**BOROUGH OF RUTHERFORD**
Firefighter Application

Fire Company applying for:

Truck Co. #1 ☐ Engine Co. #2 ☐ Engine Co. #3 ☐ Engine Co. #4 ☐ Rescue Co. #5 ☐

| **APPLICANT INFORMATION** | | | | | |
|---|---|---|---|---|---|
| Last Name | | First Name | | M.I | |
| Address | | | | Apartment/ Unit # | |
| City | | State | | Zip Code | |
| ☐ Own ☐ Rent ☐ Other _____ | | | | | |
| Home Phone | | Cell Phone | | | |
| Social Security No. | | Date of Birth | | | |
| Birthplace | | | | | |
| Are you a citizen of the United States? | YES ☐ NO ☐ | If no, date of naturalization? | | | |
| Place naturalized: | | | | | |
| Have you ever served in the Military? | YES ☐ NO ☐ | If yes, what branch? | | | |

| **PERSONAL INFORMATION** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Height | | Weight | | Eye Color | | Hair Color | | Glasses | | Contact lenses | |
| Education Completed | (circle one) 9 10 11 12 GED College: 1 2 3 4 BA BS MA MS | | | | | | | | | | |
| Marital Status | (circle one) Single Married Separated Divorced Widowed | | | | | | | | | | |
| Spouse's Name | | | | | | | | | | | |
| Dependent's Name and Age | | | | Dependent's Name and Age | | | | | | | |
| Dependent's Name and Age | | | | Dependent's Name and Age | | | | | | | |
| Dependent's Name and Age | | | | Dependent's Name and Age | | | | | | | |
| | | | | | | | | | | | |
| Emergency Contact Name | | | | | | Relationship | | | | | |
| Home Phone # | | | | Cell Phone # | | | | | | | |
| Address | | | | | | | | | | | |

## RESIDENCE

*In chronological order, state each and every place in which you resided in the past 10 years.*

| Address | City | State |
|---|---|---|
| | | |
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## EMPLOYMENT STATUS

| | | | |
|---|---|---|---|
| Current Employer | | | |
| Address | | | |
| City | | State | |
| Occupation | | Job Title | |
| Years with current employer | | Work Hours | |

Have you ever been a member or applied for membership to another Fire Dept.? ☐ Yes ☐ No

If yes, where, dates served, and attach any copies of training certifications.

Do you have any special training or certifications you feel can be helpful to the Rutherford Volunteer Fire Dept.? ☐ Yes ☐ No

If yes, please describe and attach copies of certifications.

Do you know any current or retired members of the Rutherford Volunteer Fire Dept.? Please list.

| **REFERENCES (no relation to you)** | |
|---|---|
| 1. Name | |
| Address | |
| Phone | Years Known |
| 2. Name | |
| Address | |
| Phone | Years Known |
| 3. Name | |
| Address | |
| Phone | Years Known |

| **ARREST, SUMMONS, ETC.** |
|---|
| Were you ever taken into custody, arrested or convicted of any crime, disorderly person offense, petty disorderly person offense, or have you ever received a summons complaint commanding your appearance in court? ☐ YES ☐ NO |
| If yes, give additional information as to date, location, charge, place agency, and court disposition of charge – be specific. Indicate all offenses and arrests. |
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| Were you ever served with a summons or subpoena in a criminal or civil action in this state or elsewhere? ☐ YES ☐ NO |
| If yes, please explain. |
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| Have you ever been convicted of any domestic violence offenses in any jurisdiction? ☐ YES ☐ NO |
| If yes, where? |
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| |
| Are you subject to any court orders issued pursuant to domestic violence? |
| |

