



68 Beaver Avenue

Annandale, NJ 08801-3065

908- 735-5214

www.ahco1.com



APPLICATION FOR ASSOCIATE MEMBERSHIP (NON-FIREMATIC)

Per our by-laws, this is a yearly appointment and is subject to a yearly renewal with approval by company vote.

PLEASE READ CAREFULLY, ALL QUESTIONS MUST BE ANSWERED.

NAME: _____ Application Date: _____
(Last) (First) (Mi.)

STREET ADDRESS _____ P.O.BOX _____

CITY _____ ZIPCODE _____

PHONE (____) _____ PHONE (____) _____
(Home/Cell) (Work)

EMAIL ADDRESS: _____ DATE OF BIRTH Mo. _____ Day _____ Year _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ OCCUPATION: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME _____
(Last) (First) (Mi.)

RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (____) _____ : (____) _____
(Home/Cell) (Work)

DO YOU HAVE A CURRENT VALID DRIVERS LICENSE? ____ Yes* ____ No

* LICENSE NUMBER, TYPE, AND STATE _____

HAVE YOU EVER BEEN A FIREFIGHTER AND/OR VOLUNTEER BEFORE ____ Yes* ____ No

* IF YES, WHERE ____ . WHY DID YOU LEAVE _____

Report any change of status to the Division Chief (i.e. suspension)

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

____ Yes* ____ No * IF YES, EXPLAIN _____

PHYSICAL AND MEDICAL

HEIGHT _____ WEIGHT _____

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

_____ Yes* _____ No * IF YES, EXPLAIN _____

PERSONAL REFERENCES:

(NAME) (TELEPHONE) (OCCUPATION) (RELATIONSHIP)

(1) _____

(2) _____

(3) _____

EXPLAIN WHAT AND HOW YOUR OFFERING FOR MEMBERSHIP WILL BENEFIT THE ANNANDALE HOSE Co. No.1

SIGNATURE OF MEMBER SPONSORING APPLICATANT (OPTIONAL)

_____. DATE _____
(LINE NUMBER) (FULL WRITTEN SIGNATURE)

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS OF FACT MADE HEREIN AND AT THE DATE OF APPLICATION ARE CORRECT. IF AM ACCEPTED AS AN ASSOCIATE MEMBER OF AHCo.1. I AGREE TO CONDUCT MYSELF IN ACCORDANCE WITH THE STANDARD OPERATING PROCEDURES AND THE BY-LAWS OF THE ANNANDALE HOSE COMPANY. I AGREE WHEN REPRESENTING AHCo.1 OR REPRESENTING MYSELF AS A MEMBER OF AHCo.1 OR THE DIVISION OF FIRE, TO CONDUCT MYSELF IN A PROFESSIONAL AND COURTESY MANNER. FAILURE TO FOLLOW THESE GUIDELINES MAY RESULT IN DISCIPLINARY ACTION AND/OR MY REMOVAL FROM AHCo.1.

X _____ DATE _____
(FULL WRITTEN SIGNATURE OF APPLICANT)

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

X _____ DATE _____
(FULL WRITTEN SIGNATURE OF APPLICANT)

FIRE DEPARTMENT USE ONLY

MEMBERSHIP COMMITTEE USE ONLY

INTERVIEW DATE _____ ACCEPTED _____ DECLINED _____ BY _____
*IF DECLINED. REASONS ARE REQUIRED

***MUST BE INITIALED BY FIRE COMPANY OFFICER UPON COMPLETION**