

Bellmawr Fire Department

Application for Membership



The Bellmawr 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 to the Borough Hall between the hours of 8 a.m. and 4 p.m., Monday through Friday and must be notarized. Notary services are available at the Borough Hall.**
- 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.**

Today's date: _____

PERSONAL:

Full name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Social Security #: _____ - _____ - _____

Home phone: ()-_____-_____- Cell #: ()-_____-_____- Carrier: _____

Have you previously applied for membership with the Bellmawr Fire Department?

No Yes- give Month & year _____ Department: _____

Do you have any relatives affiliated with the department now?

No Yes- give name and department: _____

If selected, can you furnish proof of eligibility to work in the U.S.? Yes No

Which station are you seeking to join? Station 32 (Lewis Ave) Station 33 (Essex Ave)

How did you hear about membership opportunities?:

EDUCATION:

School	Name & Location	Course of Study	# of years Completed	Did you graduate?	Degree or diploma?
Graduate					
College					
Business/Trade					
High School/GED					

Employment Information:

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 with using the same format. Membership may be contingent on acceptable references from current and former employers.

Company Name: _____ Telephone: _____

Address: _____ Dates Employed: _____

Reason for Leaving: _____ Still employed

Name of Supervisor (DO NOT LEAVE BLANK): _____

Job title: _____

Description: _____

Company Name: _____ Telephone: _____

Address: _____ Dates Employed: _____

Reason for Leaving: _____ Still employed

Name of Supervisor (DO NOT LEAVE BLANK): _____

Job title: _____

Description: _____

Company Name: _____ Telephone: _____

Address: _____ Dates Employed: _____

Reason for Leaving: _____ Still employed

Name of Supervisor (DO NOT LEAVE BLANK): _____

Job title: _____

Description: _____

Organizational Memberships:

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.

Organization Name: _____ Telephone #: _____

Address: _____ Dates of Membership: From _____ to _____

Name of Organization Leader (DO NOT LEAVE BLANK): _____

Reason for leaving: _____

Organization Activity Description:

Organization Name: _____ Telephone #: _____

Address: _____ Dates of Membership: From _____ to _____

Name of Organization Leader (DO NOT LEAVE BLANK): _____

Reason for leaving: _____

Organization Activity Description:

Organization Name: _____ Telephone #: _____

Address: _____ Dates of Membership: From _____ to _____

Name of Organization Leader (DO NOT LEAVE BLANK): _____

Reason for leaving: _____

Organization Activity Description:

Additional Information:

TRAINING:

Please list any specialized training in the fire or life safety field. Submit copies of Certifications.

SPECIAL SKILLS:

List proficiency with any heavy machinery, industrial equipment, or specialized training you may have.

List any **COMPUTER** skills you may possess, i.e., hardware, software applications, programming skills, etc.

BACKGROUND:

Have you been fired from a job or organization or asked to resign in the last 10 years? No Yes

If yes please explain:

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.) No Yes – If yes, Please explain in full:

Do you have a valid driver's license? No Yes – License : _____ State: _____ Class _____

A PHOTOCOPY OF YOUR DRIVER'S LICENSE MUST BE ATTACHED TO THIS APPLICATION.

Have you ever had your license suspended or revoked within the last THREE years? No Yes – Give details:

REFERENCES:

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

1.

Name: _____

Address: _____

Phone: _____

2.

Name: _____

Address: _____

Phone: _____

3.

Name: _____

Address: _____

Phone: _____

AFFIDAVIT

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 Bellmawr 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.

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 as a condition of employment, if required.

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

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

Signature: _____ Date: _____

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