| MOTOR VEHICLE |
|---|
| Do you possess a valid New Jersey Driver's License? ☐ YES ☐ NO |
| Driver's License No. |
| Do you have a Commercial Driver's License? ☐ YES ☐ NO If yes, circle one: A B C |
| Have you ever possessed a Driver's License from a state other than New Jersey? ☐ YES ☐ NO<br>If yes, list what state(s). |
| Do you own a motor vehicle? ☐ YES ☐ NO |
| If yes, please list. (Make) (Model) (Year) (Color) (Plate #) |
| Vehicle #1 |
| Vehicle #2 |
| Vehicle #3 |
| Was your motor vehicle license or registration ever, or is it now, under revocation or suspension? ☐ YES ☐ NO |
| If yes, state the date and cause, being specific. |
| |
| |
| Do you have any penalty points against your New Jersey driver's license? ☐ YES ☐ NO |
| If yes, please specify the infraction(s). Include each infraction date, state, municipality. |
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| |
| Have you ever been involved in a motor vehicle accident as a driver, which resulted in bodily injury or death? ☐ YES ☐ NO |
| If yes, please provide a detailed description of the accident(s). Include date, location, all vehicles involved, injuries to all parties and any summonses that were issued. |
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| List any court proceedings or lawsuits related to the accident(s), current status of the lawsuits/or the outcome of the court proceedings. |
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| |

## ADDITIONAL INFORMATION

Do you have any knowledge of or information in addition to the specifically requested in this questionnaire, which is or may be relevant directly or indirectly in connection with an investigation of your eligibility and fitness for the position you are presently seeking, including, but not limited to knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, military service, education, subversive activities, family associations, criminal records, traffic violations, residence, or otherwise?

☐ YES ☐ NO

If yes, submit in full details.

## VOUCHERS

I hereby volunteer my services and agree to obey appropriate and relevant to the ordinances governing the Rutherford Volunteer Fire Department as well as the Constitution and, by-laws and rules and regulations of the Rutherford Volunteer Fire Department and the individual Fire Company to which I am assigned. I understand that as a part of the application process I must complete the NJ State Firemen's Membership Application and complete a medical examination by a duty licensed Physician determined by the Borough of Rutherford. I understand that as part of the application process I must consent to a Criminal History Record background check and that I must submit to being fingerprinted. I further understand that I will not be admitted to full membership until I have successfully completed a six (6) month auxiliary membership period, the Firefighter 1 course, and probationary period of one (1) full calendar year from the date of my initial appointment. I also declare that I completed this personal history questionnaire, and that the statements contained herein

are, to the best of my knowledge and belief, true and correct and I have not knowingly and willfully made any false statements or given information which I know to be false.

Any person who knowingly gives OR causes to be given false information on this application may be guilty of a crime of the fourth degree under the New Jersey Code of Criminal Justice (2C:28-4).

********** Application must be notarized before signing **********

_____

Signature of Applicant

_____

Date

Subscribed and sworn to, before me on

this _____ day of _____, _____.

Notary Public: _____

(Seal)

Application for Membership
Authorization for Background Checks

Applicant's Name _____

I agree to produce and submit a complete certified driving abstract from the New Jersey Division of Motor Vehicles as part of my application, within 20 days of the date of the Application. I agree that the certified driving abstract shall be dated not less than 60 days before the date of this Application.

**I certify that the above statements are true, accurate, and complete. I acknowledge that the Rutherford Volunteer Fire Department shall rely upon same in making decisions about my Application for Membership.**

_____ _____

Applicant's Signature Date Signed

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**The following space is reserved for use by the Borough of Rutherford**

Results of background check on the above applicant.

Does the applicant have any criminal convictions that have not been expunged or sealed? ☐ YES ☐ NO

Does the applicant hold a valid New Jersey driver's license? ☐ YES ☐ NO

Applicant shall be fingerprinted.

Results of background check were reviewed with _____

Of the Rutherford Fire Department on _____ (date of review).

_____ _____

Police Officer's Signature Date Signed

_____

Print Name

*** RETURN FORM TO RUTHERFORD BOROUGH CLERK FOR PERMANENT RECORD ***