

# EAST BRUNSWICK INDEPENDENT FIRE COMPANY

216 JOSEPH STREET  
EAST BRUNSWICK, NEW JERSEY 08816 (732) 254-2418

DUNHAMS CORNER STATION LAWRENCE BROOK STATION WILLOW STREET STATION

## APPLICATION FOR MEMBERSHIP

Applicant:

I hereby make application for membership as a volunteer firefighter in your organization. I am willing to have your screening committee visit me at my home so that my application and the duties of a volunteer firefighter in your Company can be reviewed. It is my understanding that the usual acceptance is on a twelve month probationary period during which time I agree to attend fire alarms, training sessions and participate in all other functions and activities as set forth in the Fire Company By-Laws.

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Number Street Apt

City State Zip Phone Number

List all residences for the five-year period prior to moving to East Brunswick

\_\_\_\_\_  
Number Street Apartment City

\_\_\_\_\_  
Number Street Apartment City

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M / F E-Mail Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Social Security No. \_\_\_\_\_

Drivers License No. \_\_\_\_\_ Car \_\_\_\_\_  
Make Model Year License Plate Number

Occupation \_\_\_\_\_ Work Schedule: Days Nights Shifts

Employer \_\_\_\_\_  
Firm Name Address Telephone Number

Do you have any previous experience as a firefighter? Yes No (if yes, please provide name and address of Fire Company)

Do you have any physical disabilities? Yes No

Have you ever been arrested (except for traffic violations)? Yes No

Do you use drugs or narcotics? Yes No Do you object to a Police Records Check? Yes No

I do hereby swear that the above information is true and correct, and I understand that any falsification of this application is cause for my immediate dismissal from the Fire Company.

\_\_\_\_\_  
Date Signature of Applicant

Briefly Explain Where You Heard About Us (Friend, Relative, Recruitment, Etc.): \_\_\_\_\_

\_\_\_\_\_  
DO NOT WRITE BELOW LINE

Interview Committee: \_\_\_\_\_ Accepted: \_\_\_\_\_

\_\_\_\_\_  
Comments: \_\_\_\_\_

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

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

**EAST BRUNSWICK INDEPENDENT FIRE COMPANY**  
**MEMBERSHIP APPLICATION**  
**ATTACHMENT 1**  
Criteria for Removal of Eligibility

No applicant for the position of Firefighter with the East Brunswick Independent Fire Company shall be considered for membership and shall be removed from the eligibility list during the membership process if it is discovered that the applicant:

**A. MEDICAL RECORD**

1. Does not pass the physical examination performed by the duly appointed medical physician

**B. DRIVING RECORD**

1. Has two (2) or more DWI or DUI convictions
2. Has ten (10) or more moving violations
3. Has six (6) or more current points
4. Has one (1) or more convictions for driving while suspended
5. Has failed to appear in court two (2) or more times for moving violations
6. Has two (2) or more convictions for reckless driving
7. Does not possess a valid driver's license in the State of residence (does not apply to those individuals not eligible to obtain a license)

**C. CRIMINAL HISTORY**

1. Has been arrested and convicted of any offense which involves dishonesty (including offenses under N.J.S.A. 2C:51-2)
2. Has been arrested and convicted of any offense which touches on the position of a Firefighter
3. Has been arrested and convicted of any offense which is a third degree or higher (including offenses under 2C:51-2). This shall include offenses from any other States that are equal to or greater than those established as third degree or higher in the State of New Jersey.
4. Is pending Grand Jury action or trial for any offense in any jurisdiction
5. Has been incarcerated for a conviction in a correctional facility in any jurisdiction
6. Is **presently on probation** as part of a Conditional Discharge or Pre-Trial Intervention Program
7. Has been convicted of any Domestic Violence offense ("Lautenberg Amendments")
8. Has been convicted for any offense under N.J.S.A. 2C:35 or Title 24 (including those under 2C:51-5)
9. Has entered into a Conditional Discharge agreement or Pre-Trial Intervention Program for any offense under N.J.S.A. 2C:35 or Title 24

**D. OTHER**

1. Refuses to consent to any part of the security and/or background investigation
2. Has had their employment from a Federal, State, County, or Municipal Fire Department terminated for disciplinary reasons or who has resigned "not in good standing" from these types of positions
3. Has been found to have falsified any document or intentionally given false information in any part of this application process
4. Has failed to meet any one (1) of the requirements of the application screening process
5. Has failed or refused to submit to a urine sample or has submitted a urine sample which has been found to be positive for an unauthorized controlled substance

E. BACKGROUND INFORMATION

1. Have you ever made application with this or any other Fire Departments in any jurisdiction?

Yes  No

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Present status of application: \_\_\_\_\_

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Present status of application: \_\_\_\_\_

2. Have you ever been terminated, asked to resign, or rejected by another Fire Department, in any jurisdiction, for membership or employment?

Yes  No

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

3. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which are or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for this membership, including, but not limited to: knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, criminal records, traffic violations, residency or otherwise?

**RELEASE AUTHORIZATION**

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

I, \_\_\_\_\_ am making application to the East Brunswick Independent Fire Company. As a result, an investigation is being conducted to determine my eligibility for membership.

Therefore, you are authorized to release to east Brunswick Independent Fire Company or its representatives, any and all information documentary or otherwise pertaining to the above named applicant that they may request.

I hereby release, discharge, and exonerate East Brunswick Independent Fire Company, its agents, or representatives and any person so furnishing information, from liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records, and information or the investigation made by East Brunswick Independent Fire Company.

A photo static copy of this authorization will be considered as effective and valid as the original.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SEAL OF NOTARY PUBLIC**

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

EAST BRUNSWICK INDEPENDENT FIRE COMPANY  
216 Joseph Street  
East Brunswick, NJ 08816  
(732) 254-2418  
Dunhams Corner    Lawrence Brook    Willow Street

RELEASE AUTHORIZATION

I, \_\_\_\_\_ am making application for appointment to the "East Brunswick Independent Fire Company" and understand an investigation will be conducted to determine my eligibility.

I, therefore, authorize any governmental entity or part thereof, to furnish upon request, specifically including any and all juvenile and adult records to the East Brunswick Police Department or their authorized representatives, any and all information, documentary or otherwise, without exception, pertaining to me.

I do hereby release the above governmental entity or part thereof, and employees and representatives of the aforesaid without exception from any liability whatsoever incurred from furnishing such information.

A photo static copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Signature (New Applicant)

Subscribed and Sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20

\_\_\_\_\_  
Parent or Guardian (if under 18)

\_\_\_\_\_  
Notary