

# Town of Dover Fire Department Application for Membership

**Fire Department**\_\_ **Rescue Squad**\_\_

## PERSONAL DATA

1. What is your full name? \_\_\_\_\_  

Last name
First name
Middle name
  
2. Give any other name you have used or been known by, an attach a statement, giving Reasons (if none, so state) \_\_\_\_\_
  
3. Where were you born? \_\_\_\_\_  

City
State
  
4. Are you over the minimine age of 18 and under the maxim age of 45 yes ( ) no ( )
  
- Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

## CITIZENSHIP INFORMATION

5. Are you a United States citizen? yes ( ) no ( )

## RESIDENCY INFORMATION

6. Where do you now reside? \_\_\_\_\_  

Number
Street/Avenue
Telephone Number

  

City
County
State
Zip Code

7. In Chronological order, state each and every place in which you have resided for the past 10 years.

From Mo.	Year	To Mo.	Year	Address (St., City, State, Zip Code)

Use additional page, if necessary

8. List all places where you have registered to vote: (if none, so state)

County	State	Year

### EDUCATION

9. List chronologically (earliest dates first) all schools, colleges and training courses you have attended: (Use additional pages, if necessary)

_____		_____	
School		Exact Address	
From _____	To _____	_____	_____
Month	Year	Day or Evening	Last grade or term
_____		_____	
School		Exact Address	
From _____	To _____	_____	_____
Month	Year	Day or Evening	Last grade or term
_____		_____	
School		Exact Address	
From _____	To _____	_____	_____
Month	Year	Day or Evening	Last grade or term

10. What college degree (s) or professional license (s) do you possess? \_\_\_\_\_

11. Other than English what language (s) do you speak? \_\_\_\_\_  
 Understand \_\_\_\_\_

### SELECTIVE SERVICE

12. Selective service number \_\_\_\_\_ Local Board \_\_\_\_\_  
 Address \_\_\_\_\_

### MILITARY SERVICE

13. Have you ever served in an active military organization of the United States? Yes or no \_\_\_\_\_

14. Give branch of service \_\_\_\_\_

Rank held \_\_\_\_\_ Service Serial Number \_\_\_\_\_

15. List medals, decorations or other recognition awarded you as a member of the armed forces:

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16. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government or the National Guard of any state?

Yes or no \_\_\_\_\_ If yes, state which-active or inactive \_\_\_\_\_  
 Branch \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_  
 Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**EMPLOYMENT HISTORY**

17. Present Employer: (including supervisor's name)

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Name/Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone no. ext. \_\_\_\_\_  
 Date hired \_\_\_\_\_ Duties \_\_\_\_\_

18. List below chronologically earliest dates first, each and every place you were previously employed Omit none. Give correct, full address. Give dates of idleness between periods of employment in proper sequence. (Include all part-time employment) Use additional pages, if necessary.

From		To		Name and address of employer and phone number	Immediate Supervisor	Reason for Leaving
Mo.	Yr.	Mo.	Yr.			

19. Were you ever discharged or asked to resign from employment? Yes or no \_\_\_\_\_ How Many times? \_\_\_\_\_ Give details of discharge or forced resignations below:

Employer	Employer's Address	Date	Supervisor's Name	Reason for Discharge

(Use additional pages, if necessary)

20.. Have you ever been rejected by another Fire Department. Yes or no \_\_\_\_\_  
 Have you ever belonged to another Fire Department Yes"qt"po\_aaa\_\_

When	Where	If rejected, why

**ARRESTS, SUMMONSES, ETC.**

21. Have you ever been convicted for any violation of the criminal law?

Yes or no \_\_\_ If yes, insert information below:

Date	Violation	Location	Court Disposition	Your age at Time	Police Agency Concerned

**MOTOR VEHICLE HISTORY**

22. Have you ever been convicted of any violation of the Motor Vehicle Laws in this or any other states? (Exclude overtime parking violations) Yes or no \_\_\_ If yes insert information below:

Date	Offense	Location	Court Disposition & Number of Points Assessed	Your age at Time	Police Agency Concerned

23. Was your Motor Vehicle Registration Certificate, Driver's or other vehicle operator's license Ever revoked? Yes or no \_\_\_; Suspended? Yes or no \_\_\_  
Which license? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_ Why? \_\_\_\_\_

24. If answer to previous question is "YES" was such Registration Certificate or Driver's License Ever restored? Yes or no \_\_\_; When? \_\_\_\_\_ Where? \_\_\_\_\_

