

Application for Membership

TOWNSHIP OF ROXBURY  
FIRE DEPARTMENT

( ) FIREFIGHTER      ( ) FIRST AIDER      ( ) JUNIOR FIREFIGHTER      ( ) JUNIOR FIRST AID

TO: ROXBURY CHEMICAL ENGINE COMPANY No. 1  
OF ROXBURY TOWNSHIP, MORRIS COUNTY, NEW JERSEY

WE CONSIDER APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, DISABILITY OR HANDICAP WHICH CAN BE REASONABLY ACCOMMODATED WITHOUT DUE HARDSHIP OR ANY OTHER CLASSIFICATIONS PROTECTED BY FEDERAL, STATE OR LOCAL LAW OR REGULATION.

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
*Last                                  First                                  Middle*

Address: \_\_\_\_\_  
*Street                                  City                                  State                                  Zip Code*

Telephone Number: \_\_\_\_\_  
*Home                                  Cellular                                  E-mail Address*

Are you at least 16 years of age or older?     YES                     NO

Days and hours available to respond to calls: \_\_\_\_\_

Have you been convicted of a crime, including misdemeanors and summary offenses, in the last seven (7) years, which has been sealed or otherwise cleared from your record? (Conviction will not necessarily disqualify an applicant from membership)     YES                     NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's license number: \_\_\_\_\_ State issued \_\_\_\_\_

**Educational Background**

	<i>Name and Address of School</i>	<i>Course of Study Major or Degree</i>	<i>Years Completed?</i>	<i>Diploma Received?</i>
<i>High School</i>				
<i>College</i>				
<i>Other (Specify)</i>				

Have you been a member of any other fire or first aid organization?     YES     NO  
If so, where and when \_\_\_\_\_  
\_\_\_\_\_

**Employment History**

List your last (4) employers, assignments or volunteer activities, starting with the most recent, including military experience:

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**References (Not related to applicant)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from membership and loss of all its privileges. If my membership shall be revoked or terminated, I agree to return all fire department and company property to the officers of the department. I understand that if I fail to return said property to the department, I may be liable criminally and civilly for such property and will be required to pay for the department's attorney fees and costs in enforcing this requirement.

I give the Township of Roxbury the right to investigate all references and to secure additional information about me, if related to membership. I hereby release from liability the Township of Roxbury and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that I will be required to act in compliance with all the Township of Roxbury ordinance, constitution and bylaws. I agree to attend fire school or an approved first aid course and receive a passing grade within one year. Failure to meet this requirement will result in revocation of membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DOCTOR'S CERTIFICATE

I, the undersigned, a regularly licensed physician, under the laws of this State, do hereby certify that I have made a careful and thorough physical examination of \_\_\_\_\_, who is an applicant for membership of the Roxbury Chemical Engine Co. No. 2 and find that he/she is physically qualified to become a member of said company.

Date: \_\_\_\_\_ M.D.

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

REPORT OF COMMITTEE

The committee, to whom this application was referred, has examined the application and *conducted an interview* of the applicant for membership in this Fire Company or First Aid Squad.

Date: \_\_\_\_\_ Chairman

Application of: \_\_\_\_\_

Proposed by: \_\_\_\_\_

Accepted: \_\_\_\_\_

Rejected: \_\_\_\_\_

\_\_\_\_\_ Secretary

MUNICIPAL APPROVAL

We hereby certify that this applicant was approved for active membership in the department and has been approved by the governing body of the Township of Roxbury on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Municipal Clerk

\_\_\_\_\_  
Signature of Assistant Chief

TOWNSHIP OF ROXBURY  
1715 ROUTE 46 WEST  
LEDGEWOOD, NEW JERSEY 07852  
973-448-2100

RELEASE AUTHORIZATION

ROXBURY TOWNSHIP  
RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception:

I, \_\_\_\_\_ am making application for appointment to Roxbury Township. As a result, an investigation will be conducted to determine my eligibility.

You are hereby authorized to make an investigation of my personal and employment history.

In making this application for employment, I also understand that an investigation may be made whereby information is obtained through personal interviews with my neighbors, friends or others who I am aquatinted with.

This information includes information as to my character, general reputation, personal characteristics and mode of living.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on the application shall be considered sufficient cause for dismissal.

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

Signature of Applicant for  
ROXBURY TOWNSHIP

\_\_\_\_\_

Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_