



**Franklin Township Fire District No. 4
Forest Grove Fire Company**



Application for Membership

Name of Applicant: _____

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Driving Record

DO YOU HAVE A DRIVER'S LICENSE? Yes No

If "No", what is your means of transportation to the station? _____

Driver's license number _____ State of issue _____

Operator Commercial (CDL)

Expiration date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How Many? _____

References

Please list two references other than relatives or previous employers.

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Relationship _____

Relationship _____

If you have previous firefighting experience, list previous fire chief as one of the references.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the position for which you are applying. If you have previous firefighting experience, please include your certificates with application.

Signature

Date

Personal Information Form



Instructions: Please complete this form to obtain a Division of Fire Safety Identification number (DFSID). Once your personal information has been entered into the DFS computer system you will receive a DFSID number in the mail within 10 business days. Persons with changes to their personal information need only provide their DFSID number and the changed information. Complete instructions are on the back of this form.

Please check one choice:

- New Applicant
 Update ID Number

For Official Use Only

1.

SSN Number: _____

DFSID Number: _____

Name: _____

Address: _____

City, State, Zip: _____

County: _____

Telephones: Home: _____

Work: _____

Cell: _____

Fax: _____

Email: _____

Date of Birth: _____

Career FD Name: Not Applicable

Career FDID Number: Not Applicable

Volunteer FD Name: Forest Grove Vol. Fire Company Sta 43-5

Volunteer FDID Number: _____

Received: _____

Entered: _____

By: _____

2.

Gender: Male
 Female

Race:

(Use Codes on 2nd Page)

3. I do hereby certify that the foregoing statements made by me are true, and give the Division of Fire Safety permission to change my personal information to reflect the changes indicated on this form.

Signature: _____ Date: _____

Personal Information Form Instructions

Section

1. Enter your Social Security Number (SSN) and six digit DFSID number if previously issued to you. The collection of the SSN is **mandatory**, and is collected under authority of N.J.S.A. 54:50-24 et seq. and Administrative Rule N.J.A.C. 5:3-1.2. The mandatory provision requires the collection of your SSN which enables both the Division of Fire Safety within the Department of Community Affairs and the Division of Taxation within the Department of Treasury to conduct more efficiently, the necessary background check before issuance, denial, renewal, suspension or revocation of a certification.

Please type or print clearly on the form. Provide your name, home address, county where you reside, contact telephone numbers, email, date of birth, and the career and/or volunteer fire department where you are a member. Leave the FDID number blank if you do not know the number. Please do not use your fire department address as your home address.

2. Please indicate your gender, race (using the codes provided below):

Use the following code numbers to indicate your race/national origin which best applies to your ancestral heritage. (**Providing this information is voluntary.**)

<u>Code</u>	<u>Description</u>
01	American Indian or Alaskan Native
02	Asian or Pacific Islander
03	Black, not of Hispanic origin
04	White, not of Hispanic origin
05	Hispanic

The form must be signed and dated. Forward the "Personal Information Form" to:

Office of Training and Certification
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809

To Download Certification Application Forms, go to:

<http://www.nj.gov/dca/divisions/dfs/forms/>

CONTACT INFORMATION

Questions concerning fire service certifications, training requirements and application procedures should be directed to the staff of the Office of Training and Certification from 8:30 a.m. to 4:30 p.m., Monday through Friday.

Training Program Contact Numbers:

Main Number: (609) 777-3552

Training Fax Number: (609) 341-3469

Office Email: kent.neiswender@dca.nj.gov



Franklin Township Fire District No. 4 Forest Grove Fire Company



To: Applicant

From: Board of Fire Commissioners, District 4
Forest Grove Fire Company

Subject: Pre-Application Screening Application Instructions

Please note that a complete background check will be done prior to access to the Fire Company. It is imperative that you list **ALL** incidents for which you were detained, held, taken into custody, arrested, indicted or charged with any offense on the Application for Clearance and Issuance of Identification Card form. **Also include expungements, not guilty or dismissed charges.** Omission of any of the above will result in what is considered falsification of this document and this office can consider rejection of this application.

Please note that being detained, held, taken into custody, arrested, indicted or charged with an offence does NOT preclude you from being accepted as a member, therefore when in doubt, please list the incident.

Thank you for your cooperation.

Board of Fire Commissioners, District 4
Forest Grove Fire Company

Franklin Twp Fire District No 4 Is An Equal Opportunity Employer

**Board of Fire Commissioners, District 4
 Forest Grove Fire Company, Station 43-5
 1635 Forest Grove Road
 Vineland, NJ 08360**

BACKGROUND CHECK AUTHORIZATION

(PLEASE PRINT LEGIBLY)

**Have you ever been convicted of any violation of the Criminal Code in this State or in any other Jurisdiction?
 (Violations include offenses, crimes, misdemeanors, and felonies).**

(Circle one) YES NO If "YES", explain below.

Do you presently have any pending criminal charges? YES _____ NO _____ If "YES", explain below.

APPLICANT MUST LIST EXPUNGED CONVICTION(S) INFORMATION, SIGN AND DATE THE "AUTHORIZATION TO RELEASE INFORMATION" STATEMENT BELOW. FALSIFICATION OF APPLICATION MAY RESULT IN THE DENIAL OF APPLICATION.

NATURE OF CONVICTION	DATE OF CONVICTION	AGE AT TIME OF INCIDENT	NAME & ADDRESS OF POLICE AGENCY OR COURT	DISPOSITION

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***** DO NOT WRITE BELOW THIS LINE *****

***** INVESTIGATION / INVESTIGATOR USE ONLY *****

Title applicant applying for: **Firefighter / Membership to Fire Company**

Sponsor: **Board of Fire Commissioners, District 4**

Division, Bureau or Unit: **Forest Grove Fire Company, Station 43-5**

A minimum of 3 members of the Board of Fire Commissioners, District 4 must sign and approve this form

Sponsor's signature: _____ Date: _____

Sponsor's signature: _____ Date: _____

Sponsor's signature: _____ Date: _____

Sponsor's signature: _____ Date: _____

Sponsor's signature: _____ Date: _____

The above names applicant's criminal history record indicates the following:

NO Criminal Record _____

Arrest and **NO** conviction _____ (see attached)

Arrest and conviction _____ (see attached)

Investigators Notes: _____

Name of investigator (print) _____

SIGNATURE

TITLE

DATE

OFFICIAL USE ONLY

Chief's Office approval Yes No

Commission approval Yes No

Background check approved Yes No

Interview approval Yes No

Company approval Yes No

NOTES