

Riverside Fire Company No. 1



P.O. Box 1, Riverside, NJ 08075
856-461-6251 / 856-461-9562 (fax)
www.riversidefire.org



Membership Application

Please print all information requested below using a black ink pen. Complete all questions. If a question does not apply indicate so with "N/A". If additional space is needed to answer a question please attached another sheet of paper. The application must be signed by the applicant. The application must be notarized.

Applying for: Firefighter Fire Police

Date of Application: _____ / _____ / _____

Name (First, Middle, Last): _____

Date of Birth: _____ / _____ / _____ Social Security #: _____ - _____ - _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Driver's License #: _____ State: _____

Did you graduate high school or complete a GED program? _____ HS Diploma GED Certificate Neither

List additional addresses starting with the most recent if you lived at your current address for less than 5 years: _____

List fire companies, emergency medical services units, and/or Fire/EMS explorer posts of which you are currently or were previously a member (Name and address, indicate current or former member):

Note: Please provide a copy of all training certifications and your high school diploma/GED certificate with the submission of this application.

Please list two adult references, not related to the applicant, whom have personally known you for at least three years:

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone #: _____ Phone #: _____

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Place of Employment: _____ Position: _____

Street Address: _____

City, State, Zip Code: _____

Phone #: _____ Supervisor: _____

Check here if unemployed and list your last place of employment above.

Have you ever been or arrested, charged, indicted and/or convicted of a crime, disorderly person's offense, township/city ordinance, or DWI? If yes, explain:

Has your driver's license ever been suspended in New Jersey or any other state? If yes, explain: _____

All applicants must pass a physical examination conducted by a licensed physician selected by the Riverside Township Board of Fire Commissioners. The expense of the initial examination will be paid by the Board. The applicant may be responsible for additional and follow-up appointments. The Riverside Fire Company will provide the applicant with a physical form to be completed, signed and dated by the physician.

I certify the above information is true and correct. I understand any misrepresentation or unanswered questions may disqualify my application for membership. I agree to allow the Riverside Fire Company #1, Inc. to conduct an investigative background check that may involve law enforcement resources or any other resource to establish physical and/or technical ability and character of the applicant. I hereby authorize all persons who may have information relevant to this investigation to disclose it to Riverside Fire Company, and I release all persons from any liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Applicant Signature: _____ Date: _____

State of New Jersey, County of Burlington.

On this date, _____, 20____ the above applicant personally appeared before me and satisfactorily identified him/herself as the signer to the above-referenced document.

Notary Signature: _____ Date: _____

My Commission Expires _____, 20____

(Affix Notary Stamp Here)

Company Use: Approved Denied Date _____