



# PINE HILL

FIRE DEPARTMENT

*Administrative Procedure #2017-300*

Volunteer Membership Application Process

## Application Issuance

Please print all Information Clearly

Applicant Name: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_  
\_\_\_\_\_

### Applicants Contact Information

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Classification of membership applying for: \_\_\_\_\_

*Active Firefighter, Junior Member, Active live in Member, Duty Crew Member,  
Active Returning Member, Associate / Supporting Member*

Date of Issuance: \_\_\_\_\_

Packet Issued By: \_\_\_\_\_



## PINE HILL FIRE DEPARTMENT

### APPLICATION FOR MEMBERSHIP (Version 2 – August 2017)

The Pine Hill Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information.

#### INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature. Incomplete or illegible applications will not be processed.
2. Applications must be returned in person preferably between the hours of 8 a.m. and 4 p.m., Monday through Friday and must be notarized. Notary and photocopier services are available at the station.
3. Resumes will only be accepted as a supplement to the application. Use additional blank paper if you do not have enough room on this application.
4. Applications without an affidavit page will not be accepted.

P E R S O N A L	Last Name	First	Middle	Today's Date	Date of Birth	
	Street Address			Home Telephone ( )		
	City, State, Zip			E-Mail Address		
	Cell Phone Number ( )			Social Security No.		
	Have you previously applied for membership with the Pine Hill Fire Department? If Yes, Month and Year _____ Department _____				<input type="radio"/> Yes	<input type="radio"/> No
	Do you have any relatives affiliated with the Department or emergency services now? If yes, give name and department: _____				<input type="radio"/> Yes	<input type="radio"/> No
	Are you 18 years of age or older? If not, attach Junior Membership Consent Form <input type="radio"/> Yes <input type="radio"/> No			How did you hear about membership opportunities?		

E D U C A T I O N	School	Name and Location of School	Course of Study	# Years Completed	Did you Graduate?	Degree or Diploma	
	Graduate						
	College						
	Business/Trade/Tech						
High School or GED							

Please give accurate, complete full-time and part-time employment history, including military service. Start with your present or most recent employer FIRST. If self-employed, give firm name and business references. If necessary, attach additional sheets using the same format. Membership may be contingent on acceptable references from current and former employers.

E M P L O Y M E N T I N F O R M A T I O N

E M P L O Y E R #1	Company Name	Telephone (    )
	Address	Employed (Month and Year) From:                      To:
	Name of Supervisor (must be filled in)	Reason for Leaving
	Job Title and Description	

E M P L O Y E R #2	Company Name	Telephone (    )
	Address	Employed (Month and Year) From:                      To:
	Name of Supervisor (must be filled in)	Reason for Leaving
	Job Title and Description	

E M P L O Y E R #3	Company Name	Telephone (    )
	Address	Employed (Month and Year) From:                      To:
	Name of Supervisor (must be filled in)	Reason for Leaving
	Job title and Description	

Please give accurate, complete full-time and part-time organizational membership history, including military and emergency services (Fire, EMS, etc.). Start with your present or most recent memberships FIRST. Include any organizations to which you applied and either withdrew your application or were denied membership for any reason.

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M E M B E R S H I P  #1	Organization Name	Telephone (    )
	Address	Dates of Membership From:                      To:
	Name of Organization Leader (must be filled in)	Reason for Leaving
	Organization Activity Description	

M E M B E R S H I P  #2	Organization Name	Telephone (    )
	Address	Dates of Membership From:                      To:
	Name of Organization Leader (must be filled in)	Reason for Leaving
	Organization Activity Description	

M E M B E R S H I P  #3	Organization Name	Telephone (    )
	Address	Dates of Membership From:                      To:
	Name of Organization Leader (must be filled in)	Reason for Leaving
	Organization Activity Description	

A D D I T I O N A L	T R A I N I N G	Please list any specialized training in the fire or life safety field. Submit copies of Certifications
		<p>List proficiency with any heavy machinery, industrial equipment, or specialized training you may have.</p> <hr/> <p>List any computer skills you may possess, i.e., hardware, software applications, programming skills, etc.</p>
I N F O R M A T I O N	B A C K G R O U N D	<p>Have you been fired from a job or organization or asked to resign?</p> <p><input type="radio"/> Yes    <input type="radio"/> No    If Yes, please explain:</p>
		<p>Have you ever been convicted of any law violation, excluding minor traffic offenses, which have not been annulled, expunged or sealed by the court? Include any "guilty" or "no contest" pleas. (A conviction will not necessarily disqualify an applicant for membership.)</p> <p><input type="radio"/> Yes    <input type="radio"/> No    If Yes, describe in full:</p>
		<p>Do you have a valid drivers' license?</p> <p><input type="radio"/> Yes    <input type="radio"/> No    License number: _____ State: _____ Class: _____</p> <p style="text-align: center;"><b>A PHOTOCOPY OF YOUR DRIVERS' LICENSE MUST BE ATTACHED TO THIS APPLICATION</b></p> <p>Have you ever had your license suspended or revoked within the last three years?</p> <p><input type="radio"/> Yes    <input type="radio"/> No    If Yes, give details:</p>

R E F E R E N C E S	Give three references not related to you, who have definite knowledge of your business or professional qualifications for the position of volunteer firefighter. Do not repeat names of supervisors listed under employment or organizational membership history.		
	Name	Address	Phone

Authorization / Consent to Release Information

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers, past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of membership, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

A I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT  
F OF EMPLOYMENT NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.

F I have read, understand, and by my signature, consent to these statements.

I Print Name: \_\_\_\_\_

A Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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STATE OF NEW JERSEY, COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, doth depose and says that the above statements are true to the best of their knowledge and belief.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of NOTARY PUBLIC



# PINE HILL

FIRE DEPARTMENT

**Administrative Procedure #2017-300**

Volunteer Membership Application Process

## Application Receipt

**Applicants Name:** \_\_\_\_\_  
(Printed clearly)

**Member Who Received the Application:** \_\_\_\_\_  
(Please Print)

**Date Received:** \_\_\_\_\_ **Time:** \_\_\_\_\_

*This application cover page is to be filed out when issuing the application packet to a Prospective member. Once completed it is to be removed from the packet, and then placed into Radio Room Drop Box for processing*

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We welcome your interest in our Fire Department, and strongly encourage you to become a part of our fire service brotherhood. During the application process, if you would develop any questions or would like further explanation regarding the process. Please don't hesitate to contact the Membership Trustee or the Chief's Office.

You will be contacted by the Membership Trustee within the next Seven (7) days. Who will commence the Background Process that is detailed within the Fire Departments Administrative Procedure #2017-300. The entire process should take approximately 30 days.

**Applicants Signature:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_