**Eligible Position:** Volunteer Fire Fighter (Probationary)

**Requirements:**

Resident of North Arlington for at least 6 months.

Minimum 18 Years of age & High School Graduate or equivalent.

Must Complete NJDFS FF1 & FF2

Annual participation/training requirements as defined by Department Rules and Regulations & individual company bylaws.

**Please adhere to the following instructions. Failure to do so may lead to application being disqualified.**

Application must be completed in full and notarized.

Answer all questions, leave nothing blank.

Neatness counts. Application must be legible. Print neatly or type.

If more space is needed, you may use back of sheets. Indicate on question that you have done so.

Application must be stapled in upper left-hand corner and returned in person to:

Fire Company at which application was received:

**Hendel Hose Co #1 Schuyler Engine Co #2 Eagle Truck Co #3**

**211 River RD 550 Schuyler Ave 3 Legion Pl**

**Or**

**Fire Prevention Bureau**

**1 Legion Pl, 2nd floor**

**Attn: Training Officer**

**Company Requested/Processing Application:** *check one*

Hose Co #1\_\_\_\_\_ Engine Co #2­­­­\_\_\_\_\_ Truck Co #3\_\_\_\_\_

## Please provide availability to respond to calls: 6am-6pm 6pm-6am Other:\_\_\_\_\_\_\_\_\_\_

**Personal Information** (Please type or print neatly)

**Name:** *last*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *first*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *mi.*\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flr\_\_\_\_ Apt #\_\_\_\_

**Resident** **of North Arlington for:** \_\_\_\_\_\_\_\_\_ □ months □ years (6 months minimum required)

**Phone:** (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_/\_\_\_\_\_ **City/Country of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Citizen: □Yes □No Social Security #** \_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Gender:** M / F **Height:** \_\_\_\_ ft.\_\_\_\_in **Weight:** \_\_\_\_\_\_ lbs. **Hair Color:** \_\_\_\_\_\_\_\_

**Eye Color:** \_\_\_\_\_\_\_\_\_ **Corrective Lenses/Contacts:** Y / N **Blood Type:** \_\_\_\_\_\_\_\_\_\_

**Scars, marks or tattoos:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Personal Information *(cont’d)*:

List Places of residence for last five (5) years:

Address City State

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**Family Information:**

**Marital Status:** **□**S **□**M **Religion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Maiden Name (opt)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children □ **Y □ N #\_\_\_** Names/Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Emergency contact information. *Provide at least one*

**#1** Name ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home) \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_ (work) \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_ (cell) \_\_\_\_-\_\_\_\_-\_\_\_\_­\_\_

**#2** Name ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home) \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_ (work) \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_ (cell) \_\_\_\_-\_\_\_\_-\_\_\_\_­\_\_

## Beneficiary

Name ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home) \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_ (work) \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_ (cell) \_\_\_\_-\_\_\_\_-\_\_\_\_­\_\_

**Background/Medical questionnaire:**

## Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_ Expire: \_\_\_\_\_\_\_\_\_

## Is your Driver’s License now or ever been suspended? □ Y □ N

If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been fingerprinted? □ **Y □ N**

If yes, please state where, when and for what reason.

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Currently any points on your license? □ **Y □ N**

If yes, how many? \_\_\_\_\_\_\_\_\_ For what offenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Were you ever taken into custody, detained, arrested or convicted of any crime, or disorderly persons offense? □ **Y □ N**

If yes, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ever received a complaint summons commanding your appearance in court? □ **Y □ N**

If yes, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information of two (2) local character references. *(Not including immediate family)*

Name Address Phone Number

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

## Any medical issues that you believe would limit your ability to operate as an interior structural firefighter?

□ **Y □ N** If yes, please state reason(s):

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Please provide a short essay on why you would like to become a North Arlington Volunteer Firefighter.

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**Education/Experience:**

High School Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Graduated \_\_\_\_\_\_\_\_\_\_

GED/ Technical/ Vocational School Equivalent *(describe)*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

College Education: Associate **□** Bachelor’s **□** Graduate **□** Doctorate **□**

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Attended \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Attended \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Attended \_\_\_\_\_

## Certified Firefighter in New Jersey? □ Y □ N DFS #\_\_\_\_\_\_\_\_\_\_\_\_\_

## Certified Firefighter in other State(s)? □ Y □ N State(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified EMT, Paramedic? □ Y □ NCert **#\_\_\_\_\_\_\_\_\_\_\_**

Are you currently an active member of another Emergency Service organization within New Jersey? □ Y □ N

## Provide full name of previous departments and name and phone number of appropriate official in each organization that can be contacted to verify information provided.

