

Union Fire Company #1



Station 261

Phone (609) 298-3111

www.crosswicksfire.org

Fax (609) 298-9908

Name: _____
Last First Middle

Street Address: _____

City State Zip Code
Please attach to this application a list of any other addresses you have resided at for the past five years

Is your mailing address the same? Yes No

Mailing Address (If different): _____

City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Social Security: _____

Type of Membership: Active Junior Social

Occupation: _____

Employer: _____ Telephone: _____

Address: _____

Driver's License Number: _____ State: _____

1) Has your driver's license ever been suspended or revoked? Yes No

If yes please explain on a separate paper and attach.

2) Have you ever been involved in a motor vehicle accident? Yes No

If yes please explain on a separate paper and attach.

3) Have you ever been arrested and/or convicted of a felony? Yes No

If yes please explain on a separate paper and attach.

4) Have you ever been charged with a crime as a juvenile? Yes No

If yes please explain on a separate paper and attach.

5) Are you currently or ever have been a member of another emergency service organization? Yes No

If yes please list all organizations on a separate paper complete with addresses and contact numbers.

6) Have you ever been expelled or suspended from any fire company or emergency service organization? Yes No

If yes please explain on a separate paper and attach.

7) Do you have a New Jersey Firefighter certification number? Yes No

If yes list: _____

8) Please list and attach copies of any certifications you possess that relate to the fire service:

9) Please list two character references that are not related nor reside with you:

1)

Name: _____

Address: _____

Phone: _____ Relation: _____

2)

Name: _____

Address: _____

Phone: _____ Relation: _____

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that inaccurate or falsified statements on this application will be grounds for rejection of my application for membership or termination of the membership. I authorize the investigation of the statements contained herein. I give Union Fire Company #1 and the Board of Fire Commissioners District #1 of Chesterfield and Hamilton permission to contact my character references, employers past and present, and any previous fire and emergency service organizations regarding this application. My character references, employers, and previous fire or emergency service organization may release any and all pertinent information, personal or otherwise related to my membership application. I also release all parties from any liability or damage that may result from the release of this information. I understand that a criminal background investigation will be conducted and the validity of my driver's license will be checked. I understand that I may be required to submit to a medical evaluation or provide a licensed physician's statement as to my medical eligibility depending on the type of membership for which I am applying.

I have read and understand the above statement: _____

Signature of applicant: _____ Date: _____

Number of attached pages: _____

After completion mail to:

Board of Fire Commissioners Chesterfield-Hamilton Fire District One
C/O Volunteer Applications
PO Box 73
Chesterfield, NJ 08515