



MOUNT LAUREL FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

The Mount Laurel Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information.

INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature. **Incomplete or illegible applications will not be processed.**
2. Applications must be returned in person to Fire Headquarters between the hours of 8 a.m. and 4 p.m., Monday through Friday and **must be notarized**. Notary and photocopier services are available at Fire Headquarters.
3. Resumes will only be accepted as a supplement to the application. Use additional blank paper if you do not have enough room on this application.
4. Applications without an affidavit page will not be accepted.

P E R S O N A L	Last Name	First	Middle	Today's Date	Date of Birth
	Street Address			Home Telephone ()	
	City, State, Zip			E-Mail Address	
	Do you live within Mount Laurel Township limits? <input type="radio"/> Yes <input type="radio"/> No			Social Security No.	
	Have you previously applied for membership with the Mount Laurel Fire Department? If Yes, Month and Year _____ Department _____			<input type="radio"/> Yes	<input type="radio"/> No
	Do you have any relatives affiliated with the Department now? If yes, give name and department: _____			<input type="radio"/> Yes	<input type="radio"/> No
	If selected, can you furnish proof of eligibility to work in U.S.? <input type="radio"/> Yes <input type="radio"/> No			Are you 21 years of age or older? <input type="radio"/> Yes <input type="radio"/> No	
	If you have lived outside of New Jersey in the past ten years please indicate where and when?				

E D U C A T I O N	School	Name and Location of School	Course of Study	# Years Completed	Did you Graduate?	Degree or Diploma	
	Graduate						
	College						
	Business/Trade/Tech						
High School or GED							

Please give accurate, complete full-time and part-time employment history, including military service. Start with your present or most recent employer FIRST. If self-employed, give firm name and business references. If necessary, attach additional sheets using the same format. Membership may be contingent on acceptable references from current and former employers.

EMPLOYMENT INFORMATION

EMPLOYER #1	Company Name	Telephone ()
	Address	Employed (Month and Year) From: To:
	Name of Supervisor (must be filled in)	Reason for Leaving
	Job Title and Description	

EMPLOYER #2	Company Name	Telephone ()
	Address	Employed (Month and Year) From: To:
	Name of Supervisor (must be filled in)	Reason for Leaving
	Job Title and Description	

MILITARY	BRANCH	Telephone ()
	Address	Employed (Month and Year) From: To:
	Name of Supervisor (must be filled in)	Type of Discharge
	Rank, Job title and Description	

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Please list any specialized training in the fire or life safety field. Submit copies of Certifications

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List proficiency with any heavy machinery, industrial equipment, or specialized training you may have.

List any computer skills you may possess, i.e., hardware, software applications, programming skills, etc.

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Have you been fired from a job or organization or asked to resign in the last 10 years?

Yes No If Yes, please explain:

Have you ever been convicted of any law violation in the last ten years, excluding minor traffic offenses, which have not been annulled, expunged or sealed by the court? Include any pleas of "guilty" or "no contest". (A conviction will not necessarily disqualify an applicant for membership.)

Yes No If Yes, describe in full:

Do you have a valid drivers' license?

Yes No License number: _____ State: _____ Class: _____

Have you ever had your license suspended or revoked?

Yes No If Yes, give details:

**A PHOTOCOPY OF YOUR DRIVERS' LICENSE, HIGH SCHOOL DIPLOMA, BIRTH CERTIFICATE, AND
 MILITARY DISCHARGE PAPERS DD-214 (IF APPLICABLE) AND IF UNDER THE AGE OF 18 A COPY OF YOUR MOST RECENT PHYSICAL
 MUST BE ATTACHED TO THIS APPLICATION**

Give three references not related to you, who have definite knowledge of your business or professional qualifications for the position of volunteer firefighter. Do not repeat names of supervisors listed under employment or organizational membership history.

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Name	Address	Phone

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date.

I understand that the Mount Laurel Fire Department may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations names in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of membership, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying.

I understand I may be required to successfully pass a drug and/or alcohol screening examination. I hereby consent to pre and post employment drug and alcohol screening as a condition of employment. I also understand that I may also be required to successfully pass a drug and /or alcohol screening as a condition of continued employment, if required.

I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature, consent to these statements.

Signature: _____
(Parent/Legal Guardian) If applicant is a minor

Date: _____

Print: _____
(Parent/Legal Guardian) If applicant is a minor

Signature: _____
(Applicant)

Date: _____

Parent or Legal Guardian Contact Information:

Name: _____

Adress: _____

Home Phone: _____
Cell Phone: _____
E-Mail: _____@_____

STATE OF NEW JERSEY, COUNTY OF _____

_____, being duly sworn, doth depose and says that the above statements are true to the best of their knowledge and belief.

Sworn to before me this _____ day of _____ 20_____.

Signature of NOTARY PUBLIC

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MOUNT LAUREL FIRE DEPARTMENT



AUTHORITY TO RELEASE INFORMATION

I hereby authorize the Chief Officers or any other duly authorized official of the Mount Laurel Fire Department bearing a copy of this release, to conduct criminal history background checks on me. I acknowledge that this will include any information held in my personnel and training files from current or previous organizations and employer(s). I hereby authorize the Mount Laurel Police Department to conduct any criminal history background checks or New Jersey Department of Motor Vehicles MVR abstracts requested in writing by the above authorized official(s) of the Mount Laurel Fire Department.

This "Authority to Release Information" is granted by me with the full knowledge and understanding that the information requested is for the private and official use of the Mount Laurel Fire Department and, furthermore, that it may be used to reject my application for membership. I further stipulate that none of the information obtained will be released to any other individual or agency without my expressed written consent.

I hereby release you, as custodian of such records and information, from any liability or damages of whatever kind resulting at any time because of compliance with this authorization. Should you have any questions as to the validity of this release, you may contact me at the address or phone numbers below.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records.

Print your full name

Social Security Number

Print other names you have used

Date of Birth (mmddyy)

Address City State Zip

Drivers' License Number

State Issuing License

Signature

Date

STATE OF NEW JERSEY, COUNTY OF _____

_____, being duly sworn, doth depose and says that the above statements are true to the best of their knowledge and belief.

Sworn to before me this _____ day of _____ 20_____.

Signature of NOTARY PUBLIC