**MULLICA TOWNSHIP**

**FIRE DEPARTMENT MEMBERSHIP REQUIREMENTS**

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| **WARNING:**A falsification or misrepresentation of any material fact constitutes a Misdemeanor. In addition, such conduct shall be cause for rejection of application and also removal of applicant from the eligible list. |

1. Applicant must be at least 18 years of age and a U.S. citizen or legal resident. (Junior Members are handled internally by each individual Fire Company.)
2. For safety purposes, applicant must be able to speak and understand the English language due to the job requiring efficient communication.
3. Applicant must reside within four (4) miles of the fire district in which they are applying.
4. Medial Examination: Applicants will be required to pass a thorough medical examination from a licensed physician. Any medical or physical condition or defect which would prevent efficient performance of the duties of this position and/or cause the applicant to be a hazard to himself/herself or others as a result of the performance of those duties will be cause for rejection. Specific Physical Qualifications: Normal function of limbs, hands and feet.
5. Authorization of Driver’s Abstracts must be completed. Due to the possibility of operating Mullica Township Fire Department’s apparatus, a driver’s abstract must be obtained which permits future random abstracts.
6. Applicant will be under a one-year probation period after being accepted for membership. (Attendance, participation and performance of duties will be evaluated.)
7. Applicant will be required to attend recommended training (Firefighter I, etc.) and pass within one (1) year of the probation period (if required).
8. The Volunteer Fire Company takes no responsibility for any possible accident or injury to candidates during the course of this examination.
9. Application will be reviewed by the Membership Committee of said Company.
10. Application may be filed by personal delivery to the Fire Company or sending them in the mail to:

Elwood Volunteer Fire Co. Sweetwater Volunteer Fire Co.

Post Office Box 223 4769 Pleasant Mills Road

Elwood, NJ 08217 Sweetwater, NJ 08037

Nesco Volunteer Fire Co. Weekstown Volunteer Fire Co.

3521 Nesco Road 5920 Pleasant Mills Road

Nesco, NJ 08037 Weekstown, NJ 08215

1. Membership Committee will submit Application with all approvals to Applicant (i.e., Fire Department Signed-Off Approval, physical, consent of driver’s abstract,). Applicant will submit Application to Township Clerk. Application placed on Township Committee Agenda for approval at Township Committee Meeting. (Must be received at least seven (7) days prior to meeting date.) Township Clerk will make arrangements for Background Investigation. If applicant meets all requirements, they will be accepted as a probationary member pending receipt of the criminal background check.
2. Full Criminal Background Investigation must be performed. If you have been convicted of a serious crime you are not eligible for membership. Convictions for lesser offenses will not necessarily disqualify you for membership, but will be dealt with at the option of the Membership Committee. Frequently volunteer firefighters work with local and State police on crime scenes and other emergencies, as well as, enter private homes and businesses and interact with citizens of all ages; therefore, trust is needed.

***10/2013***

**TOWNSHIP OF MULLICA FIRE DEPARTMENT**

**MEMBERSHIP APPLICATION**

Elwood Nesco Sweetwater Weekstown

Fire Company Fire Company Fire Company Fire Company

***Please Print Clearly in Ink***

|  |  |  |
| --- | --- | --- |
| Full Name: | Birth Place: | Birth Date: |
| Full Address: | E-mail Address: | Social Security Number: |
| Home Phone: | Work Phone: | Cell Phone: |
| Occupation: | Employed By: | How Long? |
| NJ Drivers License #: | Is License Current? Yes No | Marital Status: |
| Have you ever been a Firefighter?Yes No | Have you ever received training in:First Aid Yes NoCPR Yes NoDefibrillator Yes No | Is your certification current?First Aid Yes NoCPR Yes NoDefibrillator Yes No |
| Are you current a Paid Firefighter? Yes No If yes, name of Municipality:  |
| If previously a firefighter, list departments, dates of membership and reason for leaving. |
| If previously firefighter, list training courses completed. |
| Are you currently a member of the NJ Firemen’s AssociationYes NoIf yes, line No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No, but I wish to be a member of NJ Firemen’s Assoc. | Are you or have you been a member of other related organizations that may be at interest, e.g., rescue/ambulance squadYes NoIf yes, explain.  |
| Have you ever been convicted of a moving motor vehicle violation in this state or any other state?Yes No | If yes, provide details. |
| Do you have any pending motor vehicle charges in this state or any other state?Yes No | If yes, provide details. |
| Have you ever been indicated or convicted of a criminal offense that has not been expunged or sealed in this state or any other state?Yes No | If yes, provide details. |
| Do you have any pending criminal charges in this state or any other state?Yes No | If yes, provide details. |
| Do you have any existing physical/medical or other conditions which may restrict your ability to perform the duties of an active firefighter? (i.e., inhalation/asthma, physical exertion, back problems, etc.)Yes No | If yes, explain. |
| Do you suffer from any psychiatric disorder that would make it difficult to fulfill the duties of an emergency responder? (i.e., fear of close spaces, fear of accidents, fear of heights)Yes No | If yes, explain. |
| Have you ever been treated for alcohol abuse?Yes No | Have you ever been treated for drug abuse?Yes No |
| Level of education completed: | Provide name and state of institution. |

