NO

If YES, explain: _____

SKILLS AND QUALIFICATIONS

Summarize any special skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

REFERENCES

List names and telephone numbers of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or person references that are not related to you.

| NAME | TELEPHONE | YEARS KNOWN |
|-------------|------------------|--------------------|
| | | |
| | | |
| | | |

ADDITIONAL INFORMATION

List any additional information that you would like to be considered:

To what job related organization (professional, trade, etc.) do you belong?

| ORGANIZATIONS | OFFICE(S) HELD |
|----------------------|-----------------------|
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

I, _____ am applying for membership in the Ship Bottom Fire Company #1 and do hereby understand that a criminal background check will be completed as part of the application process and will be a condition of membership as outlined in the Bylaws.

Signature

Date

(For Internal Use Only)

Date Application Received: _____ Date Applicant Fingerprinted: _____

Criminal History Report Received: _____ Received By: _____

Results of Background Check: _____

If negative results on background check applicant was notified on _____ of the results by Telephone __, by registered mail __, in person __, or by _____.

Is the applicant challenging the report? Yes No

Review committee meeting scheduled for _____.

Results of the review committee meeting: _____

Driver License Check performed on _____ by: _____

Results of driver license check: _____

Applicant Approved for membership on _____ Denied on _____

Organization notified on _____ by: _____

AUTHORIZATION FOR THE RELEASE OF RECORDS

I, _____ do hereby authorize a review of, and full disclosure of all personal records to include: criminal history, driving history, or any part thereof, whether said records are public, private, or confidential in nature, concerning myself, the applicant for membership in the Ship Bottom Volunteer Fire Company #1.

I understand that any information obtained during a review of my records, will be used in determining my suitability for appointment as a Ship Bottom Fire Company Volunteer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date of Birth

Print Full Name

Social Security Number

Applicant's Signature

Date Signed

Notarized:

PHYSICAL TEST RECORD (VALID FOR 180 DAYS)

TO BE FILLED OUT BY A PHYSICIAN LICENSED IN THE STATE OF N.J. AND RETURNED TO THE SECRETARY. ALL SECTIONS OF THE PHYSICAL MUST BE PROPERLY FILLED OUT OR THE APPLICATION MAY BE RETURNED.

PLEASE PRINT

Name _____
First Initial Last Sex

Age _____ Height ___ft ___in Weight _____lbs Hearing _____ Blood Pressure _____

Eye Sight-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, which listed above, medical or physical conditions that would cause harm to him/her or any other firefighter(s). Yes No (If no, please explain)

Has Applicant ever suffered from injury? Yes No If so, when and describe _____

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 _____
Address of office

Physician's Phone Number _____

Print Physician's Name _____

Signature of Physician _____

VALID FOR 180 DAYS FROM DATE OF PHYSICAL