

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 (and parent/guardian, if applicable). The application must be notarized.

Applying for: Firefighter Fire Police Junior Firefighter

Name (First, Middle, Last): _____

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

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please complete the address history supplement sheet attached to this application.

Are you legally eligible to work in the United States? _____ Please complete and submit with this application the Employment Eligibility Verification Form I-9.

Did you graduate from a high school / GED program? _____ HS Diploma GED Certificate

Year completed: _____ If no, reason: _____

Please complete the education history supplement sheet attached to this application.

Please provide a copy of your high school diploma/GED certificate and other educational degrees/certificates with the submission of this application.

Place of Employment: _____ Position: _____

Please complete the employment history supplement sheet attached to this application.

Driver's License #: _____ State: _____

Has your driving privilege ever been suspended in New Jersey or in any other state or country? _____ If yes, explain: _____

Have you ever been or arrested, charged, indicted and/or convicted of a crime, disorderly person's offense, township/city ordinance, or driving while intoxicated / under the influence? If yes, explain: _____

Are you currently, or formerly, a member of any other fire company, emergency medical services organization, and/or Fire/EMS explorer post? _____. Please complete the Fire/EMS history supplement sheet attached to this application.

Please provide a copy of all training certifications with the submission of this application.

Have you ever been denied membership in any fire company, emergency medical services organization, and/or Fire/EMS explorer post? _____ If yes, please explain on a separate sheet.

Is there any additional information about you we should consider? _____

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Applicants for Firefighter, and applicants for Fire Police between the ages of 18 and 45, 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. All other applicants must pass a physical examination conducted by their own licensed physician, and any expense of the examination will be paid by applicant. The Riverside Fire Company will provide the applicant with a physical form to be completed, signed and dated by the physician.

The below is to be signed in the presence of a Notary Public

I certify the above information is true, accurate, and correct. I understand any misrepresentation, incomplete, untrue, inaccurate, or unanswered questions may disqualify my application for membership. I agree to allow Riverside Fire District No. 1 and Riverside Fire Company No.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 District No. 1 and Riverside Fire Company No. 1, Inc., 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. If approved for membership, I also understand that my membership may be terminated at any time if Riverside Fire District No. 1 and Riverside Fire Company No. 1, Inc. later discovers that information provided on this application was a misrepresentation, incomplete, untrue, or inaccurate.

Applicant Signature: _____ Date: _____
Parent / Guardian Signature (if applicable): _____ Date: _____
Parent / Guardian (print name): _____

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: _____

My Commission Expires _____, 20____

(Affix Notary Stamp Here)

Date application was submitted to Riverside Fire District No. 1 /Riverside Fire Company No.1, Inc.: _____

Fire District Use: Approved Denied Date _____

Comments: _____

Fire Company Use: Membership into the company on (date) _____

(Rev. 06/2018)

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Address History Supplement: List all places of residency, beginning with your current residence.

Street Address: _____

City, State, Zip Code: _____

From (month / year): _____ To (month / year): _____ (Present) _____

Street Address: _____

City, State, Zip Code: _____

From (month / year): _____ To (month / year): _____

Street Address: _____

City, State, Zip Code: _____

From (month / year): _____ To (month / year): _____

Street Address: _____

City, State, Zip Code: _____

From (month / year): _____ To (month / year): _____

Street Address: _____

City, State, Zip Code: _____

From (month / year): _____ To (month / year): _____

Street Address: _____

City, State, Zip Code: _____

From (month / year): _____ To (month / year): _____

Street Address: _____

City, State, Zip Code: _____

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Education History Supplemental: Provide information on your formal schooling and education, including secondary and post-secondary education, if any. Include formal vocational or professional education. For high school and post-secondary education indicate any major or specialty, such as Business, Trade, Associate Degree, Bachelor Degree, etc.

Name of School / GED Program: _____

Address: _____

Years completed: 1 2 3 4 Graduated: Yes No Major field: _____

Name of School / GED Program: _____

Address: _____

Years completed: 1 2 3 4 Graduated: Yes No Major field: _____

Name of School / GED Program: _____

Address: _____

Years completed: 1 2 3 4 Graduated: Yes No Major field: _____

Name of School / GED Program: _____

Address: _____

Years completed: 1 2 3 4 Graduated: Yes No Major field: _____

Name of School / GED Program: _____

Address: _____

Years completed: 1 2 3 4 Graduated: Yes No Major field: _____

Name of School / GED Program: _____

Address: _____

Years completed: 1 2 3 4 Graduated: Yes No Major field: _____

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Years completed: 1 2 3 4 Graduated: Yes No Major field: _____

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Employment History Supplement: List all employment for the past five years. Begin with your current or most recent employer. Include any military service. Explain any gaps in employment on a separate sheet.

Place of Employment: _____ Position: _____

Street Address: _____

City, State, Zip Code: _____

Phone #: _____ Supervisor: _____

From (month / year): _____ To (month / year): _____ May we contact?: _____

Reason for leaving: _____

Place of Employment: _____ Position: _____

Street Address: _____

City, State, Zip Code: _____

Phone #: _____ Supervisor: _____

From (month / year): _____ To (month / year): _____ May we contact?: _____

Reason for leaving: _____

Place of Employment: _____ Position: _____

Street Address: _____

City, State, Zip Code: _____

Phone #: _____ Supervisor: _____

From (month / year): _____ To (month / year): _____ May we contact?: _____

Reason for leaving: _____

Place of Employment: _____ Position: _____

Street Address: _____

City, State, Zip Code: _____

Phone #: _____ Supervisor: _____

From (month / year): _____ To (month / year): _____ May we contact?: _____

Reason for leaving: _____

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Fire EMS History Supplement: List all fire companies, emergency medical services organizations, and/or Fire/EMS explorer posts of which you are or have been a member. Begin with your current or most recent organization.

Organization: _____

Address: _____

Phone #: _____ Supervisor: _____

Work performed / Responsibilities: _____

From (month / year): _____ To (month / year): _____ May we contact?: _____

Reason for leaving: _____

Organization: _____

Address: _____

Phone #: _____ Supervisor: _____

Work performed / Responsibilities: _____

From (month / year): _____ To (month / year): _____ May we contact?: _____

Reason for leaving: _____

Organization: _____

Address: _____

Phone #: _____ Supervisor: _____

Work performed / Responsibilities: _____

From (month / year): _____ To (month / year): _____ May we contact?: _____

Reason for leaving: _____

Organization: _____

Address: _____

Phone #: _____ Supervisor: _____

Work performed / Responsibilities: _____

From (month / year): _____ To (month / year): _____ May we contact?: _____

Reason for leaving: _____