

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

## Joint Fire District Application for Membership



**Tinton Falls Fire District #1**  
**Borough of Tinton Falls, NJ**  
2 Volunteer Way, Tinton Falls, NJ  
07753  
732-493-1574

**Tinton Falls Fire District #2**  
**Borough of Tinton Falls, NJ**  
695 Tinton Ave, Tinton Falls, NJ  
07724  
732-935-1489



## Membership Application for Firefighter/Fire-Police or Other Category

Place an "X" next to which Fire Company you are applying to:

- Tinton Falls Fire Company No. 1-Station 36-1
- Wayside Fire Company-Station 36-2
- Pine Brook Fire Company-Station 36-3
- Northside Engine Company-Station 36-4

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_



## PLEASE READ THE INFORMATION BELOW BEFORE FILLING OUT THIS APPLICATION

**Note:** New members may use this form to become a member at only **one** of the fire companies in Tinton Falls. The fire company you apply for should be the one closest to your home or primary point of response. If you select more than one fire company to apply for, you will be asked to choose only one.

### *New Member Application Process*

#### **1. All applicants should complete and include the following:**

- A. A copy of the applicant's driver's license or other legal form of identification.
- B. Copies of training certificates or other requested documents.

#### **2. Before an individual will be considered for an interview, his/her application must include the following:**

- A. Criminal and driving history as requested on the application. Note: This information has **no date limitations**. (See list of criminal disqualifications for membership)
- B. The applicant **must** supply **all** information regarding his/her history, **including**, but not limited to, **traffic tickets**.
- C. All applicant's memberships are contingent on the results of a physical/medical examination, criminal, and driver license background investigations.
- D. Signature of applicant **with notary**, required on all applications.

#### **3. Prior to becoming a member, the following must be completed:**

- A. Applicant must submit fingerprints and driver's license, if applicable, to the Tinton Falls Police via IdentoGo. Application can start the process by going to the Tinton Falls Police Department and inform them you need to be fingerprinted as part of the Application process. Costs for the fingerprinting will be reimbursed once a receipt is presented to the fire district.
- B. Applicant must complete a physical/medical examination and drug screening by the Board of Fire Commissioners designated physician, the cost for this examination will be borne by the fire district

Applicant Name \_\_\_\_\_

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- C. Upon receipt of a favorable medical exam, from a licensed physician, the Fire Chief of the respective company the member applied to will be notified by the Board that the fire company may precede with accepting the applicant into the membership rolls of that company.
- D. Once accepted by the fire company the Board of Fire Commissioners will be notified of the addition and formally add the new member to the insurance rolls. The Board of Fire Commissioners will make note in the official minutes of the District and at this time the applicant may participate in fire company activities.

**\*\*THIS APPLICATION MUST BE TURNED OVER TO THE BOARD\*\***

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

### APPLICATION FOR MEMBERSHIP

\_\_\_\_ Tinton Falls Fire Company No. 1-Station 36-1

\_\_\_\_ Wayside Fire Company-Station 36-2

\_\_\_\_ Pine Brook Fire Company-Station 36-3

\_\_\_\_ Northside Engine Company-Station 36-4

**Instructions:** This application must be filled out completely and accurately. All statements are subject to investigation. Exaggerated, false, or misleading statements are cause for rejection.

*PLEASE TYPE or PRINT CLEARLY*

### PERSONAL

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Present Address \_\_\_\_\_  
STREET TOWN STATE ZIP

Previous Address \_\_\_\_\_  
STREET TOWN STATE ZIP

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_

#### **Contact Phone Numbers**

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

#### **Employer/School Information**

Employer/School \_\_\_\_\_

Employer/School Address \_\_\_\_\_  
STREET TOWN STATE ZIP

Position \_\_\_\_\_ Supervisor/Contact \_\_\_\_\_

Supervisor/Contact Number (\_\_\_\_) \_\_\_\_\_ May we contact? \_\_\_\_\_

Have you ever filed out an application for a membership within any of the fire companies of Tinton Falls Fire District #1 or within the Borough of Tinton Falls?

\_\_\_ **Yes** \_\_\_ **No** If yes, what fire company \_\_\_\_\_

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

## EDUCATION

(Please include firefighting training, emergency services, etc.)

(CHECK ONE OR MORE)

\_\_\_\_\_ High School Graduate

\_\_\_\_\_ G.E.D.

\_\_\_\_\_ Community College Graduate

\_\_\_\_\_ College Graduate

\_\_\_\_\_ Other

(Explain) \_\_\_\_\_

List any degree held (AA, AS, BS, BA, MA, PhD, etc.)

\_\_\_\_\_  
(Degree) (Subject)

### List any courses taken related to the fire service or emergency services:

\_\_\_\_\_  
(Course) (Certificate Obtained) (Course) (Certificate Obtained)

\_\_\_\_\_  
(Course) (Certificate Obtained) (Course) (Certificate Obtained)

\_\_\_\_\_  
(Course) (Certificate Obtained) (Course) (Certificate Obtained)

\_\_\_\_\_  
(Course) (Certificate Obtained) (Course) (Certificate Obtained)

**PLEASE ATTACH COPIES OF ANY CERTIFICATES OR DEGREES RELATED TO FIRE RESCUE.**

Examples would include:

**Firefighter I Training  
CEVO II-Fire**

**Hazardous Materials Training  
First Aid Training**

**Incident Command  
Vehicle Extrication**

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

## **FIREFIGHTING EXPERIENCE**

**List all Departments that you have been previously associated with as a Volunteer or Career:**

\_\_\_\_\_  
(Department) (Chief)

\_\_\_\_\_  
(Address, City and State) (Phone)

