



# CLIFFSIDE PARK FIRE DEPARTMENT

## APPLICATION FOR MEMBERSHIP



Position Applying for: **FIREFIGHTER**

**Personal Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Length of Residence in Cliffside Park Area: \_\_\_\_\_

Do you speak a language other than English? If so, please list secondary languages: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Background Information**

Have you been convicted of any crimes other than traffic:  Yes  No

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Education	School Name	Dates of Attendance	Degree / Diploma	Graduate	Year
High School					
College					
Other					



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**Military Service**

Have you served or currently serve in any branch of the United States Military?  Yes  No

Which branch of the military did you serve in?  Army  Air Force  Marines  Navy  Coast Guard

Discharge Date: \_\_\_\_\_

Are you a member of the National Guard / Reserves:  Yes  No      If Yes, obligation end date: \_\_\_\_\_.

Skills / Special Training Received:

\_\_\_\_\_

List any previous firefighting experience:

Department: \_\_\_\_\_

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

Reference/Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Responsibilities / Duties: \_\_\_\_\_

List any certifications held in firefighting or public safety:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical / Health Information**

Do you have any respiratory conditions that might be affected by smoke or other gases?  Yes  No

Do you wear glasses?  Yes  No

Are you troubled by close or confined spaces?  Yes  No

Are you troubled by heights?  Yes  No

Please list any other skills or training that you may have that has not been previously listed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### Work Experience / History

Please list your relevant work experience. Should you not have relevant work experience or are a student, please indicate it below.

Current Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Reference/Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Reference/Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Reference/Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Reference/Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### References

Please list three references that are not related to you.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
 Occupation: \_\_\_\_\_



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I do hereby agree to abide by the policies, rules, and by-laws of the Cliffside Park Volunteer Fire Department and I further give the Cliffside Park Volunteer Fire Department authorization to investigate my background, including a criminal history check, a driver's abstract, and a drug test. I acknowledge that the CPFDP is relying on the information given and I certify that the information on this form is true to the best of my knowledge. I authorize the Cliffside Park Volunteer Fire Department to obtain information from any person named and I release all concerned from liability in connection with obtaining and releasing such information. Any false information will result in termination.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Questions regarding the application & joining the department please email us at: [CPFAdmin@CliffsideFire.org](mailto:CPFAdmin@CliffsideFire.org)

You can email your completed application to [CPFAdmin@CliffsideFire.org](mailto:CPFAdmin@CliffsideFire.org) or drop off your completed application to the Fire Prevention Bureau (located in the Municipal Complex 2<sup>nd</sup> Floor).

Address: 525 Palisade Avenue Cliffside Park, NJ 07010 between the hours of 9AM & 4PM Monday through Friday.