Application for Membership

Rockaway Township Fire Department

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Current Address: Street: _____

City: _____ Zip Code: _____

Phone Number: _____ - _____ - _____ **E-mail Address:** _____

Date of Birth: Month: _____ Day: _____ Year: _____ **Social Security #:** _____ - _____ - _____

Length of Time Residing In Rockaway Township: _____ **Place of Birth:** _____

Driver's License: Number: _____ Issuing State: _____

High School Diploma or GED:
- ☐ High School Student (must have diploma/GED within 1 year)
- ☐ High School Diploma – Name of School: _____
- ☐ GED

Employer Info: Occupation: _____

Name of Employer: _____

Address of Employer: _____

Name of Contact: _____ Contact Phone #: _____

Criminal History: Have you ever been arrested, indicted, or convicted of a criminal offense? ☐ NO ☐ YES

If YES, state type, when, and where: _____

F.D. History: Have you ever been a member of a Fire Department or First Aid Squad? ☐ NO ☐ YES

If YES, please state the name of the organization and time frame you were a member.
(ie: Rockaway Township Fire Department 2000-2001)

Name: _____ Time Frame: _____
Name: _____ Time Frame: _____
Name: _____ Time Frame: _____

Are you a member of the NJ State Fireman's Association? ☐ NO ☐ YES

If YES, state your NJ State Fireman's Association Line Number: _____

Certification History: Do you currently hold any of the following certifications?

CPR Card:	☐ NO	☐ YES
First Aid Card:	☐ NO	☐ YES
First Responder:	☐ NO	☐ YES
EMT- :	☐ NO	☐ YES
Firefighter 1:	☐ NO	☐ YES

Membership Type: Please check the box of the membership type of which you will be requesting.
- ☐ **Fire Only** – Member will respond to Fire calls. Fire Training is mandated.
- ☐ **Fire/EMS** – Member will respond to Fire-EMS calls. Fire and EMS training is mandated.
- ☐ **EMS Only** – Member responds to EMS calls. EMS Training is mandated.

By signing this form, I hereby declare that the information on this application is truthful. Furthermore, I hereby agree to follow the Rules and Regulations of the Rockaway Township Fire Department.

Signature: _____ **Date:** _____

Please return the application to:

Rockaway Township Fire Department
65 Mount Hope Road
Rockaway, NJ 07866

Fire Department Phone Number for Questions about the Application:
973-983-2865

Office Use Only:

Date Application Received: _____

Member Assigned to Company #: _____

Department Chief Signature: _____

Date Approved by Co: _____

Company Chief Signature: _____

Date Approved by Council: _____

State of New Jersey }
} s.s
County of Morris }

I, _____ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each answer is full, true and correct in every respect. Knowing that if any of my answers are proved to be false or erroneous, it will be cause for rejection of my Application to the Rockaway Township Fire Department, without recourse.

I also consider this acknowledgement and permission for the Rockaway Township Police Department to conduct a background investigation knowing that I will not be informed of any information of facts developed by that investigation whether I am accepted or rejected for this position.

_____ _____
Applicant's Signature Date

Sworn to before me this_____

Day of _____

_____
Notary Public

Do not write below this line

_____ _____
Signature of Applicant Made in Presence of Fire Dept. Officer Date

_____
Signature of Fire Dept. Officer