

North Arlington Fire Department

Volunteer Fire Fighter Application

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
211 River RD**

**Schuyler Engine Co #2
550 Schuyler Ave**

**Eagle Truck Co #3
3 Legion Pl**

Or

**Fire Prevention Bureau
1 Legion Pl, 2nd floor
Attn: Training Officer**

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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) ____ - ____ - ____

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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.

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

_____	_____	_____
_____	_____	_____

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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):

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 N Cert # _____

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

Organization	Contact Name/phone	Active/Inactive	Reason for Leaving

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.**

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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 _____

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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.