MEMBERSHIP APPLICATION

Haledon Fire Department
510 Belmont Ave
Haledon, NJ 07508

Haledon Fire Department
Fire Company# 1
21 Pompton Rd.

Haledon Fire Department
Fire Company# 2
522 West Broadway

Date:_____

Applying for membership to Fire Co. 1 ◯ or Fire Co. 2 ◯

Last Name:_____First Name: _____

Current Address: _____

Town:_____State:_____Zip:_____

Length of Time at Current Address: _____

Phone Number: ( )_____E-mail Address: _____

Date of Birth:_____ **SSN:**_____

Are You Currently/Have Ever Been a Member of Another Dept.? Yes ◯ No ◯

If YES to previous question, where / when?_____

Do you currently hold a NJ FF1 Certification? Yes ◯ **No** ◯

NJ State Firefighter ID# (If applicable): _____

Driver's License Number: _____Exp:_____

Emergency Contact Name: _____

Emergency Contact Number: _____

As part of the application process a criminal history check will be performed. While the presence of any items that arise during this check do not necessarily act as a disqualifier, is there any criminal history or serious driving offenses you would like to disclose at this time? Yes ◯ No ◯

If yes, please explain:

I, the undersigned with this application for membership into Haledon Fire Department, do hereby agree to the following:

1. To abide by the By-Laws of Haledon Fire Department and of the Company the member is joining.
2. To perform my duties as a firefighter to the best of my ability and do so with the highest quality of character and respect to my fellow department members and the community.

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may cause for my dismissal. If accepted as a Firefighter, I agree to abide by all rules and regulations of the Haledon Fire Department, including serving an initial probationary period.

Signature of Applicant: _____ Date: _____

HALEDON FIRE DEPARTMENT OFFICIAL USE:

Date Application Received: _____

Received By (Print) _____

Received By (Sign) _____

Accepted / Rejected: For Active Membership _____ Date: _____

Notes: _____