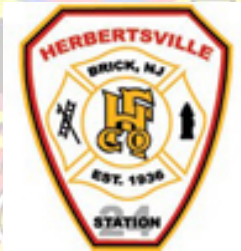
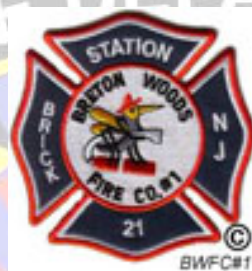


# BRICK TOWNSHIP FIRE DEPARTMENT



**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:**

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

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**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:** \_\_\_\_\_

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

**If yes, please provide full details:** \_\_\_\_\_

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

**If yes, please provide full details:** \_\_\_\_\_

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**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