



Gordons Corner Fire Company

683 Tennent Road

Manalapan, NJ 07726

APPLICATION FOR MEMBERSHIP

INSTRUCTIONS TO APPLICANT:

Thank you for your interest in joining the Gordons Corner Fire Company. While completing this application please read all directions in their entirety prior to completing each section. Complete each section in its entirety. Should a box or question not apply to you fill in "N/A". Leave **NO** blank boxes or questions. Attach all requested documents to this application prior to returning this application. This application can be returned in person at the above address or sent by mail to "Gordons Corner Fire Company ATTN: Membership Committee 683 Tennent Road, Manalapan, NJ, 07726"

If interested in becoming a member of the Gordons Corner Fire Company and you are under the age of 18 but 16 years of age or older, mark the "Junior Firefighter" box. Complete the entire application up to and including page 7. Do not proceed past page 7, as the following information is not applicable to Junior Firefighters.

Incomplete applications will **NOT** be processed.

Documents to be attached:

- Resume
- DD-214
- Firefighter related certifications (if applicable)
- EMS certifications (if applicable)

PLEASE **PRINT** ALL INFORMATION CLEARLY!

Date: ___/___/___ Date of Birth: ___/___/___ Age: _____

Last Name First Name Middle Name Cell Phone Number

Street Address City State Zip Code Social Security Number

Email Address

Application Type:

- Probationary Firefighter (18+)
- Junior Firefighter (16-18)

SOCIAL MEDIA

List **ALL** social media usernames (Facebook, Twitter, Instagram, Snapchat, Kik, Tumblr, Vine); omit none.

EMPLOYMENT HISTORY

Current Employment:

Occupation Employer Name Work Phone Number

Supervisor's Name Street Address City, State, Zip

Work Schedule:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

*****PLEASE SUBMIT RESUME WITH COMPLETE WORK HISTORY TO INCLUDE FULL-TIME/PART-TIME/VOLUNTEER WORK EXPERIENCE*****

Please check below if during the past (5) five years you:

- Were fired from a job
- Quit a job after being told you have been or will be fired
- Left a job by mutual agreement following allegations of misconduct
- Left a job by mutual agreement following allegations of unsatisfactory job performance
- Left a job for other reasons resulting from unfavorable circumstances

If you checked any of the above please explain: _____

BACKGROUND INFORMATION

	YES	NO
Do you possess a current NJ State motor vehicle license?	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a current motor vehicle license from any other state?	<input type="checkbox"/>	<input type="checkbox"/>
Have your driving privileges ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with or convicted of any misdemeanor or felony offense (including the Uniform Code of Military Justice)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with or convicted of a firearms, arson, or explosive offense?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any current charges pending against you for any criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with or convicted of any offenses related to drugs/alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
In the past (5) five years have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice (including non-judicial, Captain’s Mast, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

If answered “Yes” to any of the above, provide a detailed explanation:

DRUG USE AND DRUG ACTIVITY

Since the age of 16 or in the past 10 years have you used any controlled substance, including but not limited to: marijuana, cocaine, crack cocaine, heroin, hashish, amphetamines, opiates, depressants, or prescription drugs?

YES NO

In the past 10 years have you ever been involved in the purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

YES NO

Are you willing to be subjected to random drug screening?

YES NO

If answered “Yes” to any of the above, provide a detailed explanation:

USE OF ALCOHOL

Do you consume alcohol?

YES NO

If yes, how many and how often?

Has your use of alcohol ever prohibited you from completing your day-to-day responsibilities?

YES NO

Has your use of alcohol ever resulted in being sent home or terminated from a place of employment?

YES NO

If answered "Yes" to any of the above, provide a detailed explanation:

MILITARY HISTORY

	YES	NO
Have you ever served in the Military?	<input type="checkbox"/>	<input type="checkbox"/>
What branch: _____		
Have you ever served in the United States Merchant Marine?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received anything other than an honorable discharge from the military?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes Explain:		

ATTACH COPY OF DD 214

MEDICAL HISTORY

	YES	NO
Are you being treated for any physical disability?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been treated for any physical disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Are you being treated for any mental disability?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been treated for any mental disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently suffering from any long-term illness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any prescription medication?	<input type="checkbox"/>	<input type="checkbox"/>

If answered "Yes" to any of the above, provide detailed explanation:

FIREFIGHTING EXPERIENCE

Have you had any firefighting experience or training? YES NO

_____ Name of Fire Company	_____ Street Address	
_____ City/ State/ Zip Code	_____ Telephone Number	_____ Years of Service

List any formal firefighting training: _____

Do you know anyone on the Gordon's Corner Fire Company? _____

JUNIOR FIREFIGHTER

Applicant's Certification:

I (applicant) understand the Fire Chief can set guidelines as to hair length and facial hair for the safety of others and myself. If I fail to comply with these guidelines, I understand the Chief has the right to restrict my duties. Additionally, I have read the rules and regulations of the Gordon's Corner Fire Company and agree to conduct myself in accordance with its by-laws and standard operating guidelines. I hereby acknowledge receipt of a printed copy of said Rules and Regulations.