## Organization Contact Name/phone Active/Inactive Reason for Leaving

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Do you have any training that would apply to becoming a Fire Fighter? □ Y □ N \*\*

*Examples: Confined Space Training, Hazardous Materials Training, EMT, etc.*

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## Employment Information

Current Employer:

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Immediate Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Name and Addresses of employers and your occupation for previous 5 years. Dates Employer Address Occupation/Title

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The Borough of North Arlington and the Fire Department is an equal opportunity employer and will not discriminate against any applicant due to age, race, sex, religion and national origin or due to non-merit factors.

All new members must complete a one (1) year probationary period with the Fire Department before full membership privileges will be granted. Any habitual violation of policies, procedures, rules or regulations during this period may lead to immediate expulsion from the Fire Department.

## Please provide along with this application a COPY of the following documentation:

## Driver’s License

## Birth Certificate

**\*\*Any Certifications from previous Fire Departments, NJDFS or other than NJ State Certs.**

### Statement of Understanding

I hereby volunteer my services and agree to obey the rules and regulations set forth by the North Arlington Volunteer Fire Department as they are or may be established by the Board of Fire Officer’s and appropriate borough ordinances. I further understand that I will not be admitted to full membership until I have successfully completed a probationary period of twelve consecutive months.

I also consent to a review of my background to be completed by the North Arlington Police Department as per borough ordinance.

I also consent to receive at no cost to me a medical examination by a physician, chosen by the North Arlington Volunteer Fire Department and approved by the borough, to determine my fitness for firefighting duty.

Any person who knowingly gives or causes to be given false information on this application may be guilty of a crime of the fourth degree under the New Jersey Code of Criminal Justice (2C: 28-4). Any false or omitted information will render this application void.

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

Notary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal:

***Department Use Only (Original to be kept in Department Personnel File):\_\_\_\_\_\_\_\_\_\_***

Application Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant at completion of interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Signatures: Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inv Com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inv Com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inv Com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application/Acceptance Checklist to be Completed by Company:

1. □ Application received and signed by Company Officer.
2. □ Application reviewed by Company Investigation Committee

Application: Approved □ Denied □ *State Reason Below*

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1. □ Interview by Company Investigation Committee. Date: \_\_\_\_\_\_\_\_\_\_\_\_

Application: Approved □ Denied □ *State Reason Below*

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1. □ Applicant fingerprinted for background check. Results returned. Date: \_\_\_\_\_\_\_\_\_\_\_\_

Application: Approved □ Denied □ *State Reason Below*

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1. □ Medical evaluation completed. Results returned. Date: \_\_\_\_\_\_\_\_\_\_\_\_

Application: Approved □ Denied □ *State Reason Below*

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1. □ Complete application sent to Board of Fire Officers. Date: \_\_\_\_\_\_\_\_\_\_\_\_

Application: Approved □ Denied □ *State Reason Below*

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1. □ Application sent to Mayor and Council. Date: \_\_\_\_\_\_\_\_\_\_\_\_

Application: Approved □ Denied □ *State Reason Below*

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1. □ Application sent to NJ State Fireman’s Association. Date: \_\_\_\_\_\_\_\_\_\_\_\_

Application: Approved □ Denied □ *State Reason Below*

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If Application is approved the following structural firefighting equipment will be issued:

Inventory ID, S/N or Size

□ Helmet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probationary Shield □ Co. Probationary Shield □

□ Gloves \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Nomex hood \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Turnout coat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Turnout pant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ SCBA Mask/Reg & fit test \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Boots \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Pager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Portable radio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Key to apparatus area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Blue Light Permit

□ Parking Decal(s) limit 2

□ Preference to start FF1: Circle one M/W T/Th ASAP Spring Fall Summer(Day)

Signature of Company Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Officer Use:**

□ Within thirty (30) days of assignment, the Probationary Firefighter will be given an orientation following curriculum established. Training shall be under the direction of a Company Officer.

□ Within sixty (60) days of assignment the Probationary Firefighter will complete Blood Borne Pathogens online under direction of Company Officer.