



**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



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