X _____
Applicant's Signature

X _____
Parent/Guardian Signature

I (applicant) _____ and (guardians) _____/_____ understand that failure to truthfully answer any questions on this application will lead to immediate dismissal. I authorize Gordon's Corner Fire Company to perform a background check through local, state, and federal law enforcement agencies and to contact those individuals I have listed as a reference. Furthermore, I authorize Gordon's Corner Fire Company to perform background checks with any other person or agency that is deemed necessary. Both parents and or guardians must sign authorizing the signature of the potential junior member candidate. All applications must be notarized as well.

X _____
Applicant's Signature

Notary Stamp and Seal (here)

X _____
Parent/Guardian Signature

X _____
Notary Signature

X _____
Parent/Guardian Signature

Parent/Guardian must authorize the junior applicant to be tested for drugs/alcohol during physical exam. Please sign below stating you authorize this procedure to be completed by the fire company's physician.

X _____
Parent/Guardian Signature

X _____
Parent/Guardian Signature

Notary Stamp and Seal (here)

X _____
Notary Signature

PROBATIONARY FIREFIGHTER

Applicant's Certification:

I (applicant) understand the Fire Chief can set guidelines as to hair length and facial hair, for the safety of others and myself. If I fail to comply with these guidelines, I understand the Chief has the right to restrict my duties. Additionally, I have read the rules and regulations of the Gordon's Corner Fire Company and agree to conduct myself in accordance with its by-laws and standard operating guidelines. I hereby acknowledge receipt of a printed copy of said Rules and Regulations. (Attached below)

X _____
Applicant's Signature

I (applicant) understand that failure to truthfully answer any questions on this application will lead to immediate dismissal. I authorize Gordon's Corner Fire Company to perform a background check through local, state, and federal law enforcement agencies and to contact those individuals I have listed as a reference. Furthermore, I authorize Gordon's Corner Fire Company to perform background checks with any other person or agency that is deemed necessary.

X _____
Applicant's Signature

REFERENCES

In the spaces below, list the names of (3) three people **other than** members of the Gordon's Corner Fire Company, who are over the age of (18) eighteen and not related to you who can provide information about you and your character.

Reference 1:

_____ Name	_____ Telephone Number	_____ Relation	
_____ Street Address	_____ City	_____ State	_____ Zip Code

Reference 2:

_____ Name	_____ Telephone Number	_____ Relation	
_____ Street Address	_____ City	_____ State	_____ Zip Code

Reference 3:

