

**TOWN BANK  
VOLUNTEER FIRE COMPANY INC.**



**APPLICATION  
FOR  
FIREFIGHTER / MEMBERSHIP**

**TOWN BANK VOL. FIRE CO.**

224 TOWN BANK ROAD  
PO BOX 796  
NORTH CAPE MAY NJ 08204

DATE \_\_\_/\_\_\_/\_\_\_

Position applying for:

Firefighter      Social Member      Special Member      Junior Member

Personal

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last                      First                      M.I

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

# Of Years at this Address: \_\_\_\_\_

1. Are you a United States Citizen?      YES      NO
2. If no are you a legal alien      YES      NO
3. Date of Birth \_\_\_\_\_
4. Height \_\_\_\_\_ FT \_\_\_\_\_ IN
5. Place of Birth \_\_\_\_\_
6. Weight: \_\_\_\_\_ lbs.

**READ CAREFULLY PRIOR TO FILLING OUT APPLICATION**

**INSTRUCTIONS**

Read every question carefully. Answer every question, leave no blank spaces, if a question does not apply to you, use "Not Applicable", or "N/A". An applicant may be rejected who has intentionally made a false statement of a material fact; and/or practiced, or attempted to practice any deception or fraud in this application.

The applicant shall personally prepare this form. All entries, except the signatures, must be hand written in black ink.

If the space provided for answering any question is insufficient, attach a separate sheet of paper and include the question and question number above the answer or continuation.

All applications must be accompanied by copies (not originals) of Birth Certificate, Military Service Record DD214 Form, High School Diploma or equivalent, college transcripts and Firefighting Educational Transcripts.

**RELEASE AUTHORIZATION**

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I, \_\_\_\_\_ am making application to Town Bank Vol. Fire Company. As a result, an investigation is being conducted to determine my eligibility for membership.

Therefore, you are authorized to release to Town Bank Vol. Fire Company or its representatives, any and all information documentary or otherwise pertaining to the above applicant that they may request.

I hereby release, discharge, and exonerate Town Bank Vol. Fire Company, its agents or representatives and any person so furnishing information, from any liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records, and other information or the investigation made by the Town Bank Vol. Fire Company.

A photo copy of this authorization will be considered as effective and valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FINGERPRINTING INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City) (State)

Telephone Number: \_\_\_\_\_

Employer and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

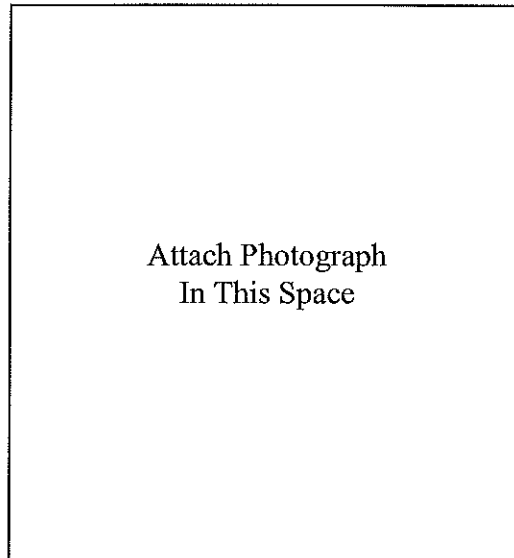
Scars, Marks, Tattoos, Amputations: \_\_\_\_\_

Alias: \_\_\_\_\_

Name and Address of Nearest Relative and Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

# PERSONAL DATA



1. What is your full name? \_\_\_\_\_  
(Last) (First) (Middle)

2. Give any other names you have used or have been known by and attach a statement giving reasons.

A. \_\_\_\_\_ D. \_\_\_\_\_  
B. \_\_\_\_\_ E. \_\_\_\_\_  
C. \_\_\_\_\_ F. \_\_\_\_\_

3. Date of birth: \_\_\_\_\_ Age at time of application: \_\_\_\_\_  
(Month) (Day) (Year)

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

4. Where were you born? \_\_\_\_\_  
(Hospital) (City) (State)

5. Birth Certificate: \_\_\_\_\_  
(City) (County) (State)

6. Check one of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Asian                | <input type="checkbox"/> Hispanic/Latino                  |
| <input type="checkbox"/> Black (Non-Hispanic) | <input type="checkbox"/> American Indian/Alaskan Native   |
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Hawaiian Native/Pacific Islander |

7. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Issued in which State: \_\_\_\_\_

## RESIDENCE

8. Where do you currently reside? \_\_\_\_\_  
 (Number) (Street) (City)  
 \_\_\_\_\_  
 (County) (State) (Zip Code)

9. How long have you resided at the above address? \_\_\_\_\_

10. In chronological order, state each and every place in which you have lived during the past ten (10) years, beginning with your present address:

From		To		Address (street, city, state, zip)
Month	Year	Month	Year	

## REFERENCES

11. Give four references (Not relatives) who have known you well during the past FIVE years, excluding members of the Town Bank Vol. Fire Company.

