



Sea Bright Fire / Rescue

Application for Membership

Updated: 06 October 2016



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

_____ \ _____

_____ \ _____

_____ \ _____

_____ \ _____



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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

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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: _____