

WORK HISTORY

List employment history, starting with current or most recent:

EMPLOYER	CITY	STATE	FROM	TO	PHONE	TITLE	JOB DUTIES	REASON FOR LEAVING

EDUCATION/SPECIAL TRAINING

<u>NAME</u>	<u>FROM</u>	<u>TO</u>	<u>MAJOR</u>
<u>ELEMENTARY</u>			
<u>HIGH SCHOOL</u>			
<u>COLLEGE/ VOCATIONAL</u>			
<u>OTHER</u>			
<u>OTHER</u>			



PERSONAL BACKGROUND

Have you ever belonged to another fire company, first aid, or rescue squad? Yes _____ No _____

If yes, give names and dates of service:

<u>NAME</u>	<u>FROM</u>	<u>TO</u>

Personal Background (continued)

List any firefighting schools, or training you may have attended: _____

As a member, you will be required to attend school within one (1) year of joining.
Are you able to attend? Yes ____ No ____

List any relatives or close friends who are members of Bellmawr Fire and Rescue #1: _____

Did you ever serve in the United States Military? Yes ____ No ____
If yes, please provide details _____

Do you have any mental and/or physical impairment, which may limit your ability to perform the
duties of a firefighter? Yes ____ No ____ (If yes, explain) _____

Do you have any chronic ailments, handicaps, or infectious disease(s)? _____

Do you have a current, valid Driver's License? Yes ____ No ____
Driver's License Number: _____ State: _____

List all accidents and/or points charged against your Driver's License _____

Has your Driver's License been revoked and/or suspended? (If yes, explain) _____

Have you ever been convicted of any crime? (If yes, explain) _____

In case of emergency, please notify:

NAME	ADDRESS	CITY	PHONE	RELATIONSHIP

Why do you wish to be a volunteer firefighter for the Borough of Bellmawr? _____

AUTHORIZATION TO RELEASE INFORMATION

I certify that the statements and answers in this document are true and accurate to the best of my knowledge and that I have not knowingly provided incorrect information or withheld information that would misrepresent the facts.

I further understand and agree, that any false statements made by me, may be considered sufficient reason for denial of this application, or may result in my dismissal if accepted for membership.

I hereby authorize release of any information regarding military, employment, medical, state, and/or local police records to Bellmawr Fire and Rescue #1, to investigate the information contained herein.

I further agree to submit to a physical examination and to be tested, as part of this examination, for drug, alcohol, and infectious diseases.

I further waive any right to privacy I may have, in connection with the information requested in this application, and release the Borough of Bellmawr, and Bellmawr Fire and Rescue #1, from any claim or liability whatsoever, arising from receipt and use of such information as contemplated herein.

SIGNATURE OF APPLICANT _____

Witness _____ Date _____

- DO NOT WRITE BELOW THIS LINE -

INVESTIGATION COMMITTEE REPORT

ACCEPTED _____ REJECTED _____ DATE ____/____/____

COMMENTS: _____



Bellmawr Fire and Rescue #1

Station 32

29 Lewis Avenue

Bellmawr, NJ 08031

www.bellmawrfire.com

(856) 933-0400 – Main • (856) 931-0073 - Fax

AUTHORIZATION TO RELEASE INFORMATION

DATE ____/____/____

TO _____ RE _____

You are hereby requested and authorized to disclose, make available, and furnish to Bellmawr Fire and Rescue #1, 29 Lewis Avenue Bellmawr, NJ 08031, all information, records, reports, or copies thereof, relating to my military service, and to permit them to inspect and make copies or abstracts of them.

SIGNATURE _____
(APPLICANT)



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DATE ____/____/____

TO _____ RE _____

You are hereby requested and authorized to disclose, make available, and furnish to Bellmawr Fire and Rescue #1, 29 Lewis Avenue Bellmawr, NJ 08031, all information, records, x-rays, reports, or copies thereof, relating to my treatment, examination, consultation, or confinement, and permit them to inspect and make copies or abstracts thereof. You are also authorized to send any psychiatric, drug, and/or alcohol information, if applicable.

DATE OF BIRTH ____/____/____

SSN ____ - ____ - ____

SIGNATURE _____
(APPLICANT)



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DATE ____/____/____

TO _____ RE _____

You are hereby requested and authorized to disclose, make available, and furnish to Bellmawr Fire and Rescue #1, 29 Lewis Avenue Bellmawr, NJ 08031, all information, records, reports, or copies thereof, to my employment, and to permit them to inspect and make copies or abstracts thereof.

SIGNATURE _____
(APPLICANT)



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AUTHORIZATION TO RELEASE INFORMATION

DATE ____/____/____

TO _____ RE _____

You are hereby requested and authorized to disclose, make available, and furnish to Bellmawr Fire and Rescue #1, 29 Lewis Avenue Bellmawr, NJ 08031, all information, records, reports, or copies thereof, to any criminal conviction of the undersigned, and to permit them to inspect and make copies and/or abstracts thereof.

DATE OF BIRTH ____/____/____

SSN: ____ - ____ - ____

RECORD ____

NO RECORD ____

DATE	CONVICTION	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____