

PEMBERTON TOWNSHIP FIRE DEPARTMENT GENERAL ORDER

Number: 13-0006

Cross Reference:

Subject: Updated Fire Department Application

Effective Date: Immediately

By Order of: Pemberton Township Fire *Chief* Craig L. Augustoni

Attached is the updated Fire Department membership application which will replace the existing application. Please only forward this application to the office for processing. The updated application has also been replaced on the web page.



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

Firefighter Fire Police EMT Administrative Support

(Please check all positions of interest)

Check One:

Browns Mills Fire Company Country Lakes Fire Company
 Presidential Lakes Fire & Rescue

Applicant's Name:

Print name as it appears on Driver's License

Applicant's residence last _____ years. List present address first. Use additional sheets if necessary.

Street and Number	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

Endorsements? Yes No If yes, please list your endorsements: _____

High School Diploma/GED? Yes No Name of high school or GED program: _____

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

Present Employer: _____

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

Describe Your Occupation: _____

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

Please complete the Fire/EMS history supplement sheet and attach it to your application.

Criminal convictions or disorderly conduct violations: Yes No State: _____

If yes, on a separate sheet of paper 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.

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

If yes, on a separate sheet of paper please explain each instance.

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: ____/____/20____

[Print name below signature line]

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 a separate sheet of paper.

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

Education History Supplement: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as "Business," "Trade," "Associates Degree," "Bachelors Degree," etc.

School:	Years Completed:	Graduated:	Major Field:
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Or GED Program: _____

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

Organization:: _____ Date started: ___/___/___ Date left: ___/___/___

Address: _____ Position: _____

Work performed / responsibilities: _____

Comments, if any: _____

Reason for leaving: _____

Supervisor's name and phone Number: _____

May we contact for a reference: Yes NO

Organization:: _____ Date started: ___/___/___ Date left: ___/___/___

Address: _____ Position: _____

Work performed / responsibilities: _____

Comments, if any: _____

Reason for leaving: _____

Supervisor's name and phone Number: _____

May we contact for a reference: Yes NO

Organization:: _____ Date started: ___/___/___ Date left: ___/___/___

Address: _____ Position: _____

Work performed / responsibilities: _____

Comments, if any: _____

Reason for leaving: _____

Supervisor's name and phone Number: _____

May we contact for a reference: Yes NO

Organization:: _____ Date started: ___/___/___ Date left: ___/___/___

Address: _____ Position: _____

Work performed / responsibilities: _____

Comments, if any: _____

Reason for leaving: _____

Supervisor's name and phone Number: _____

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 foregoing mentioned 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 & State: _____ Social Security Number: _____

Date of Birth: _____ Telephone Number: _____

Former names and time frames (if applicable):

Current Address: _____ City/ State: _____

Zip Code & County: _____ Dates (Month and Year): _____

Have you ever been arrested Yes No If yes, where: _____

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:** ____/____/20____

[Print name below signature line]

Please do not Write below this line - For Office use only

No record: _____ Record: _____

Date: _____

Police Records Clerk,
Pemberton Township Police Department