

CITY OF PERTH AMBOY FIRE DEPARTMENT
375 New Brunswick Avenue
Perth Amboy, NJ 08861
(732)826-0519

MEMBERSHIP APPLICATION FOR VOLUNTEER FIREFIGHTER

Name _____ Age _____

Address _____ Telephone _____

List all residences for the five year period prior to moving to this residence:

Date of Birth _____ Height _____ Weight _____ Color of Eyes _____ Color of Hair _____
Month/Day/Year

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated Number of Dependents _____

Social Security Number: _____

Driver's License Number _____

Occupation _____ Work Schedule: ___ Days ___ Nights ___ Shifts

Employer: _____
Firm Name Address Telephone Number

How Long Employed? _____ If less than one (1) year, give name and address of previous employer:

Name		Address	Telephone Number
Elementary School	High School	College	
6 7 8	1 2 3 4	1 2 3 4	

Degrees (if any) _____

Technical Trades: _____

Name and address of high school attended or attending _____

Name of guidance counselor or advisor if still in high school _____

Physical Data: Health Good _____ Average _____ Fair _____

Please list any recent operations or illnesses and impairments if any: _____

Do you have any Heart or Respiratory ailments? ___Yes ___No

Would you submit to a physical examination if required by the department at the expense of the department?
___Yes ___No

Do you use Drugs or Narcotics? ___Yes ___No

Have you ever been arrested (except for traffic violations)? ___Yes ___No

Have you ever been convicted of a crime? ___Yes ___No

Would you object to a Police Record check at any time? ___Yes ___No

Would you object to a check of your Driver's License at any time? ___Yes ___No

Have you been convicted of any motor vehicle violations in the last three years? ___Yes ___No
MOVING VIOLATIONS ONLY

Are you now, or have you previously been a member of a Fire Department? ___Yes ___No

(If yes, show dates, and name and address of Fire Company) _____

List two references, not relatives, whom you have known for at least three years.

Name	Address	Telephone

I hereby make application for membership with the Perth Amboy Fire Department. I agree to abide by all rules and regulations set forth by the Perth Amboy Fire Department. I certify that the information listed is true and correct to the best of my knowledge. I give the Perth Amboy Fire Department the right to check its accuracy. I understand that any false information on this application gives the Perth Amboy Fire Department the right to disqualify me as an applicant, or will result in my immediate dismissal from the Fire Department.

Date

Signature of Applicant

This form must be notarized. _____
Signature of Reference

****FIRE DEPARTMENT USE ONLY****

DATE INTERVIEWED _____

DATE SUBMITTED TO PD: _____ RETURNED: _____ Status: _____

INTERVIEWED DATE _____

APPROVAL: _____
 Chief ___ Accepted ___ Denied

 Deputy Chief ___ Accepted ___ Denied

 Volunteer Assistant Chief ___ Accepted ___ Denied

Comments: _____

CITY OF PERTH AMBOY FIRE DEPARTMENT
376 High St.
Perth Amboy, NJ 08861
(732)826-8256

RELEASE AUTHORIZATION

I, _____, am making application for membership to the Perth Amboy Fire Department and understand an investigation will be conducted to determine my eligibility.

I, therefore authorize any governmental entity or part thereof, to furnish upon request to the Perth Amboy Police Department or authorized representatives any and all information, documentary or otherwise, without exception, pertaining to me.

I do hereby release the above governmental entity or part thereof, and employees and representatives of the aforesaid without exception from any liability whatsoever incurred from furnishing such information.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Signature: _____

This form must be notarized.

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376 High St.
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RESPIRATORY PROTECTION CLEARANCE

As part of the application process for membership into the Perth Amboy Fire Department, medical clearance must be provided by a licensed physician. This medical clearance must state that the applicant is medically cleared to use respiratory protection, specifically Self Contained Breathing Apparatus (SCBA), as defined in 29 CFR 1910.134, Respiratory Protection Standard.

Applicant Name: _____

Examining Physician: _____

Address: _____

Phone: _____

I have examined the applicant listed above as part of his application to the Perth Amboy Fire Department and certify that he is medically fit to use respiratory protection as defined in 29 CFR 1910.134

Physician Signature

Date