

# ANNANDALE HOSE CO #1



TOWNSHIP OF CLINTON

DIVISION OF FIRE

68 Beaver Ave, Annandale, New Jersey 08801

## APPLICATION FOR PROBATIONARY MEMBERSHIP

IMPORTANT: AFTER SIX (6) MONTHS AS PROBATIONARY FIREFIGHTER, AND YOUR SUCCESSFUL COMPLETION OF FIREFIGHTER 1 COURSE AT HUNTERDON COUNTY FIRE SCHOOL, YOUR APPLICATION WILL BE BROUGHT BEFORE THE GENERAL MEMBERSHIP FOR VOTE ON YOUR ACCEPTANCE AS AN ACTIVE FIREFIGHTER.

PLEASE READ CAREFULLY, ALL QUESTIONS MUST BE ANSWERED.

NAME: \_\_\_\_\_ Application Date: \_\_\_\_\_  
(last) (first) (mi.)  
STREET ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_; (\_\_\_\_) \_\_\_\_\_  
(home) (work)  
DATE OF BIRTH mo. \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

### PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME \_\_\_\_\_  
(last) (first) (mi.)  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_: (\_\_\_\_) \_\_\_\_\_  
(home) (work)

DO YOU HAVE A CURRENT VALID DRIVERS LICENSE? \_\_\_\_ yes\* \_\_ no

\* LICENSE NUMBER, TYPE, AND STATE \_\_\_\_\_

report to AHCO if you have a change of status (i.e. suspension)

HAVE YOU EVER BEEN A FIREFIGHTER BEFORE \_\_\_\_ yes\* \_\_\_\_ no

\*IF YES, WHERE \_\_\_\_\_ WHY DID YOU LEAVE? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATION?

\_\_\_\_ yes\* \_\_\_\_ no

\* IF YES, EXPLAIN \_\_\_\_\_

ADDITION INFORMATION \_\_\_\_\_

PHYSICAL AND MEDICAL

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL HANDICAPS, DISABILITIES OR EMOTIONAL PROBLEMS?

\_\_\_\_\_ yes\* \_\_\_\_\_ no IF YES, EXPLAIN \_\_\_\_\_

WILL YOU SUBMIT TO A PHYSICAL EXAMINATION, AS DEEMED NECESSARY BY AHCO AND CLINTON TOWNSHIP TO DETERMINE YOUR CAPABILITY TO PERFORM THE DUTIES OF A FIRE FIGHTER? \_\_\_\_\_ yes \_\_\_\_\_ no\*

IF NO, EXPLAIN \_\_\_\_\_

RESULT OF PHYSICAL\* \_\_\_\_\_ pass \_\_\_\_\_ Fail \_\_\_\_\_ date

\*required before participation in drills or fire activity.

PHYSICIAN: \_\_\_\_\_ DOCTORS COMMENTS: \_\_\_\_\_

**PERSONAL REFERENCES:**

	(NAME)	(ADDRESS)	(TELEPHONE)	(OCCUPATION)
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

**SIGNATURE OF MEMBER SPONSORING APPLICATANT (OPTIONAL)**

\_\_\_\_\_ DATE \_\_\_\_\_

(FULL WRITTEN SIGNATURE)

ALL STATEMENTS OF FACT MADE HEREIN ARE CORRECT TO THE BEST OF MY KNOWLEDGE AT THE DATE OF APPLICATION. IF AM ACCEPTED AS A MEMBER OF AHCO, I AGREE TO CONDUCT MYSELF IN ACCORDANCE WITH THE STANDARD OPERATING PROCEDURES AND BY-LAWS OF THE HOSE COMPANY AND TO CONDUCT MYSELF IN A PROFESSIONAL MANNER WHEN ENGAGED WITH THE PUBLIC INVOLVED IN AHCO EVENTS.

X \_\_\_\_\_ DATE \_\_\_\_\_

(FULL WRITTEN SIGNATURE OF APPLICANT)

I GIVE PERMISSION FOR A COMPLETE BACKGROUND POLICE CHECK INCLUDING, BUT NOT LIMITED TO MY DRIVERS LICENSE RECORD, AND CRIMAL HISTORY CHECK.

X \_\_\_\_\_ DATE \_\_\_\_\_

(FULL WRITTEN SIGNATURE OF APPLICANT)

**FOR FIRE DEPARTMENT USE ONLY**

**MEMBERS COMMITTEE**

INTERVIEW DATE \_\_\_\_\_ ACCEPTED \_\_\_\_\_ DECLINED \_\_\_\_\_

\*IF DECLINED. REASONS ARE REQUIRED

**MUNICIPAL COUNCIL**

ACCEPTED \_\_\_\_\_ DECLINED\* \_\_\_\_\_ SIGNED BY \_\_\_\_\_

\*IF DECLINED, WRITTEN REASON IU'QJIRED.