



**PEMBERTON TOWNSHIP VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP**

Firefighter Fire Police EMT Administrative Support

(Please check all positions of interest)

Applicant's Name: _____
(Print name as it appears on Driver's License)

**PLEASE FILL OUT THIS APPLICATION ENTIRELY. IF A QUESTION DOES NOT
APPLY TO YOU, WRITE "NOT APPLICABLE." APPLICATIONS THAT ARE
INCOMPLETE WILL BE RETURNED WITHOUT CONSIDERATION.**

Please list all your residences in the last 5 years in order of most recent, starting with your current address.

Number and Street	City	State	County	From Month/Year	To Month/Year
					Present

Phone Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

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

Do you possess a CDL or any endorsements? Yes Yes, with endorsements No

If applicable, please list your endorsements: _____

Are you a United States citizen? Yes No

High school diploma/GED? Yes No

Name of high school or GED program: _____

Please complete the education history supplement and attach it to your application.

Present employer: _____

Describe your occupation: _____

Please complete the employment history supplement and attach it to your application.

Are you presently a member of another fire company or emergency medical services organization? Yes No

If yes, please complete the Fire/EMS history supplement and attach it to your application.

Have you ever been denied membership in any volunteer fire company or emergency medical service organization? Yes No

If yes, please explain each instance on page two of the Fire/EMS history supplement and attach it to your application.

Criminal convictions or disorderly conduct violations? Yes No In which state(s)? _____

If yes, in the criminal history supplement please describe each conviction or violation (including municipal ordinance violations). Also, be advised that as a part of the application process you will be required to authorize us to obtain a copy of your criminal record history report.

Special skills and experience: State any special skills, experience, training, licenses, certifications, or other factors that make you especially qualified to be a volunteer firefighter.

Comments and additional information: Is there any additional information about you we should consider?

I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is incomplete, untrue, or inaccurate. If approved for membership, I also understand that my membership may be terminated at any time if the Township of Pemberton later discovers that information I provided on this application was incomplete, untrue, or inaccurate.

For your application to be considered complete, you must sign and date below.

Applicant's signature _____

Date ____/____/____

Printed name _____

Employment History Supplement: This section must be completed even if you attach a resume. List all employment for the past five years. Begin with the most recent employer. Include any military service. Explain any gaps in employment on the space provided on the following page.

Employer: _____ Date started: _____ Date left: _____

Address: _____ Job Title: _____

Work performed/responsibilities: _____

Comments, if any: _____

Supervisor's name and phone number: _____

Reason for leaving: _____ May we contact for a reference? Yes No

Employer: _____ Date started: _____ Date left: _____

Address: _____ Job Title: _____

Work performed/responsibilities: _____

Comments, if any: _____

Supervisor's name and phone number: _____

Reason for leaving: _____ May we contact for a reference? Yes No

Employer: _____ Date started: _____ Date left: _____

Address: _____ Job Title: _____

Work performed/responsibilities: _____

Comments, if any: _____

Supervisor's name and phone number: _____

Reason for leaving: _____ May we contact for a reference? Yes No

Employer: _____ Date started: _____ Date left: _____

Address: _____ Job Title: _____

Work performed/responsibilities: _____

Comments, if any: _____

Supervisor's name and phone number: _____

Reason for leaving: _____ May we contact for a reference? Yes No

Fire/EMS History Supplement: This section must be completed even if you attach a resume. List all Fire and EMS organizations of which you have been a member. Begin with the most recent. Include ALL organizations.

Organization: _____ Address: _____

Position: _____ Date started: _____ Date left: _____

Work performed/responsibilities: _____

Comments, if any: _____

Supervisor's name and phone number: _____

Reason for leaving: _____ May we contact for a reference? Yes No

Organization: _____ Address: _____

Position: _____ Date started: _____ Date left: _____

Work performed/responsibilities: _____

Comments, if any: _____

Supervisor's name and phone number: _____

Reason for leaving: _____ May we contact for a reference? Yes No

Organization: _____ Address: _____

Position: _____ Date started: _____ Date left: _____

Work performed/responsibilities: _____

Comments, if any: _____

Supervisor's name and phone number: _____

Reason for leaving: _____ May we contact for a reference? Yes No

Organization: _____ Address: _____

Position: _____ Date started: _____ Date left: _____

Work performed/responsibilities: _____

Comments, if any: _____

Supervisor's name and phone number: _____

Reason for leaving: _____ May we contact for a reference? Yes No



PEMBERTON TOWNSHIP VOLUNTEER FIRE DEPARTMENT

PRE-MEMBERSHIP INQUIRY AUTHORIZATION RELEASE AND GENERAL RELEASE OF LIABILITY

In connection with my application for membership in the Pemberton Township Volunteer Fire Department, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my previous volunteer- and work-related job performance, experience and abilities, along with reasons for termination or resignation from past volunteer positions and employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, previous employment, educational background, and other previous volunteer- and employment-related experiences.

I hereby authorize any individual, company, organization, or institution to furnish the Township of Pemberton with any and all of the above information it may have concerning me which is on record or otherwise, and I do hereby release said individual, company, organization or institution and all individuals connected therewith, including Pemberton Township and its employees, officers, and agents, from any and all liability whatsoever that might otherwise be incurred in furnishing and using such information.

I understand that you will use this information only for the purpose of considering my application for membership in the Pemberton Township Volunteer Fire Department and you will not furnish this information to a third party, except the volunteer fire company to which I am also applying without my written consent.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last name: _____ First name: _____ Middle name: _____

Driver's license number and state: _____

Social Security #: _____ Date of birth: _____ Phone number: _____

If applicable, former names and time frames: _____

Current address: _____ City/State: _____

Zip code: _____ County: _____ Dates (month and year): _____

Have you ever been arrested? Yes No If yes, where and when? _____

List Offense(s): _____

Have you ever had your photo taken by the Pemberton Township Police Department? Yes No

By signing this document I certify that I have read this document and agree to its terms, including the General Release of Liability.

Signature: _____ Date: _____

Printed name: _____

PLEASE ATTACH A COPY OF YOUR VALID DRIVER'S LICENSE.
YOU MAY SCAN A COPY IF YOU ARE SENDING YOUR APPLICATION ELECTRONICALLY OR YOU MAY ATTACH A PAPER COPY IF YOU ARE HAND DELIVERING OR MAILING YOUR APPLICATION.

Please do not write below this line—For Office use only

Record No Record

_____ Date: _____

Police Records Clerk
Pemberton Township Police Department