

BOROUGH OF RUTHERFORD
 Firefighter Application



Fire Company applying for:

Truck Co. #1 Engine Co. #2 Engine Co. #3 Engine Co. #4 Rescue Co. #5

APPLICANT INFORMATION

Last Name				First Name				M.I.		
Address							Apartment/ Unit #			
City				State			Zip Code			
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____										
Home Phone				Cell Phone						
Social Security No.				Date of Birth						
Birthplace										
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>			If no, date of naturalization?						
Place naturalized:										
Have you ever served in the Military?	YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, what branch?						

PERSONAL INFORMATION

Height		Weight		Eye Color		Hair Color		Glasses		Contact lenses		
Education Completed	(circle one) 9 10 11 12 GED			College: 1 2 3 4 BA BS MA MS								
Marital Status	(circle one) Single Married Separated Divorced Widowed											
Spouse's Name												
Dependent's Name and Age				Dependent's Name and Age								
Dependent's Name and Age				Dependent's Name and Age								
Dependent's Name and Age				Dependent's Name and Age								
Emergency Contact Name							Relationship					
Home Phone #					Cell Phone #							
Address												

RESIDENCE

In chronological order, state each and every place in which you resided in the past 10 years.

Address

City

State

EMPLOYMENT STATUS

Current Employer

Address

City

State

Occupation

Job Title

Years with current employer

Work Hours

Have you ever been a member or applied for membership to another Fire Dept.? Yes No

If yes, where, dates served, and attach any copies of training certifications.

Do you have any special training or certifications you feel can be helpful to the Rutherford Volunteer Fire Dept.? Yes No

If yes, please describe and attach copies of certifications.

Do you know any current or retired members of the Rutherford Volunteer Fire Dept.? Please list.

REFERENCES (no relation to you)

1. Name

Address

Phone

Years Known

2. Name

Address

Phone

Years Known

3. Name

Address

Phone

Years Known

ARREST, SUMMONS, ETC.

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

YES

NO

If yes, give additional information as to date, location, charge, place agency, and court disposition of charge – be specific. Indicate all offenses and arrests.

Were you ever served with a summons or subpoena in a criminal or civil action in this state or elsewhere? YES NO

If yes, please explain.

Have you ever been convicted of any domestic violence offenses in any jurisdiction? YES NO

If yes, where?

Are you subject to any court orders issued pursuant to domestic violence?

MOTOR VEHICLE

Do you possess a valid New Jersey Driver's License? YES NO

Driver's License No.

Do you have a Commercial Driver's License? YES NO If yes, circle one: A B C

Have you ever possessed a Driver's License from a state other than New Jersey? YES NO
If yes, list what state(s).

Do you own a motor vehicle? YES NO

If yes, please list. (Make) (Model) (Year) (Color) (Plate #)

Vehicle #1

Vehicle #2

Vehicle #3

Was your motor vehicle license or registration ever, or is it now, under revocation or suspension? YES NO

If yes, state the date and cause, being specific.

Do you have any penalty points against your New Jersey driver's license? YES NO

If yes, please specify the infraction(s). Include each infraction date, state, municipality.

Have you ever been involved in a motor vehicle accident as a driver, which resulted in bodily injury or death? YES NO

If yes, please provide a detailed description of the accident(s). Include date, location, all vehicles involved, injuries to all parties and any summonses that were issued.

List any court proceedings or lawsuits related to the accident(s), current status of the lawsuits/or the outcome of the court proceedings.

ADDITIONAL INFORMATION

Do you have any knowledge of or information in addition to the specifically requested in this questionnaire, which is or may be relevant directly or indirectly in connection with an investigation of your eligibility and fitness for the position you are presently seeking, including, but not limited to knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, military service, education, subversive activities, family associations, criminal records, traffic violations, residence, or otherwise?

YES NO

If yes, submit in full details.

VOUCHERS

I hereby volunteer my services and agree to obey appropriate and relevant to the ordinances governing the Rutherford Volunteer Fire Department as well as the Constitution and, by-laws and rules and regulations of the Rutherford Volunteer Fire Department and the individual Fire Company to which I am assigned. I understand that as a part of the application process I must complete the NJ State Firemen's Membership Application and complete a medical examination by a duty licensed Physician determined by the Borough of Rutherford. I understand that as part of the application process I must consent to a Criminal History Record background check and that I must submit to being fingerprinted. I further understand that I will not be admitted to full membership until I have successfully completed a six (6) month auxiliary membership period, the Firefighter 1 course, and probationary period of one (1) full calendar year from the date of my initial appointment. I also declare that I completed this personal history questionnaire, and that the statements contained herein

are, to the best of my knowledge and belief, true and correct and I have not knowingly and willfully made any false statements or given information which I know to be false.

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).

***** Application must be notarized before signing *****

Signature of Applicant

Date

Subscribed and sworn to, before me on
this _____ day of _____.

Notary Public: _____

(Seal)

Application for Membership
Authorization for Background Checks

Applicant's Name _____

I agree to produce and submit a complete certified driving abstract from the New Jersey Division of Motor Vehicles as part of my application, within 20 days of the date of the Application. I agree that the certified driving abstract shall be dated not less than 60 days before the date of this Application.

I certify that the above statements are true, accurate, and complete. I acknowledge that the Rutherford Volunteer Fire Department shall rely upon same in making decisions about my Application for Membership.

Applicant's Signature

Date Signed

The following space is reserved for use by the Borough of Rutherford

Results of background check on the above applicant.

Does the applicant have any criminal convictions that have not been expunged or sealed? YES NO

Does the applicant hold a valid New Jersey driver's license? YES NO

Applicant shall be fingerprinted.

Results of background check were reviewed with _____

Of the Rutherford Fire Department on _____ (date of review).

Police Officer's Signature

Date Signed

Print Name

*** RETURN FORM TO RUTHERFORD BOROUGH CLERK FOR PERMANENT RECORD ***