



CHEWS LANDING FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

The Chews Landing Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information.

INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature. **Incomplete or illegible applications will not be processed.**
2. Applications must be returned in person to between the hours of 8 a.m. and 4 p.m., Monday through Friday and **must be notarized.** Notary and photocopier services are available at the station.
3. Resumes will only be accepted as a supplement to the application. Use additional blank paper if you do not have enough room on this application.
4. Applications without an affidavit page will not be accepted.

P E R S O N A L	Last Name	First	Middle	Today's Date	Date of Birth
	Street Address			Home Telephone ()	
	City, State, Zip			E-Mail Address	
	Do you live within Chews Landing? <input type="radio"/> Yes <input type="radio"/> No			Social Security No.	
	Have you previously applied for membership with the Chews Landing Fire Department? If Yes, Month and Year _____ Department _____			<input type="radio"/> Yes	<input type="radio"/> No
	Do you have any relatives affiliated with the Department now? If yes, give name and department: _____			<input type="radio"/> Yes	<input type="radio"/> No
	If selected, can you furnish proof of eligibility to work in U.S.? <input type="radio"/> Yes <input type="radio"/> No			Are you 21 years of age or older? <input type="radio"/> Yes <input type="radio"/> No	
	How did you hear about membership opportunities?				

E D U C A T I O N	School	Name and Location of School	Course of Study	# Years Completed	Did you Graduate?	Degree or Diploma	
	Graduate						
	College						
	Business/Trade/Tech						
High School or GED							

Please give accurate, complete full-time and part-time employment history, including military service. Start with your present or most recent employer FIRST. If self-employed, give firm name and business references. If necessary, attach additional sheets using the same format. Membership may be contingent on acceptable references from current and former employers.

EMPLOYMENT INFORMATION

EMPLOYER #1

Company Name	Telephone ()
Address	Employed (Month and Year) From: To:
Name of Supervisor (must be filled in)	Reason for Leaving
Job Title and Description	

EMPLOYER #2

Company Name	Telephone ()
Address	Employed (Month and Year) From: To:
Name of Supervisor (must be filled in)	Reason for Leaving
Job Title and Description	

EMPLOYER #3

Company Name	Telephone ()
Address	Employed (Month and Year) From: To:
Name of Supervisor (must be filled in)	Reason for Leaving
Job title and Description	

Please give accurate, complete full-time and part-time organizational membership history, including military service. Start with your present or most recent memberships FIRST. If necessary, attach additional sheets using the same format.

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M E M B E R S H I P #1	Organization Name	Telephone ()
	Address	Dates of Membership From: To:
	Name of Organization Leader (must be filled in)	Reason for Leaving
	Organization Activity Description	

M E M B E R S H I P #2	Organization Name	Telephone ()
	Address	Dates of Membership From: To:
	Name of Organization Leader (must be filled in)	Reason for Leaving
	Organization Activity Description	

M E M B E R S H I P #3	Organization Name	Telephone ()
	Address	Dates of Membership From: To:
	Name of Organization Leader (must be filled in)	Reason for Leaving
	Organization Activity Description	

A D D I T I O N A L	T R A I N I N G	<p>Please list any specialized training in the fire or life safety field. Submit copies of Certifications</p>
	S P E C I A L S K I L L S	<p>List proficiency with any heavy machinery, industrial equipment, or specialized training you may have.</p> <hr/> <p>List any computer skills you may possess, i.e., hardware, software applications, programming skills, etc.</p>
I N F O R M A T I O N	B A C K G R O U N D	<p>Have you been fired from a job or organization or asked to resign in the last 10 years?</p> <p><input type="radio"/> Yes <input type="radio"/> No If Yes, please explain:</p>
		<p>Have you ever been convicted of any law violation in the last ten years, excluding minor traffic offenses, which have not been annulled, expunged or sealed by the court? Include any plea of "guilty" or "no contest". (A conviction will not necessarily disqualify an applicant for membership.)</p> <p><input type="radio"/> Yes <input type="radio"/> No If Yes, describe in full:</p>
		<p>Do you have a valid drivers' license?</p> <p><input type="radio"/> Yes <input type="radio"/> No License number: _____ State: _____ Class: _____</p> <p style="text-align: center;">A PHOTOCOPY OF YOUR DRIVERS' LICENSE MUST BE ATTACHED TO THIS APPLICATION</p> <p>Have you ever had your license suspended or revoked within the last three years?</p> <p><input type="radio"/> Yes <input type="radio"/> No If Yes, give details:</p>

Give three references not related to you, who have definite knowledge of your business or professional qualifications for the position of volunteer firefighter. Do not repeat names of supervisors listed under employment or organizational membership history.

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Name	Address	Phone

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date.

I understand that the Chews Landing Fire Department may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations names in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of membership, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying.

A I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen
F as a condition of employment, if required.

F I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT
I OF EMPLOYMENT NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.

D I have read, understand, and by my signature, consent to these statements.

A Signature: _____ Date: _____
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STATE OF NEW JERSEY, COUNTY OF _____

_____, being duly sworn, doth depose and says that the above statements are true to the best of their knowledge and belief.

Sworn to before me this _____ day of _____ 20_____.

Signature of NOTARY PUBLIC