



**Applegarth Volunteer Engine Company No.1**  
**Fire District #2**  
**130 Applegarth Road**  
**Monroe Township, NJ 0831**

**APPLICATION  
 FOR  
 MEMBERSHIP**

Notice to Applicants: Federal and State Law requires that all applications be considered without regard to race, religion, color, sex, age or National origin. We believe in and fully support the principle of Equal Employment Opportunity and will fulfill our obligation to the fullest.

**PERSONAL DATA**

Volunteer Firefighter  Support Member  Auxiliary Member

Last Name	First	Middle	Social Security Number	
Permanent Address: Street		City	State	Zip Code
E-mail address:			How Long at Above Address	
Home Phone Number		Cell Phone Number	Work Phone Number	
Previous Address: Street		City	State	zip code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Height: Ft./in.	Weight: Lbs.	
Do you have valid N.J. Diver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes	Driver License#	Exp. Date	Class(es)	Endorsement(s)
Have you ever been convicted of crime other than minor traffic violations? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give date and explain.				

**FIREFIGHTER EDUCATION** Include Copy's of Training Certificates

Course title	Location where course taken	Date completed
Firefighter Certificate #		
Pump Operations		
First Responder/EMT		

**VOLUNTEER FIREFIGHTER EXPERIENCE**

List in reverse order beginning with present fire company. (1) Fire Company Name (3) Contact & Phone No. (2) City, State & Zip	Present / Previous Firefighter Experience Data		
	Position Rank Held	Dates From To	Reason For Leaving
1			
2			
3 <input type="checkbox"/>			
1			
2			
3 <input type="checkbox"/>			

\* Check in the box above by each fire company's contact name and phone # that we may contact as a reference REFERENCES (Former Employer's and/or Non Relative's)

Name	Occupation	Address	Telephone

I certify that all statements made by me on this application for membership are true, correct and complete to the best of my knowledge. As a condition of and in consideration for Applegarth vol. F.D.'s consideration of this application, I give permission to investigate my personal history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past departments. I further give permission to conduct this investigation and to discuss the result at this investigation in connection with my application for membership.

The applicant, by submission of this application, grants the Fire Department the right to submit applicant's social security number and diver's license number to the Monroe Twp. Police Dept. for a complete criminal background record check. The information so obtained will be evaluated by the Department as it considers this application. Applicant also agrees to submit fingerprint identification to the Monroe Twp. Police Dept. should the Department deem it necessary.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and Subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 A Notary Public of New Jersey

Membership Committee Received Date \_\_\_\_\_

Review Date \_\_\_\_\_