_____ Name	_____ Telephone Number	_____ Relation	
_____ Street Address	_____ City	_____ State	_____ Zip Code

STANDING RULES AND REGULATIONS

1. THE USE OF THE FIREHOUSE IS A PRIVILEGE EXTENDED TO REGULAR MEMBERS AND THEIR GUESTS. GUESTS CAN BE EITHER FAMILY MEMBERS AND/OR FRIENDS. PROBATIONARY/JUNIOR MEMBERS ARE NOT ENTITLED TO GUESTS. MEMBERS ARE RESPONSIBLE FOR THE ACTIONS OF THEIR GUESTS.
2. USE OF THE FIREHOUSE WILL BE LIMITED & DETERMINED BY THE PRESIDENT.
3. MEMBERS REQUESTING USE OF FACILITIES AT THE FIREHOUSE MUST RECEIVE APPROVAL FROM THE PRESIDENT OR VICE PRESIDENT.
4. MEMBERS WILL REFRAIN FROM ENTERING AREAS THAT HAVE BEEN RESERVED/APPROVED FOR USE BY OTHER MEMBERS.
5. INAPPROPRIATE USE OF THE BAYS FOR PERSONAL USE SHOULD BE REFRAINED FROM. CONTACT THE PRESIDENT IF CLARIFICATION IS NEEDED.
6. NO FIRE COMPANY PROPERTY CAN BE REMOVED FROM THE FIREHOUSE WITHOUT PERMISSION.
7. THE SENIOR ASSOCIATION OFFICER OR LINE OFFICER IN CHARGE OF A FUNCTION WILL BE RESPONSIBLE FOR MAKING SURE THE FIREHOUSE / EQUIPMENT IS RESTORED TO THE PROPER ORDER.
8. FIRE COMPANY PROPERTY WILL ONLY BE ISSUED TO MEMBERS UPON THE COMPLETION OF THEIR PROBATION.
9. FIRE COMPANY ATTIRE CANNOT BE PURCHASED OR WORN TILL THE MEMBER COMES OFF PROBATION.
10. PROBATIONARY AND JUNIOR MEMBERS WILL HAVE THEIR OWN HOUSE & GROUNDS ASSIGNMENTS TO COMPLETE OUTSIDE THE ROUTINE WORK CALLS.
11. ONLY THE PRESIDENT OR CHIEF CAN RELEASE INFORMATION OUTSIDE THE FIRE HOUSE PERTAINING TO EMERGENCY CALLS. THIS INCLUDES ANOTHER DEPARTMENT, MEDIA, ETC
12. THE UNIFORM OF THE DAY WILL BE SET BY THE CHIEF/PRESIDENT.
13. NO PERSON UNDER THE AGE OF 21 SHALL CONSUME ALCOHOLIC BEVERAGES IN THE FIREHOUSE.
14. BLUE LIGHTS ARE ONLY TO BE USED AFTER COMPLETION OF PROBATION AND A PERMIT HAS BEEN ISSUED.
15. MEMBERS ARE RESPONSIBLE FOR CHECKING THE BOARDS FOR UPDATED INFORMATION REGARDING UPCOMING EVENTS/REQUIRED ASSIGNMENTS.
16. MEMBERS PHONE NUMBERS ARE NOT TO BE GIVEN OUT TO NON-MEMBERS WITHOUT THEIR APPROVAL.
17. JUNIOR MEMBERS CANNOT BE WITHIN THE FIRE HOUSE AT ANYTIME UNLESS IN THE PRESENCE OF A MEMBER OVER 18 YEARS OF AGE.
18. JUNIOR MEMBERS MUST BE OUT OF THE FIRE HOUSE NO LATER THAN 10PM ON SCHOOL NIGHTS AND 11PM ON WEEKENDS.
19. MEMBERS MUST CLEAN UP AFTER THEMSELVES AND THEIR GUESTS AT ALL TIMES

**FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION
DISCLOSURE**

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information obtained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment; (2) making a decision whether to offer you employment; (3) deciding whether to continue your employment; or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living . . . which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act. •

AUTHORIZATION

By your signature below; you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

(Signature)

(Date)

(Printed Name)

Notification and Release

The information contained in my application for employment with Township of Manalapan Board of Fire Commissioners, Fire District Number 1 (herein AFTER referred to as 'TMBFC') (TMBFC is defined herein to include all of its parent companies, subsidiaries, divisions, affiliates, predecessors and successors.) is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents, which are deemed material by TMBFC, shall result in TMBFC not employing me or if employed, terminating my employment. I understand and agree that all information furnished in my application all attachments may be verified by TMBFC or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give TMBFC all information relative to such verification and hereby release such individuals, organizations, and TMBFC from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by TMBFC that TMBFC may seek to obtain a consumer report and/or investigative consumer report that will include personal information regarding me, including but not limited to, educational history, work references, driving record and criminal convictions or arrest records if allowed, in order to assist TMBFC in making certain employment decisions . I further acknowledge notification by 'TMBFC that reports may be provided to TMBFC by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge TMBFC, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have. against TMBFC, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative consumer report, including any errors or omissions contained or omitted from such reports or investigations.

List all names that you have used during the last seven (7) years (Including married, maiden, and aliases): Please Print

Name (First. Middle. Last): _____, Date of Birth (Mo./Day/Yr.) ____/____/____

Maiden Name (First. Middle. Last): _____, Date of Birth (Mo./Day/Yr.) ____/____/____

Sex: _____ Race: _____ Social Security #: _____

Driver's License #: _____ State: _____

Current and Previous Address(s). (Month/Year)

Street: _____ From: _____

City, County, State, Zip Code: _____ To: _____

Street: _____ From: _____

City, County, State, Zip Code: _____ To: _____

Street: _____ From: _____

City, County, State, Zip Code: _____ To: _____

Street: _____ From: _____

City, County, State, Zip Code: _____ To: _____

Applicant Signature: _____ Date (Mo/Day/Yr): _____