

FIRE COMPANY \ RESCUE SQUAD APPLICATION

(Fire Company \ Rescue Squad)

(Applicant's Name)

WARNING:

A falsification or misrepresentation of any material fact constitutes a Misdemeanor. In addition, such conduct shall be cause for rejection of application and also removal of applicant from the eligible list.

**REQUIREMENTS FOR FIREFIGHTER \
EMERGENCY MEDICAL TECHNICIAN APPLICANTS**

1. Medial Examination: Applicants will be required to pass a thorough medical examination. Any medical or physical condition or defect which would prevent efficient performance of the duties of this position and/or cause the applicant to be a hazard to himself or others as a result of the performance of those duties will be cause for rejection.

Specific Physical Qualifications: Normal function of limbs, hands and feet.

2. Applicant will be under a one-year probation period after being accepted for membership. (Attendance, participation and performance of duties will be evaluated.)
3. Applicant will be required to attend recommended training (Firefighter I, etc.) and pass within one (1) year of the probation period (if required).
4. The Volunteer Fire Company \ Rescue Squad takes no responsibility for any possible accident or injury to candidates during the course of this examination.
5. This application will be reviewed by the Membership Committee of said Company. Renewal is necessary one year from date on application in order to hold number and eligibility.
6. Waiting list applicants will be notified for medical examination by number when active membership is open.
7. Application may be filed by personal delivery to the Fire Company / Rescue Squad or sending them in the mail to:

Elwood Volunteer Fire Co.
Post Office Box 223
Elwood, NJ 08217

Sweetwater Volunteer Fire Co.
2341 Elwood Road
Sweetwater, NJ 08037

Nesco Volunteer Fire Co.
3521 Nesco Road
Nesco, NJ 08037

Weekstown Volunteer Fire Co.
5920 Pleasant Mills Road
Weekstown, NJ 08037

Mullica Township Rescue Squad
P.O. Box 1067
Hammonton, NJ 08037

8. The application must be submitted to the Mullica Township Police Department.
9. A fingerprint card must be obtained through the Police Department (background investigation)

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INSTRUCTIONS:

Type or print clearly in ink. Answer all pertinent questions and sign your name in ink.

1. Name (Last, First, Middle Initial):

2. Address:

3. Telephone Number:

_____-_____-_____

4. Are you a United States Citizen?

Yes ___ No ___

5. Are you a New Jersey Resident?

Yes ___ No ___

6. How long have you lived in the Municipality?

_____ Years _____ Months

7. Do you possess a High School Certificate or equivalent?

Yes ___ No ___

8. Social Security Number

_____-_____-_____

9. Do you possess a valid New Jersey Drivers License?

_____ D.L. # _____

10. Has Drivers License ever been suspended in this or any other state?

Yes ___ No ___

If yes, what State? _____

11. Have you ever been adjudged a disorderly person? If yes, please list date(s), place(s) and offense(s).

12. Have you ever been convicted of a crime that has not been expunged or sealed? If yes, please list date(s) and offense(s).

13. Have you ever been treated for alcohol abuse?

14. Have you ever been treated for drug abuse?

15. Do you suffer from any medical condition that would make it difficult to fulfill the duties of an emergency responder (i.e., inhalation/asthma, physical exertion, back problems)? If yes, please explain.

16. Do you suffer from any psychiatric disorder that would make it difficult to fulfill the duties of an emergency responder (i.e., fear of close spaces, fear of accidents, fear of heights)? If yes, please explain.

17. Are you subject to any court order issued pursuant to Domestic Violence? If yes, please explain.

18. Have you ever been dismissed from another Fire Company \ Rescue Squad?

19. Are you now a volunteer Firefighter \ EMT? _____ _____
 If yes, please name Municipality _____
 Starting Date: Month _____ Day _____ Year _____

20. Are you now a paid Firefighter \ EMT? _____ _____
 If yes, please name Municipality _____
 Starting Date: Month _____ Day _____ Year _____

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief.

SIGNATURE: _____ DATE: _____

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PHYSICAL TEST RECORD

(Completed only if relief association medical evaluation not done)

Age _____ years Height: _____ Feet _____ Inches

Weight _____ lbs. Complexion _____ Eye Color _____

Hair Color _____ Normal Eyesight _____ Normal Hearing _____

Remarks: _____

Has applicant ever suffered from any injury? _____

If so, what injury and when? _____

Has the applicant ever had dizzy or fainting spells? _____

I hereby certify that as a participating physician in the State of New Jersey, the applicant is physically fit to become a Firefighter\EMT.

Examined at: _____

Signature _____

Date

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**FOR MEMBERSHIP COMMITTEE'S USE
DO NOT WRITE IN THIS SPACE**

Name of Applicant: _____

Address: _____

Waiting List Number Assigned: _____

Date Received: _____

Evaluation of Tests: _____

Eligibility Date: _____

Names of Membership Committee Members: _____

Application Review Date: _____

Confirmation Sent to Applicant: Month _____ Day _____ Year _____

I hereby certify that this applicant was elected to active membership in the _____ Fire Company \ Rescue Squad and has been approved by the Mayor and Township Committee on _____.

Township Clerk

Applicant's Name: _____

Fire Company/Rescue Squad: _____

PROCEDURE LIST FOR
VOLUNTEER FIRE COMPANY / RESCUE SQUAD

- _____ Application must be accurately and completely filled out
- _____ Volunteer is to obtain a physical exam
- _____ Volunteer submits this information to the Police Department. Fingerprints are to be obtained at this time.
- _____ Police forwards fingerprints to the State for a background investigation.
- _____ Police Department is to report back to the Clerk's Office, the findings of the background investigation received from the State
- _____ Approval by the Township Committee at a regularly scheduled meeting
- _____ Input into computer system (applicant's name and other pertinent information)
- _____ Approved application sent to the Fire Company \ Rescue Squad

*****JUNIOR MEMBERSHIP:**

Each individual Fire Company \ Rescue Squad is to handle these applicants internally.