



**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.)

Code	Description
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/dea/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.nslawender@dea.nj.gov



Forest Grove

VOL. FIRE COMPANY

1635 FOREST GROVE ROAD
VINELAND, NEW JERSEY 08360
Telephone: (856) 697-4554
Fax: (856) 697-5416

MARK MASTRO
PRESIDENT

DENNIS ALLONARDO
CHIEF

Probationary Membership Acknowledgement Form

Pursuant to our By-laws you will be in Probationary Membership status for the first 6 months of your acceptance to the Forest Grove Volunteer Fire Company, Station 43-5.

Article 2-1. The membership of this company shall consist of Active, Lifetime, **Probationary**, Honorary, Junior members, and Non-active members.

Article 2-7. No Probationary Member shall be eligible for active membership or hold any office or have any active voice until they have passed a six-month probationary period.

All Probationary members shall follow the FGVFC 43-5 SOG's and By-Laws. Any violation of these shall be reason for immediate removal from the Fire Company.

All probationary members must attend a minimum of 30% of all fire calls, drills, truck and equipment check, and regular meetings during their probationary period. Failing to meet these requirements shall result in the member being summarily removed from membership as failing their Probationary membership status. Exemptions may be provided by either the Chief or President of the company. These exemptions shall be in writing and presented at the next regular business meeting. A copy of the exemption shall be placed in the member's personnel folder.

Probationary members will be given full attendance credit for fires, drills, and meetings if missed due to attending of functions pertaining to fire company business, including fire or rescue school or attending of meetings related to the fire company.

All Probationary members with the exception of Juniors must pass the State of N.J. Division of Fire Safety's Firefighter 1 certification course within twelve months of joining unless otherwise excused. Applicants that already have this certification shall provide the full documentation and their Department of Community Affairs, Division of Fire Safety ID number.

Upon being called to active military duty, Probationary members will notify the Chief of the company as to this status and will verify such statement with orders to support the same. At such time, the members 6-month Probationary membership status time will pause until such time that the member returns to active Fire Department duty to resume and complete their probationary period.

All company property shall be surrendered to the Chief and/or President upon termination of membership for any reason within 7 days of termination.

I, the undersigned, do fully understand the above and agree to abide by these guidelines. Failure to meet the Probationary period guidelines may result me being summarily removed from the membership of the Forest Grove Volunteer Fire Company, Station 43-5. I understand that should this action be taken; I may not submit another application for membership in this company within one year from date of termination.

Print Name

Signature

Date

Gloucester County Emergency Response Center Computer Access Request Form

RESET FORM

Agency: Forest Grove Volunteer Fire Company

User: _____
PRINT LAST FIRST MIDDLE INITIAL

Badge / Employee Number: _____ Court ID: _____ FD ID # _____

Rank / Assignment: Firefighter (If different than Badge)

Email Address _____

ACCOUNT ACCESS TYPE	
<input type="checkbox"/> CAD	RMS <input checked="" type="checkbox"/>
<input type="checkbox"/> POLICE	FIRE <input checked="" type="checkbox"/> EMS <input type="checkbox"/> OEM <input type="checkbox"/>
<input type="checkbox"/> Public Works	
<input type="checkbox"/> Wireless Digital Assistant (WDA) Mobile	
<input type="checkbox"/> NCIC / CJIS (LAW ENFORCEMENT ONLY)	
<input type="checkbox"/> MJ Inquiry Access – (Requires Agency Chief Signature)	

User Signature: _____

Date: _____

- **LAW ENFORCEMENT PERSONNEL** - For user accounts of Wireless Digital Assistant WDA / NCIC / CJIS access that is authorized - User has received appropriate training - New Jersey case law and a NJCJIS terminal operator certification has been issued by the local agency TAC)

Agency TAC Name: _____
Print

Signature: _____

Date: _____

COUNTY POLICY DISCLAIMER

All authorized Computer Access Accounts are governed by the "Human Resources Policy of Gloucester County - Chapter 7 Section 10 Conduct and Performance – Computers, Internet Use and Other Electronic Resources" <http://www.gloucestercountynj.gov/depts/h/hr/resourcemanual/default.asp>

AGENCY DEPARTMENT HEAD / CHIEF

Name: Dennis Allonardo - Chief
Print

Signature: _____

Date: _____

IN-COMPLETE FORMS WILL NOT BE PROCESSED

Submit to PhoenixAdmin@co.gloucester.nj.us

County Use Only

Login Name _____

Live

Training

Mobile Device Terminal ID # _____

Previous Agency User Account Check

New User

Audit

Special Note:

Date Recieved _____

Date Added _____

Initials: _____



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

COMMENTS / EXPLANATIONS: _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the release of any and all information regarding me (sole individual), to the Board of Fire Commissioners, District 4, and if required to the Forest Grove Fire Company, Station 43-5 at their request, in order that they may determine my suitability for application and membership. All information contained in this application packet may be used in order to perform a background check.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

***** 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