## **BOROUGH OF RUTHERFORD**

Firefighter Application

Fire Company applying for:

Dependent's Name and Age

Emergency Contact Name

Home Phone #

Address

Truck Co. #1 □	Engine Co. #	2 🗆 Engine	Co. #3 ☐ Engine Co	. #4 □ Resc	cue Co. #5 🗆				ORATEI	SEPT		
Applicant Info	RMATION											
Last Name				First Name	:					M.I		
Address					·				Apartment Unit #	t/		
City				State			2	Zip Code				
□ Own	□ Rent	□ Oth	er									
Home Phone					Cell Phone							
Social Security No.												
Birthplace												
Are you a citizen of the United States? YES $\square$ NO $\square$						I	f no, date	of natur	alization?			
Place naturalized	:											
Have you ever se Military?	erved in the	YES 🗆	NO 🗆	If yes,	what branch?	?						
PERSONAL I	NFORMATIO	ON										
Height	Weig	jht	Eye Color		Hair Color	Τ		Glasses	5		Contact lenses	
Education Compl	eted	(circle one)	9 10 11 12 GED	Coll	lege: 1 2 3	4 BA	BS MA M	S				
Marital Status (circle one) Single Marrie			ied Sepa	arated Di	vorced	Wido	wed					
Spouse's Name												
Dependent's Dependent Age Dependent and Age			ependent's Na d Age	me								
Dependent's Name and Age				ependent's Na d Age	me	е						

Dependent's Name and Age

Cell Phone #

Relationship



RESIDENCE							
In chronological order, state each and every place in which you resided in the past 10 years.  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.?							
If yes, where, dates served, and attach any copies of training certifications.							
Do you have any speci	ial 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 curre	ent or retired members of the Rutherford Volunteer Fire I	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?
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?
If yes, please explain.
Have you ever been convicted of any domestic violence offenses in any jurisdiction?
If yes, where?
Are you subject to any court orders issued pursuant to domestic violence?

MOTOR VEHICLE							
Do you possess a valid Nev	ew Jersey Driver's Licer	nse?	□ YE	S 🗆	NO		
Driver's License No.	<u> </u>						
Do you have a Commercial	al Driver's License?	□ YES	□ NO	If y	es, circle one:	АВС	
Have you ever possessed a					☐ YES	□ NO	
If yes, list what state(s).							
Do you own a motor vehicle	de?		□ YES		NO		
If yes, please list. (Ma	lake)	(Model)	()	/ear)	(Co	olor)	(Plate #)
Vehicle #1							
Vehicle #2							
Vehicle #3							
Was your motor vehicle lice	cense or registration ev	er, or is it now,	under rev	ocation or	suspension?	□ YES	□ NO
If yes, state the date and o	cause, being specific.						
Do you have any penalty points against your New Jersey driver's license?							
If yes, please specify the infraction(s). Include each infraction date, state, municipality.							
Have you ever been involve	ed in a motor vehicle	accident as a dr	iver, whic	h resulted	in bodily injury	or death? $\square$ Y	ES 🗆 NO
If yes, please provide a de summonses that were issu		ne accident(s).	Include d	ate, locatio	n, all vehicles	involved, injuries t	o all parties and any
List any court proceedings	or lawsuits related to	the accident(s),	current	status of th	e lawsuits/or t	he 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 f	alse
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 l	be notarized before signing *****************
	Signature of Applicant
	Date
Subscribed and sworn to, before me on	
this day of	·
Notary Public:	
(Seal)	