

# FIRE DISTRICT NO.2, TOWNSHIP OF OCEAN

2001 SUNSET AVENUE  
OCEAN, NJ 07712

## APPLICATION FOR VOLUNTEER MEMBERSHIP

In

*Wanamassa Fire Company No.1*  
*Wanamassa Fire Police Unit*

PLEASE PRINT ALL INFORMATION REQUESTED CLEARLY

### GENERAL INFORMATION SECTION

**Emergency Organization to which you are applying to:**

Wanamassa Fire Co.

Wanamassa Fire Co. Fire Police Unit

- a. All information requested is to be given.
- b. If a question or information does not apply to you, write "N/A in the blank.
- c. If more room is needed, use the reverse side or attach additional sheets.
- d. The District has the right to have the applicant submit to physical and psychological examinations.
- e. The District has the right to require any additional information if needed.
- f. The District has the right to make inquiries to verify the information given, and to investigate the applicant.

### **PLEASE TAKE NOTE OF THE FOLLOWING**

*The following requirements will be explained at your interview*

**Fingerprints are required for ALL applicants, prior to final acceptance in the organization. The applicant must call the Detective Bureau, Township of Ocean Police Department, Deal and Monmouth Road, Oakhurst, NJ., at 732-531-1428 in order to make an appointment. Walk-ins will not be accepted by the Police Department.**

**You will also be required to have a physical examination prior to final acceptance in the organization.**

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# FIRE DISTRICT NO.2, TOWNSHIP OF OCEAN

## MEDICAL SECTION

### CONFIDENTIAL DISTRICT USE ONLY

1. Do you have, or have you ever been treated for any physical or psychological injury, or disability

that could affect you while performing in a emergency situation?

YES  NO

If yes, describe in detail

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2. Do you have any physical conditions which may limit your ability to perform the specific duties required by the organization to which you are applying?

YES  NO If yes, describe said condition and explain how you will be able to overcome it's limitations.

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# FIRE DISTRICT NO.2, TOWNSHIP OF OCEAN

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## MEDICAL SECTION

### CONFIDENTIAL DISTRICT USE ONLY

3. Have you had any major illnesses or disabilities in the past?

YES  NO      If yes, describe in detail what and when

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4. Do you have any, or have you ever been treated for any, substance abuse problems?  
(including alcohol).

YES  NO      If yes, describe in detail

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# FIRE DISTRICT NO.2, TOWNSHIP OF OCEAN

## MOTOR VEHICLE

1. State all violations of motor vehicle laws of which you have been convicted or pleaded guilty to, stating for each the nature of the offense, date of plea or conviction, and disposition, to the best of your ability.

VIOLATION                      DATE                      DISPOSITION                      LOCATION

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2. Are there any charges pending against you involving motor vehicle laws?

YES  NO.      If yes, complete the nature of the charges, in what court are they pending and any court dates on which the same will be heard.

VIOLATION                      COURT                      DATE                      LOCATION

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# FIRE DISTRICT NO.2, TOWNSHIP OF OCEAN

## EMPLOYMENT SECTION

1. List all employment for the past five (5) years, current being the first.

Employer Name and address:	Date of employment	Description of work
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

## REFERENCE SECTION

Please list the names, addresses and phone numbers of at least three (3) references who are not relatives and are not affiliated with the organization your are applying for and have known you for at least three (3) years; also, notify said persons that the organization may be contacting them.

NAME	ADDRESS	PHONE
1. _____		
2. _____		
3. _____		

## ADDITIONAL COMMENTS

Set forth any additional matters you wish to be considered.

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# FIRE DISTRICT NO.2, TOWNSHIP OF OCEAN

## WANAMASSA FIRE CO. SECTION

1. Do you currently hold Firefighter I certificate? If so NJ state ID # \_\_\_\_\_  
[ ] YES : [ ] NO

Attach certificates

2. Set forth in detail your Firefighting experience, including dates

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3. If you have been a member of an emergency service organization, have you ever had any charges or discipline while at such organization? If yes explain in detail:

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# FIRE DISTRICT NO.2, TOWNSHIP OF OCEAN

## WANAMASSA FIRE POLICE SECTION

1. Were you previously a member of a Fire Police Unit.

YES  NO

If YES, When \_\_\_\_\_ Where \_\_\_\_\_

2. Set forth in detail any experience you have, including dates

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3. Years of Emergency Response type experience you have, if any

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4. If you have been a member of an emergency service organization, have you ever had any charges or discipline while at such organization? If yes explain in detail:

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# FIRE DISTRICT NO.2, TOWNSHIP OF OCEAN

## AGREEMENT

### AUTHORIZATION TO RELEASE INFORMATION

Part 1 of 2

This application hereby authorizes Fire District No.2, Township of Ocean, County of Monmouth and State of New Jersey and/or The Membership Committee of the Wanamassa Fire Co., to contact applicant's past employers, all persons mentioned in this application, and all other persons with respect to obtaining and / or verifying information in connection with this application.

Applicant agrees to sign any information authorization which may be required.

The facts set forth in my application for entrance into the respective organization are true and complete. I understand that in acceptance, any false statements on this application may result in my dismissal. I further understand that this application is not a contract for acceptance, nor does this applicant obligate the Fire District No.2, Township of Ocean, County of Monmouth and State of New Jersey in any way.

You, Fire District No.2, Township of Ocean, County of Monmouth and State of New Jersey and / or Membership Committee of the Wanamassa Fire Co., are hereby authorized to make any investigation of my personal history by my signing on the attached “**Authorization To Release Information**” form that is attached.

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Signature of Applicant

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Print Name

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Date

# **FIRE DISTRICT NO.2, TOWNSHIP OF OCEAN**

## **AUTHORIZATION TO RELEASE INFORMATION**

**Part 2 of 2**

### **TO WHOM IT MAY CONCERN:**

I hereby request and authorize you to furnish Fire District No.2, Township of Ocean, County of Monmouth and the State of New Jersey with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for membership in the respective emergency organization.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an emergency response person.

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Signature

A Photo copy of this authority will be considered as effective and valid as the original.  
**NOTE:** This form may be retained in your files.  
revised 8/6/2014

# FIRE DISTRICT NO.2, TOWNSHIP OF OCEAN

## MEMBERSHIP COMMITTEE USE ONLY

Date read before the body: \_\_\_\_\_

Is the application in proper order? [ ] YES [ ] NO

DATE OF INTERVIEW \_\_\_\_\_

### COMITTEE RECOMENDATION

[ ] APPROVED [ ] REJECTED

### COMMENTS;

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Committee Members \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

Dated approved by Fire District \_\_\_\_\_