

Pioneer Hose

Volunteer Fire Company No. 1

BRICK TOWNSHIP, N.J. 08723



Box 4098
Osbornville, N.J.

Dear Applicant,

I would like to take this opportunity to thank you for your interest in our fire company. I would also like to give you a little background as to what will be expected of you. The Pioneer Hose Fire Company was organized in 1927 as the first fire company in Brick Township to serve the residents of Brick with pride and protection.

The application you have just received will be processed after you have completed and returned it to us. Once you are a member of this fire company, your annual requirements are as follows:

1. 60% of monthly meetings (2nd Tuesday of each month at 8:00 p.m.)
2. 60% of all fire calls
3. 60% of scheduled drills (firematic and administrative)
4. 60% of all roster fundraising and other committees

All members must meet and/or maintain standards of training as established by the Board of Fire Commissioners, Fire District #1 and/or Pioneer Hose Fire Company Fire Chief as mandated or adopted.

When you have completed your application, please contact me at (732) 477-7010.

Very truly yours,

Charlie Brennan, Membership Chairman
Pioneer Hose Fire Company No. 1

Application Requirements:

1. A \$35 application fee, payable to "Pioneer Hose Fire Company No. 1," must accompany this application.
2. The applicant must be a resident of Fire District #1.
3. The applicant must have been a resident of Fire District #1 for six months.

BRICK TOWNSHIP FIRE DEPARTMENT



STATION 21 - BRETON WOODS

STATION 22 - PIONEER HOSE

STATION 23 - LAURELTON

STATION 24 - HERBERTSVILLE

**VOLUNTEER
APPLICATION
PACKAGE**

APPLICATION
(PLEASE PRINT CLEARLY)

Date: _____

Position applying for: Firefighter Associate

Fire Company Applying To: Breton Woods (Sta. 21) Pioneer Hose (Sta. 22) Laurelton (Sta. 23) Herbertsville (Sta. 24)

SECTION A: PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Present address: _____

City, State, Zip Code: _____

Years at current address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

E-Mail Address: _____

Are you a United States Citizen? Yes No

Date of Birth: _____

Place of Birth: _____

Height: _____ Weight: _____

Sex: Male Female

Marital Status: Married Single Divorced
Separated Widow(er) Engaged

SECTION B: EMPLOYMENT HISTORY

List below in chronological order, starting with your present or last employer, every place you were employed since age 16 (omit none). Include dates of idleness between periods of unemployment in proper sequence (include all part-time employment).

EMPLOYER: _____

Business address: _____

Telephone number: (____) _____

Name of immediate supervisor: _____

Employment dates: from _____ through _____

Position held: _____

May we contact employer: Yes No

If no, state reason: _____

EMPLOYER: _____

Business address: _____

Telephone number: (____) _____

Name of immediate supervisor: _____

Employment dates: from _____ through _____

Position held: _____

May we contact employer: Yes No

If no, state reason: _____

EMPLOYER: _____

Business address: _____

Telephone number: (____) _____

Name of immediate supervisor: _____

Employment dates: from _____ through _____

Position held: _____

May we contact employer: Yes No

If no, state reason: _____

EMPLOYER: _____

Business address: _____

Telephone number: (____) _____

Name of immediate supervisor: _____

Employment dates: from _____ through _____

Position held: _____

May we contact employer: Yes No

If no, state reason: _____

1. Were you ever discharged or asked to resign from employment? Yes No

If yes, explain:

2. Were you ever subject to disciplinary action in connection with any employment?

Yes No **If yes, explain:**

SECTION C: GENERAL INFORMATION

Have you ever been a firefighter? Yes No

If yes, please state where you were a firefighter, for how long, provide name and phone number of your Fire Chief:

List all of the experiences, skills, qualifications, or outside interests that you feel are related to the position you are applying for:

What is your physical condition: Excellent Good Fair Poor

Have you been hospitalized or seriously ill within the past five years? Yes No

If yes, please give full details: _____

Do you have any physical handicaps that would prevent you from performing specific types of work? Yes No