A. Complete Name: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

B. Complete Name: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

C. Complete Name: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

D. Complete Name: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

12. List the names of firefighters within New Jersey with whom you are personally acquainted:

Name	Department	Address	Phone #

**EDUCATION**

13. List chronologically (earliest dates first) all schools, colleges, and training courses you have attended:

School	Exact Address	Dates From-To	# of Years Attended	Type of Degree	Graduated? Yes or No

**MILITARY SERVICE**

14. Have you ever served in an active military organization of the United States?  Yes  No

15. Give branch of service: \_\_\_\_\_

16. Service Serial #: \_\_\_\_\_

17. How many discharges or separations from the service were given to you? \_\_\_\_\_

18. What is the type of your discharge(s) or separation(s)? (Honorable, dishonorable, honorable conditions, medical, other, etc.) Be specific: \_\_\_\_\_

Reason: \_\_\_\_\_

19. Has your discharge or separation notice ever been corrected or changed?  Yes  No

20. What was the nature of the change? Changed from \_\_\_\_\_ to \_\_\_\_\_

21. Were you ever court martialed, tried on charges or were you the subject of a summary court, deck court, Captain's mast, company punishment, office hours or any other disciplinary action?  
 Yes  No      Number of occurrences: \_\_\_\_\_

If you answered yes to the above question, give details of charges, agency concerned, dates, dispositions, location, and name of military base:

\_\_\_\_\_

\_\_\_\_\_

## SELECTIVE SERVICE

22. Have you registered with the Selective Service?  Yes  No

## EMPLOYMENT

23. Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Phone)

Date Hired: \_\_\_\_\_

Describe Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. List below chronologically, earliest dates first, each and every place you where previously employed since the age of 18. OMIT NONE. Give correct, full addresses. Give dates of idleness between periods of employment in proper sequence. Include all part-time employment.

From Mo./Yr.	To Mo./Yr.	Name and Address of Employer	Position Held	Immediate Supervisor	Reason for Leaving



25. Were you ever discharged or asked to resign from employment?  Yes  No

If yes, give an explanation and details of discharge or forced resignation below:

\_\_\_\_\_  
\_\_\_\_\_

26. Were you ever subjected to disciplinary action in connection with any employment?  Yes  No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Have you ever made application with this or any other fire department in New Jersey or any other State?

Yes  No

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Present status of application: \_\_\_\_\_

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Present status of application: \_\_\_\_\_

28. Have you ever been terminated, asked to resign or rejected by another fire department for membership/employment in this state or any other state?  Yes  No

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

**GENERAL**

29. Have you ever used any narcotics, such as, but not limited to: marijuana, ecstasy, sleeping pills, barbiturates, cocaine, hashish, PCP, LSD, steroids?

Yes  No

If yes, give extent of use and a specific explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARRESTS, SUMMONSES, ETC.**

30. Have you ever been arrested for or charged with a violation of the disorderly persons act or any city ordinance in this state or any other state?  Yes  No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition

31. Have you ever been arrested, indicted, or convicted for any violation of the criminal law in this state or any other state?  
 Yes  No

If yes, complete the following:

Name of Charge, Arrest, or Conviction	Date	Name & Address of Police Agency & Court	Disposition

32. Have you ever been fingerprinted? (*Exclude only present application with this department*)

Yes  No      If yes, complete the following:

Location	Date	Purpose

## MOTOR VEHICLE HISTORY

33. Have you ever received a summons or a violation of the Motor Vehicle Laws in this state or any other state?(Exclude overtime parking violations)

Yes     No

If yes, complete the following:

Date	Offense	Location	Court Disposition	Your age (at time)	Police Agency

34. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever revoked in this state or any other state?     Yes     No

If yes, which license? \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Reason: \_\_\_\_\_

35. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license ever suspended in this state or any other state?     Yes     No

If yes, which license? \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Reason: \_\_\_\_\_

36. If the answer to either of the two above questions was yes, was such Registration Certificate or Driver's License ever restored?  Yes     No

Date: \_\_\_\_\_ Location: \_\_\_\_\_

37. Have you ever been involved in a motor vehicle accident whether as a registered owner, operator, passenger, or pedestrian, which resulted in any personal injury or property damage to you or anyone else?

Yes     No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION**

38. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for this employment, including, but not limited to: knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, criminal records, traffic violations, residence or otherwise?

Yes     No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

39. Are you currently involved in any litigation?     Yes     No

If yes please give detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW JERSEY.....

)ss.

COUNTY OF.....

I, \_\_\_\_\_ being duly sworn, depose and say I am the above named person. I signed the forgoing statement. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

“Under Penalty of Law”, a person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a statement previously made, when he does not believe the statement to be true, is guilty of a crime of the fourth degree in violation of 2C:28-2.

