

# Jackson Mills Volunteer Fire Company



## Application For Membership

## Station 54

- Fire Fighter
- Junior

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mobile Phone Number

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Email address



# Jackson Mills Fire

465-B North County Line Road, Jackson NJ 08527

# 54

## SECTION I: PERSONAL INFORMATION

\_\_\_\_\_  
Last Name First Name MI Suffix

\_\_\_\_\_  
Residence Address City State Zip Code

\_\_\_\_/\_\_\_\_/\_\_\_\_ Sex

\_\_\_\_\_  
Place of Birth (Include State or Province and Country)

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Home Phone Number Mobile Phone Number Mobile Phone Carrier

\_\_\_\_\_  
Email address @ \_\_\_\_\_

\_\_\_\_\_  
Driver License Number State Date Issued Date Expired

## SECTION II: AVAILABILITY AND TRAINING

<b>1</b>	Are you available on Monday evenings starting at 7p.m. to attend work nights, meetings and drills?	<b>Yes</b>	<b>No</b>
<b>2</b>	Are you certified as a fire fighter in the state of New Jersey? (if YES, proceed to question 3)	<b>Yes</b>	<b>No</b>
<b>2a</b>	Are you certified as a firefighter in another state / government agency?	<b>Yes</b>	<b>No</b>
<b>2b</b>	Are you able to attend the fire academy?	<b>Yes</b>	<b>No</b>
<b>3</b>	At the time of application, are you generally available for emergency call response during:		
<b>3a</b>	Daytime hours	<b>Yes</b>	<b>No</b>
<b>3b</b>	Evenings and/or over nights	<b>Yes</b>	<b>No</b>
<b>3c</b>	Weekends	<b>Yes</b>	<b>No</b>
<b>4</b>	Able to complete a background check	<b>Yes</b>	<b>No</b>
<b>5</b>	Able to complete a medical examination	<b>Yes</b>	<b>No</b>



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**SECTION III: QUALIFYING DATA (circle the appropriate answer)**

<b>1</b>	Have you ever renounced or formally given up United States citizenship?	<b>Yes</b>	<b>No</b>
<b>2</b>	Are you a United States citizen? If <b>YES</b> proceed to question <b>3</b>	<b>Yes</b>	<b>No</b>
<b>2a</b>	Are you deemed a lawful permanent resident alien by the Department of Homeland Security, U.S. Citizenship and Immigration Services?	<b>Yes</b>	<b>No</b>
<b>3</b>	Have you ever been convicted of a felony?	<b>Yes</b>	<b>No</b>
<b>4</b>	Have you had adjudication of guilt withheld or imposition of sentence suspended on any felony charge?	<b>Yes</b>	<b>No</b>
<b>5</b>	Have you been convicted or found guilty of a misdemeanor crime of domestic violence?	<b>Yes</b>	<b>No</b>
<b>6</b>	Have you ever been adjudicated incapacitated, committed to a mental institution, or adjudicated mentally defective?	<b>Yes</b>	<b>No</b>
<b>7</b>	During the three years preceding the date of this application, have you been:		
<b>7a</b>	Committed for the abuse of controlled substances, or been found guilty or convicted of a crime under New Jersey Statutes, or similar laws of any other state, or had multiple arrests for such offenses within the past five years with the most recent arrest occurring within the past year?	<b>Yes</b>	<b>No</b>
<b>7b</b>	Committed for the abuse of alcoholic beverages or other substances under the provisions of New Jersey Statutes, or convicted under New Jersey Statutes, or been deemed a habitual offender under the provisions of New Jersey Statutes, or similar laws of any other state?	<b>Yes</b>	<b>No</b>
<b>7c</b>	Convicted two or more times under New Jersey Statutes, or similar laws of any other state for driving under the influence of alcohol or a controlled substance?	<b>Yes</b>	<b>No</b>
<b>8</b>	Are you under arrest or currently charged in any court with a felony, any crime punishable by imprisonment for more than one year, or any crime of violence, including crimes of domestic violence?	<b>Yes</b>	<b>No</b>
<b>9</b>	Are you a fugitive from justice?	<b>Yes</b>	<b>No</b>
<b>10</b>	Have you been discharged from the Armed Forces under dishonorable conditions?	<b>Yes</b>	<b>No</b>

**I DO SWEAR AND AFFIRM THAT:**

- a) **The information contained in section III of this application is true and correct to the best of my knowledge.**

\_\_\_\_\_

Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Signed



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## SECTION IV: REFERENCES

Names, Addresses and Telephone Numbers of three reputable persons who are presently acquainted with the applicant

### ONE

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Last Name First Name Telephone Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Address City State Zip Code

### TWO

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Last Name First Name Telephone Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Address City State Zip Code

### THREE

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Last Name First Name Telephone Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Address City State Zip Code



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## SECTION V: PREVIOUS EXPERIENCE

<b>1</b>	During the three years preceding the date of this application, have you:		
<b>1a</b>	Been on the roster or associated with a volunteer agency ( <i>including but not limited to: first aid squad, rescue squad, fire company</i> )? If <b>No</b> , proceed to question 2	Yes	No
<b>1b</b>	Have you been discharged from such agency under dishonorable conditions?	Yes	No
<b>1c</b>	May we contact your current or former agency about your service?	Yes	No
<b>2</b>	Applied to the Jackson Mills Fire Company?	Yes	No
<b>3</b>	Been denied for membership with a volunteer agency?	Yes	No

## AGENCY CONTACT

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Last Name                                      First Name                                      Telephone Number

\_\_\_\_\_  
 Address    City                                      State                                      Zip Code

### I DO SWEAR AND AFFIRM THAT:

- b) I do not suffer from physical infirmity that would prevent me from providing firefighter duties.
- c) The information contained in this application and all attached documents is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature of Applicant    Date Signed



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## SECTION VI: APPLICANT TRACKING

### For Official Use Only

**(To be completed by Jackson Mills Fire / Fire District 4 personnel only)**

Action	Initial	Date	Status
Application received by the President		____/____/____	
Application presented to the general membership at the monthly business meeting		____/____/____	<b>Approved   Denied</b>
Application reviewed by the investigative committee		____/____/____	<b>Approved   Denied</b>
Applicant presented to the Board of Fire Commissioners?		____/____/____	<b>Approved   Denied</b>
Applicant completed background investigation?		____/____/____	<b>Approved   Denied</b>
Applicant completed medical examination?		____/____/____	<b>Approved   Denied</b>
Applicant's digital profile completed		____/____/____	
Applicant personnel files created		____/____/____	



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## APPLICATION CHECK LIST

Make sure you submit the following items with Application

- THIS Application *(completed, signed, and dated)*
- Copies of:
  - Valid Driver's License  
*(required for Fire Fighter & Fire Police Applicants)*
  - NJ FF1 ID Card\*
  - CPR/AED Card\*
  - Fire fighter training courses\*

*\*If applicable*