

Quakertown Fire Company Pittstown, NJ

Application for Associate Membership

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

2. Date of birth: _____ Age at time of application: _____
(Month) (Day) (Year)

Place of Birth: _____

3. Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

4. Social Security Number: _____ - _____ - _____ 5. Phone Number: _____

6. Where do you currently reside? _____
(Number) (Street) (City)

(County) (State) (Zip Code)

(Phone - Home) (Phone - Cell)

7. How long have you resided at the above address? _____

8. Email Address: _____

9. Present Employer: _____

Address: _____
(Street) (City) (State) (Zip) (Phone)

Date Hired and Job Duties: _____

10. Health Condition: _____ Blood Type: _____

Family Physician: _____ Telephone Number: _____

11. Do you hold a current driver's license? yes no

If yes: DL number: _____ State Issued: _____

Do you have any penalty points? yes no

If yes: how many? _____ For what violations: _____

12. Have you ever been convicted of a crime? yes no

If yes, list the conviction and the sentence: _____

13. Have you ever been admitted to a mental institution? yes no

If yes, give reasons and the name of the institution: _____

14. 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: _____

In case of emergency please list two persons to be notified:

1. Name: _____ Phone: _____
Address: _____ Relationship: _____

2. Name: _____ Phone: _____
Address: _____ Relationship: _____

If accepted, I will follow the Bylaws, Policies, Code of Conducg and Standard Operating Guidelines of the Quakertown Fire Company and the Franklin Township Fire District No. 1. I fully understand what is expected of me as a member. I further understand that any false statement will be cause for rejection of this application and/or dismissal from the Quakertown Fire Company.

I understand that the Quakertown Fire Company and/or Franklin Township Fire District No. 1 reserves the right to conduct a background investigation. This includes contacting law enforcement authorities.

Name Printed _____

Name Signed _____

Date _____

----- DO NOT WRITE BELOW THIS LINE -----

1. Approved by Membership Committee: yes no

Date _____ Signature of Chairperson _____

Comments _____

2. Approved by Fire District: yes no

Date _____ Signature of District Secretary _____

Comments _____