25. Have you ever been involved in a motor vehicle accident as a registered owner, operator, Passenger or pedestrian, which resulted in any personal injury or property damage to you or anyone else? Yes or no \_\_\_ If yes state details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. If you possess any of the following, complete the information below:

Item	Number	State	Regular or Conditional	Explain	Date Issued	Expires
Motor Vehicle Registration	License Plate #					
Passenger Vehicle Driver's License						
CDL Driver's License						
Operator's License for other Vehicle						

**OTHER INFORMATION**

27. Have you ever possessed any pistol, firearm permit, firearms ID card or dealer's license in this or any other State? Yes or no \_\_\_\_\_ S.B.I. Number \_\_\_\_\_  
 Permit Number \_\_\_\_\_ Dealer's license number \_\_\_\_\_  
 Issuing Agency \_\_\_\_\_

28. Have you ever previously applied for membership to the Town of Dover Fire Department? If yes, list dates. \_\_\_\_\_

29. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for a position with the Town of Dover, including, but not limited to, knowledge or information concerning your character, temperance, habits, employment, education, subversive activities, family, associations, criminal records, traffic violations, residence or otherwise?  
 Yes or no \_\_\_\_\_ If yes, give details: \_\_\_\_\_

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### REFERENCES

	Reference No. 1	Reference No. 2	Reference No. 3	Reference No. 4
Name				
Address				
City, State, Zip Code				
Telephone No.				
Business Address				
Social Security Number				
Occupation				

STATE OF NEW JERSEY..... ) SS.  
County of.....

I, being duly sworn, depose and say I am the above named person. I signed for the following statement. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect. I further authorize the Town of Dover to conduct a full pre-employment background check, including a check for state or federal criminal history.

\_\_\_\_\_  
Applicant sign here

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_ 2004

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

Application delivered on \_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

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\_\_\_\_\_  
Signature of Applicant made in presence of investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigating Officer

**AFFIDAVIT OF RESIDENCY**

I \_\_\_\_\_ do hereby state and swear under

Oath that I am on this date a bona fide legal resident of the city/town/borough of

\_\_\_\_\_ in the County of \_\_\_\_\_

N.J. Further, my residency on this date can be documented and is not a place of abode which has been adopted for a special or temporary purpose. I understand that falsely stating residency on this affidavit violates NJSA 2C:28-3 and MAY result in a criminal penalty; further, I understand that falsely stating my residency on this Affidavit WILL result in my disqualification from consideration for employment with the Town of Dover. I understand that the Town of Dover will conduct an investigation to verify my current residency status.

My full residential address is:

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

\_\_\_\_\_  
Applicant's signature  
(must be notarized below)

Subscribed and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_  
Notary Public State of New Jersey



# Town Of Dover Fire Department Background Investigation Form

Name  Date

Address  Town  State  Zip Code

D.O.B.  Social Security Number

Drivers License Number  State

I hereby give consent to the Town of Dover Fire Department to conduct a records check with local, county, state police, the Federal bureau of Investigation, and any other law enforcement agency or private investigator that it may deem fit, and addition. I hereby release all personal history to the Town of Dover Fire Department. Such Knowledge shall be used solely by the Town of Dover Fire Department for the purpose of evaluating my application for membership as a Firefighter. I understand that any knowledge arising from this record check shall not be released to any other outside agency.

By copy of this agreement, I give my consent to any Police Department to forward a copy of the results of any records check that may exist against me, or to notify the Town of Dover Fire Department that no records exists.

Signature

I hereby give consent to the Town of Dover Fire Department to conduct a Driver's License records check and , I hereby release all personal information/history to the Town of Dover Fire Department. Such information may be used exclusively by the Town of Dover Fire Department only for the purposes of evaluating my application for the position of Firefighter. I understand that the results of such a record check may adversely affect my ability to become a Firefighter with the Town of Dover Fire Department. I further understand that any knowledge arising from this record check shall not be released to any other outside agencies.

By copy of this agreement, I give my consent to any Police Department and/or Division of Motor Vehicle to forward a copy of any record that may exist against me, or to notify the Town of Dover Fire Department that no records exists.

Signature

OFFICIAL USE ONLY DO NOT WRITE BELOW LINE

Town of Dover Police Department Findings

Department Case Number

As per you request the Town of Dover Police Department has conducted a background investigation on the above named individual. The result are listed below:

Criminal History  Criminal Record  No Record

Drivers License  Valid  Suspended/Non Valid

Officer Name (Print)  Officer Signature