\_\_\_\_\_  
(Applicant sign here)

State of :

County of:

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_.

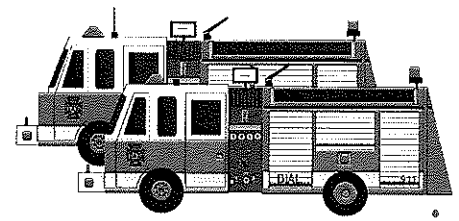
My Commission expires: \_\_\_\_\_ Notary Public \_\_\_\_\_  
(printed name)

Notary Public \_\_\_\_\_  
(Signature)

Seal:

# TOWN BANK VOL. FIRE CO.

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## MEMBERSHIP REQUIREMENTS

Dear Applicant

Thank you for your interest in joining the TOWN BANK VOL. FIRE COMPANY.

During our application process, you will be required to do the following,

1. Complete a written application, which will be reviewed and approved by our membership Committee.
2. Attend an interview with our Membership Committee
3. Submit appropriate Medical Authorizations Form. These are mandated by the state of New Jersey.

Our Company is a proactive Fire Company which means that you will be required to attend numerous activities. We need Volunteers to complete our goals. But please think about your involvement. Upon acceptance to our company there are mandated training requirements,

1. Completion of a New Jersey State approved Fire Fighter I course. (120 hrs)
2. Incident Management Level One (20 hrs)
3. Hazardous Materials Awareness Level One (16 hrs)
4. Confine Space Awareness Level One (16 hrs)

There is a requirement that you attend 60% of the following each year.

1. Monthly Company Drills on the 2<sup>nd</sup> & 4<sup>th</sup> Monday of each month.  
(you must attend 60% these drills)
2. The monthly meeting which is the first Monday of each month.  
(you must attend 60% of these meetings.)
3. Assist all committees in any project and or function.

Also as a Probationary Member you will be required to do an additional 40 hrs of work, that may include but not limited to;

1. Cleaning around the Station
2. Repair and maintenance of Equipment.

# TOWN BANK VOL. FIRE CO. INC

## CRITERIA FOR REMOVAL OF ELIGIBILITY

NO APPLICANT FOR MEMBERSHIP WITH TOWN BANK VOL. FIRE COMPANY MAY BE CONSIDERED AND MAY BE REMOVED FROM THE ELIGIBILITY LIST, IF DURING THE APPLICATION PROCESS IT IS DISCOVERED THAT THE APPLICANT:

### A. DRIVING RECORD

- 1) Has one (1) or more DWI convictions
- 2) Has one (1) or more DUI convictions
- 3) Has a combination of one (1) DWI and DUI convictions
- 4) Has ten (10) or more moving violations
- 5) Has six (6) or more current points
- 6) Has two (2) or more non-payment of insurance surcharges
- 7) Has two (2) or more non-payment of Parking Ticket Adjudication Act
- 8) Has a combination of two (2) or more no-payment of insurance surcharge and/or Parking Ticket Adjudication Act
- 9) Has two (2) or more convictions for driving while suspended
- 10) Has failed to appear in court two (2) or more times
- 11) Has two (2) or more convictions for reckless driving
- 12) Does not possess a valid New Jersey Driver's license

### B. CRIMINAL HISTORY

- 1) Has been arrested and convicted of any offense which involves dishonesty (including offenses under 2C:51-2)
- 2) Has been arrested and convicted of any offense which touches on the position of a Firefighter
- 3) Has been arrested and convicted of any offense which is a third degree or higher (including offenses under 2C:51-2)
- 4) Has been incarcerated for a conviction in a correctional facility of any jurisdiction
- 5) Is pending Grand Jury action or trial for any offense in any jurisdiction
- 6) Is presently on probation as part of a Conditional Discharge or Pre-Trial Intervention Program
- 7) Has been convicted of any Domestic Violence offense ("Lautenburg Amendments")
- 8) Has been convicted for any offense under N.J.S.A. 2C:35 or Title 24 (including disorderly persons or petty disorderly persons offenses, including these under 2C:51-5)
- 9) Has entered into a Conditional Discharge agreement or Pre-Trial Intervention Program for any offense under 2C:35 or Title 24 (including disorderly persons or petty disorderly persons offenses)

### C. OTHER

- 1) Is not a resident of Lower Township
- 2) Refuses to consent to any part of the security and/or background investigation
- 3) Has had their employment from a Federal, State, County or Municipal government terminated for disciplinary reasons or who has resigned "not in good standing" from these types of positions
- 4) Has been found to have falsified any document or intentionally given false information in any part of this employment process
- 5) Has failed to meet any one of the requirements of the employment screening process
- 6) Has refused/failed to submit to a urine sample or has submitted a urine sample which has been found to be positive for an unauthorized controlled substance
- 7) Has an unacceptable past employment history (disciplinary action for performance and/or attendance)