



68 Beaver Avenue
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908- 735-5214
www.ahco1.com



APPLICATION FOR PROBATIONARY MEMBERSHIP

IMPORTANT: AFTER SIX (6) MONTHS AS A PROBATIONARY FIREFIGHTER AND SUCCESSFUL COMPLETION OF AN ACCREDITED FIREFIGHTER 1 COURSE. YOUR APPLICATION WILL BE BROUGHT BEFORE THE GENERAL MEMBERSHIP FOR A 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 (_____) _____ PHONE (_____) _____
(Home/Cell) (Work)

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

SOCIAL SECURITY NUMBER _____ - _____ - _____

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 _____

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

HAVE YOU EVER BEEN A FIREFIGHTER BEFORE _____ Yes* _____ No

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

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 _____

TO DETERMINE YOUR CAPABILITY TO PERFORM THE DUTIES OF A FIRE FIGHTER AND AS DEEMED NECESSARY BY AHCo.1 AND THE TOWNSHIP OF CLINTON, WILL YOU SUBMIT TO A PHYSICAL EXAMINATION?

_____ Yes _____ No * IF NO, EXPLAIN _____

PERSONAL REFERENCES:

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

(1) _____

(2) _____

(3) _____

SIGNATURE OF MEMBER SPONSORING APPLICANT (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 A 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 UNDERSTAND THAT I WILL BE REPRESENTING OR REPRESENTING MYSELF AS A MEMBER OF AHCo.1 OR THE DIVISION OF FIRE AND AGREE 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 BACKGROUND POLICE CHECK INCLUDING, BUT NOT LIMITED TO MY DRIVERS LICENSE RECORD, AND CRIMINAL HISTORY CHECK.

X _____ DATE _____
(FULL WRITTEN SIGNATURE OF APPLICANT)

FIRE DEPARTMENT USE ONLY

RESULT OF PHYSICAL* _____ Pass _____ Fail _____ Date _____

*Required before participation in drills or fire activity.

PHYSICIAN: _____ DOCTORS COMMENTS: _____

MEMBERSHIP COMMITTEE USE ONLY

INTERVIEW DATE _____ ACCEPTED _____ DECLINED _____ BY _____

*IF DECLINED. REASONS ARE REQUIRED

MUNICIPAL COUNCIL

ACCEPTED _____ DECLINED* _____ SIGNED BY _____

*IF DECLINED, WRITTEN REASON REQUIRED.

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