

Quakertown Fire Company, Pittstown, NJ

Application for Active Membership

Franklin Township Fire District No. 1 of Hunterdon County

**Release and Consent Form authorizing the
Franklin Township Fire District #1
to perform a background and criminal history investigation.**

The Franklin Township Fire District No 1 provides fire protection to all of Franklin Township, Hunterdon County and by agreement to areas of Alexandria and Union Townships. The Quakertown Fire Company is an independent fire company, contracted by the District to act as its primary emergency agency and provider of firefighters, fire suppression, rescue apparatus and fire prevention services to these areas, as well as to the mutual response areas of the Quakertown Fire Company.

Should the applicant meet the qualifications and standards of those as an Active Member of the Quakertown Fire Company, the Quakertown Fire Company and Franklin Township Fire District No1 will determine need of service and time of activation. If awarded membership as an Active Member of the Quakertown Fire Company the applicant agrees to abide by the bylaws, standard operating guidelines, management policies and resolutions of the Quakertown Fire Company and Franklin Township Fire District No1.

Applicant Signature: _____

Date: _____

Applicant Name (Print): _____

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, Drivers License, Any Training Certificates Pertaining to Emergency Services .

RELEASE AUTHORIZATION

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

I, _____ am making an application to be an Active Member of the Quakertown Fire Company, 67 Quakertown Rd, Pittstown, NJ 08867. As part of this application process, I am consenting and authorizing the Franklin Township Fire District No. 1. of Hunterdon County, to conduct an investigation to determine my fitness and eligibility to serve as an Active Member of the Fire Company in all disciplines but not limited to the activities of fire suppression, emergency medical services, fire or emergency transport and/or rescue.

Therefore, you are authorized to release to Franklin Township Fire District No. 1 of Hunterdon County 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 Franklin Township Fire District No. 1 of Hunterdon County, the Quakertown 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 Franklin Township Fire District No. 1 of Hunterdon County.

A photo static 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: _____

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 Quakertown Fire Company, Pittstown, NJ 08867 or Franklin Township Fire District No 1, Hunterdon County, NJ.

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:

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 membership/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: _____

STATE OF NEW JERSEY

)ss.

COUNTY OF HUNTERDON.....

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:

APPLICATION PROCESS CHECK LIST

1. Applicant interviewed and approved by the membership committee. Yes _____ No _____

Comments: _____

Date: _____ Signature of membership committee chairperson: _____

2. Applicant attended two (2) fire or EMS in station training sessions: Yes _____ No _____

Date: _____ Signature of line officer : _____

3. Applicant completed the criminal history / background check: Yes _____ No _____

Date: _____ Signature of Fire District Administrator: _____

4. Applicant and Application presented to the Quakertown Fire Company: Yes _____ No _____

Date: _____ Signature of President of QFC: _____

5. Applicant and Application presented to the Franklin Township Fire District #1: Yes _____ No _____

Date: _____ Signature of President of FTFD: _____

6. Applicant completed Physical Examination: Yes _____ No _____

Date : _____ Signature of Fire District Administrator: _____