List three (3) references. References may NOT be relatives

|  |  |  |
| --- | --- | --- |
| Name | Address | Phone |
| Name | Address | Phone |
| Name  | Address | Phone |
| Briefly state the reason(s) you wish to be a volunteer firefighter. |

PLEASE READ CAREFULLY

I certify that I have answered all questions truthfully and in good faith. I will submit to a physical exam and other evaluations as required by the State of New Jersey. If accepted into membership, I agree to comply with the company by-laws; the Standard Operating Procedures/Guidelines of the Fire Company and Mullica Township Fire Department; and the ordinances, rules and regulations as established by Mullica Township. I agree to complete all required training and to actively participate in fire company activities (meetings, drills, work calls, fundraising, etc.) to the best of my ability.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Name:**

**FIRE COMPANY USE ONLY**

Physical Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eligible Physically to Become a Member Confirmed: Yes No

Date of Interview by Membership Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire Department Committee Members Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation of Tests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks / Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiting List Number Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Documents Provided to New Member:

\_\_ Company By-Laws \_\_ New Jersey Firemen’s Association Application/Physical Exam

\_\_ Respiratory Protection Questionnaire \_\_ Firefighter I Dates / Information

Photocopies Provided by New Member:

\_\_ Valid New Jersey Driver’s License \_\_ First Aid, CPR Cards, as applicable \_\_ Other Training Certs. as applicable

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**TOWNSHIP USE ONLY**

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Fingerprint Findings Reported To Township Clerk from Police Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved at Regularly Scheduled Township Committee Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Input Member into computer system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Forwarded to Fire Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy to Applicant and Fire Chief:\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kimberly Johnson, Township Clerk

NJ Firemen’s Association Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval of NJ Firemen’s Association Membership at Regularly Scheduled Township Committee Meeting: \_\_\_\_\_\_\_\_\_\_\_

NJ Firemen’s Application Forwarded to State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MULLICA TOWNSHIP FIRE DEPARTMENT**

**A Department of the Following Companies:**

***~ Elwood ~ Nesco ~ Sweetwater ~ Weekstown ~***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Mullica Township to obtain my Driver’s License Abstract. The possibility of me operating Mullica Township Fire Department’s Apparatus makes this relative to me becoming a Mullica Township Volunteer Firefighter. Periodically thru my membership with the Fire Department random abstracts may be obtained.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numbers of years residing at above address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please provide photocopy of license)

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

***Township of Mullica: P.O. Box 317, Elwood, NJ 08217 ~***

***Telephone (609) 561-0064 ~ Fax (609) 561-3031***

[***www.mullicatownship.org***](http://www.mullicatownship.org)

***MULLICA TOWNSHIP FIRE DEPARTMENT***

***PHYSICAL TEST RECORD***

***(Completed only if relief association medical evaluation not performed)***

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fire Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Age: \_\_\_\_\_\_\_ years Height: \_\_\_\_\_\_\_ feet \_\_\_\_\_\_\_ inches Weight: \_\_\_\_\_\_\_\_\_\_\_ lbs.

Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complexion: \_\_\_\_\_\_\_\_\_\_\_\_

Normal Eyesight: \_\_\_\_\_\_\_\_\_\_\_\_ Normal Hearing: \_\_\_\_\_\_\_\_\_\_

Has the applicant ever suffered from an injury? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what and when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant ever had any dizzy or fainting spells? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I hereby certify that as a participating physician in the State of New Jersey, the applicant is physically fit to become a firefighter.

Examined at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_