Sea Bright Fire / Rescue

1099 Ocean Avenue
Sea Bright, NJ 07760
firedepartment@seabrightnj.org

PLEASE PRINT OR TYPE:

LAST NAME:_____ **SUFFIX:**_____

FIRST NAME:_____ **M.I.:**_____

HOME ADDRESS:_____

_____

HOME #:_____ **CELL #:**_____

DRIVERS LICENSE NUMBER / STATE:_____

SOCIAL SECURITY NUMBER:_____

EMAIL ADDRESS:_____

FIRE / EMERGENCY SERVICE TRAINING:
NAME OF COURSE \ DATE COMPLETED

_____

_____

_____

_____

NJDFS ID#:_____ **NJDOH EMT#:**_____

PRIOR MEMBERSHIP TO ANY EMERGENCY SERVICES ORGINZATION:

ORGANIZATION NAME \ DATE OF MEMBERSHIP

_____

_____

_____

_____

HAVE YOU EVER BEEN SUSPENDED OR REMOVED FROM A PRIOR EMERGENCY SERVICES ORGANIZATION? NO____ YES (EXPLAIN) _____

_____

_____

_____

_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR OFFENSE?

NO_____ YES _____

IF YES PLEASE DESCRIBE BELOW:

DATE \ JURISDICTION \ CRIME, OFEENSE

_____

_____

_____

_____

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HAVE YOU EVER BEEN A DEFENDNAT OR PLANTIFF OF A DOMESTIC VIOLENCE INCIDENT?
 NO___ YES ___
IF YES PLEASE DESCRIBE BELOW:
DATE \ JURISDICTION \ CRIME, OFEENSE

_____

_____

ARE YOU CURRENTLY EMPLOYEED IN SEA BRIGHT? NO_____ YES_____

SIGNATURE OF APPLICANT:_____

DATE:_____

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CERTIFICATION

I certify that the statements made within this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that any misrepresentation of information supplied by me will result in my disqualification from the selection process. Furthermore, I authorize the Sea Bright Police Department to verify any and all information contained herein and to review my employment, education and criminal history, disciplinary records, and any other records and information from any source as noted in the duly executed Authority and Release form. I have read this Certification and I understand and agree to the conditions imposed herein.

DATE:_____

APPLICANTS NAME (PRINT):_____

APPLICANTS SIGNATURE:_____