

Borough of North Arlington

Fire Department Application For Membership



Company: *check one* Hose Co #1 _____ Engine Co #2 _____ Truck Co #3 _____

Eligible Position

Full Time Volunteer Fire Fighter

Requirements: Resident of North Arlington for at least 6 months.

High School Graduate

Must Attend BCFA to receive NJDFS FF1 & FF2

Requirements of individual company bylaws.

Personal Information (Please print neatly)

Name: _____ **Address:** _____

Phone:(home) _____ (work) _____ (cell) _____

Email: _____ **Citizen:** Y or N **Place Of Birth** _____

Social Security # _____ **Date of Birth:** _____

Gender: M / F **Height:** ___ ft ___ in **Weight:** ___ lbs **Hair Color:** _____

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

Scars, marks or tattoos: _____

Marital Status: _____ **Religion:** _____

Spouse's Name: _____ **Maiden Name:** _____

Children's Names: _____

Education: High School Attended _____ Date Graduated _____

College - Years Attended _____ Associate ____ Bachelor's _____

Master's _____ Doctorate _____

Background questionnaire:

Driver's License # _____

Is your Driver's License now or ever been suspended? _____

Are there currently any points on your license? _____. If yes, how many? _____

Were you ever taken into custody, arrested or convicted of any crime, or disorderly persons offense? Have you ever received a complaint summons commanding your appearance in court ? _____

If yes please give.

Please list name and address of two (2) local character references. (*Not including immediate family*)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

Have you ever been fingerprinted? Yes or No

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

How long have you been a resident of North Arlington? _____(6 months min)

Have you ever been a Fire Fighter? _____

If yes, state previous departments and provide contact information.

Fire Department	Contact Name/phone	Reason for Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any medical issues that would limit your ability to take a physical agility test?

No_____ Yes_____

If yes, please state reason_____

During what hours of the day are you able to respond to calls? _____

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

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any training that would apply to becoming a Fire Fighter?

Examples: Confined Space Training, Hazardous Materials Training etc.

Family Information:

Emergency contact information

#1 Name _____ Relationship _____

Address _____

Phone (home) ____ - ____ - ____ (work) ____ - ____ - ____ (cell) ____ - ____ - ____

#2 Name _____ Relationship _____

Address _____

Phone (home) ____ - ____ - ____ (work) ____ - ____ - ____ (cell) ____ - ____ - ____

Beneficiary

Name _____ Relationship _____

Address _____

Phone (home) ____ - ____ - ____ (work) ____ - ____ - ____ (cell) ____ - ____ - ____

Please Provide a Copy of the Following:

Driver's License

Birth Certificate

Any Certifications from previous Fire Departments.

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 _____

Received By _____ Rank _____ Date _____