Position or Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

\_\_\_\_\_  
(Department) (Chief)

\_\_\_\_\_  
(Address, City and State) (Phone)

Position or Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

List any other information related to your Fire Rescue experience that you feel should be considered:

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

Have you ever been removed from membership of any type of volunteer and/or career emergency services organization? If yes, please explain:

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

Have you ever been disciplined/suspended, or any other type of sanction enacted against you by any type of volunteer and/or career emergency services organization? If yes, please explain:

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

Character References: List three personal references that are not relatives. **Please give name, address, and telephone numbers.**

\_\_\_\_\_  
Name, Address, Phone

\_\_\_\_\_  
Name, Address, Phone

\_\_\_\_\_  
Name, Address, Phone

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

## PERSONAL HISTORY

*Have you ever been convicted of any type of crime?*

Yes \_\_\_ No \_\_\_

If yes, indicate crime and provide **city, state, court, crime committed, final disposition** of case, and **dates**:

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*Do you have a valid, current Driver's License?*

Yes \_\_\_ No \_\_\_

If yes, please include class and endorsement

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*Do you have a current Commercial Driver's License?*

Yes \_\_\_ No \_\_\_

If yes, please include class and endorsement

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*Have you ever been convicted of any traffic violations?*

Yes \_\_\_ No \_\_\_

If yes, please provide details of the violation, date, disposition and municipality in which the violation occurred:

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*Are there any traffic violations pending against you?*

Yes \_\_\_ No \_\_\_

If yes, please provide details of the charge, date and municipality in which the violation occurred:

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Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

## **MEDICAL**

**-Please be assured that this remains confidential-**

*Do you have any objections to being given a physical or mental examination by a licensed physician?*

**Yes \_\_\_ No \_\_\_**

If yes, state your objection: \_\_\_\_\_

*Do you have, or have you ever been treated for any physical or mental injury, disability, or abnormal condition, that could affect you while performing as part of an emergency response team?*

**Yes \_\_\_ No \_\_\_**

If yes, state please describe: \_\_\_\_\_

*Have you had any major disabilities or illnesses in the past?*

**Yes \_\_\_ No \_\_\_**

If yes, state please describe: \_\_\_\_\_

*Do you have, or ever been treated for any substance abuse problems?*

**Yes \_\_\_ No \_\_\_**

If yes, state please describe: \_\_\_\_\_



Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

## ADDITIONAL INFORMATION

*Are you a citizen of the United States of America?*

Yes \_\_\_ No \_\_\_

*Are you able to read, write and understand the English Language?*

Yes \_\_\_ No \_\_\_

*If there is any other information you would like to convey, please do so in this section:*

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### **APPLICANT CERTIFICATION - READ CAREFULLY BEFORE SIGNING**

I hereby certify that each answer to any question herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject matter. I **understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification or to discharge at any time, if I become a member of a fire company within Tinton Falls Fire District #1 or #2. In addition, I agree to comply with all agency orders, rules, and regulations.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### **NOTARY PUBLIC CERTIFICATION – Required of All Applications**

Subscribe and sworn before me, by the said \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to certify which

witness my hand and seal of office.

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

## **BACKGROUND INFORMATION RELEASE**

*-Please read carefully-*

This applicant hereby authorizes the Board of Fire Commissioners of Tinton Falls Fire District #1, Borough of Tinton Falls, County of Monmouth and the State of New Jersey and authorized agents of the Wayside Fire Company or Pine Brook Fire Company to contact the applicant's employer, past employers, all persons mentioned in this application and all other persons with respect to obtaining and/or verifying information in connection with this application.

The applicant agrees to sign any information authorization which may be requested.

The facts set forth in my application for entrance into the respective organization is true and complete. I understand that in acceptance, any false statements on this application may result in my dismissal. I further understand that this application is not and is not to be a contract for acceptance, nor does this application obligate the Board of Fire Commissioners of Tinton Falls Fire District #1 in any way.

The applicant hereby acknowledges and agrees that Tinton Falls Fire District #1 of the Borough of Tinton Falls will be performing a criminal background check relative to membership in the Wayside or Pine Brook Fire Company and my continued membership in the Fire Company is contingent upon the results of this criminal background check.

I authorize the Board of Fire Commissioners of Tinton Falls Fire District #1, Borough of Tinton Falls and the State of New Jersey to make any investigation of my personal history by signing the space below.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

### ***NOTARY PUBLIC CERTIFICATION – Required of All Applications***

Subscribe and sworn before me, by the said \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to certify which

witness my hand and seal of office.

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

## ***New Applicant Checklist***

\_\_\_\_ Tinton Falls Fire Company No. 1-Station 36-1

\_\_\_\_ Wayside Fire Company-Station 36-2

\_\_\_\_ Pine Brook Fire Company-Station 36-3

\_\_\_\_ Northside Engine Company-Station 36-4

<b>ACTION</b>	<b>DATE COMPLETED</b>
Application Completed	
Respective Fire Chief Pre-Acceptance/Interview	
Background through Tinton Falls Police/IdentGo	
Physical/Medical Examination <i>-Pulmonary Review</i> <i>-Relief Association Form Complete</i> <i>-Hepatitis Form or Declination</i>	
Acceptance of respective Fire Company	
Fire Commissioners advised and added to insurance	
Issuance of Gear (Turn Out/Pager/Etc.)	
Benefits Forms Completed <i>-Accident &amp; Sickness Policy</i> <i>-Police/Fireman's Insurance</i>	
Key to District Firehouse <i>-Orientation on Gym Equipment</i>	
Pre-Academy Training	
Fire Academy Training Course Enrolled	