If yes, please provide full details: _____

Are you currently or have you been involved in litigation for compensation injuries? Yes No

If yes, please provide full details: _____

SECTION D: EDUCATION HISTORY

High school name and address: _____

Dates attended: _____ through _____

Did you graduate? Yes No

If no, did you receive a GED? Yes No

Did you attend college? Yes No

If yes, provide name and address of college: _____

Dates attended: _____ through _____

Did you graduate? Yes No

SECTION E: MILITARY EXPERIENCE

Have you ever served in the military? Yes No

If yes, what branch: _____

Dates served: _____ through _____

Highest rank achieved: _____

Type of discharge: _____

SECTION F: PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

Home phone: (____) _____

Cell phone: (____) _____

SECTION G: MOTOR VEHICLE HISTORY

1. Have you ever received a summons for a violation of the motor vehicle laws in this or any other state (include parking violations)? Yes No If yes, explain:

2. Have your vehicle registration, drivers or other licenses ever been revoked or suspended in this or any other state? Yes No If yes, explain:

3. Currently, are any of your vehicle operator's licenses or registrations suspended or revoked in this or any other state? Yes No If yes, explain:

4. Have you ever been involved in a motor vehicle accident, whether as a registered owner, operator, passenger, or pedestrian, which resulted in any vehicle damage, property damage, or personal injury to you or anyone else? Yes No
If yes, explain:

5. List information below for all vehicles you possess (include leased vehicles):
Plate Number State Year Make Model Vin# Exp. Date

6. List information below for all operator licenses that you possess:
License Number License Type (auto, boat, m/c, etc.) Exp. Date

7. List the name and address of the company that carries your auto insurance:

Name _____

Address _____

Exp. Date _____ Agency Name _____

REFERENCES

References should not be members of any Brick Twp. Fire Department, relatives or persons listed in any other section of this application.

In completing this form, the applicant must provide three reputable citizens who will vouch for the Honesty, Reputation, and Ability of the applicant. The reference should read carefully all statements made by the applicant before signing.

The reference portion of the form should then be completed by the reference and a signature affixed. The REFERENCE must provide all required identification requested in order to further identify the reference. That information is CONFIDENTIAL and used for this application only.

I, the undersigned, declare that I am over eighteen (18) years of age and I have personally known the applicant for at least one (1) year and I have read the entire foregoing application and believe all of the statements therein to be true. In addition, I am not related in any way to the applicant. I will also provide when requested further facts concerning the applicant that will help in the applicant's background investigation.

ALL ACQUIRED INFORMATION WILL BE TREATED AS CONFIDENTIAL.

REFERENCE ONE

Name: _____
(Last) (First) (Middle)

Present address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Occupation: _____

How long have you personally known the applicant? _____

Is the applicant of good character and reputation? Yes No

Date: _____ Signature: _____

REFERENCE TWO

Name: _____
(Last) (First) (Middle)

Present address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Occupation: _____

How long have you personally known the applicant? _____

Is the applicant of good character and reputation? Yes No

Date: _____ Signature: _____

REFERENCE THREE

Name: _____
(Last) (First) (Middle)

Present address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Occupation: _____

How long have you personally known the applicant? _____

Is the applicant of good character and reputation? Yes No

Date: _____ Signature: _____

STATE OF NEW JERSEY.....

COUNTY OF OCEAN.....

I, _____ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and provided the answers to each and every question therein and do solemnly swear that each answer is full, true and correct in every respect.

“Under Penalty of Law,” a person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such statement previously made, when he/she does not believe the statement to be true, is guilty of a Crime of the Fourth Degree in violation of 2C:28-2.

Applicant Signature

Sworn to before me this _____

Day of _____ 20 ____.

Notary Public

Application delivered on _____ Received by: _____
(Date) (Name)

DO NOT WRITE BELOW THIS LINE

Signature of applicant, made in presence of Investigation Committee

Date: _____

Investigation Committee Member Signature

Printed Name