



## MEMBERSHIP APPLICATION

Thank you for your interest in helping to serve and protect the residents of Moorestown Township Fire District No. 1. These instructions are provided as a guide to assist you in properly completing your Application for Membership to the Moorestown Fire Department. It is essential that the information be accurate in all respects. It will be used to determine your eligibility for Membership.

### INSTRUCTIONS:

***PLEASE READ INSTRUCTIONS CAREFULLY AND REVIEW ENTIRE APPLICATION PRIOR TO FILLING IT OUT.***

- Help is available for any questions you have about the application. Send an email with your question to [rbickmore@moorestownfire.org](mailto:rbickmore@moorestownfire.org).
- Avoid errors by reading each question carefully before making any entries on this form.
- All entries, except the signature, must be printed legibly .
- All entries must be made in black ink.
- Answer every question – leave no blank spaces – if a question does not apply to you, state so by entering N/A.
- Be sure your information is correct.
- Answer all questions to the best of your ability.
- You are responsible for obtaining correct contact information and addresses. If you are unsure of any information, check it by personal verification.
- An accurate and complete form will help expedite your investigation. Deliberate omissions, falsifications, incorrect or misleading information will result in rejection of application or expulsion after admission.
- If space available for answering any question is insufficient, use the continuation pages included and precede each answer with the number of the question being answered.

Office Use Only	
Date Received: _____	Received By: _____

<b>TYPE OF MEMBERSHIP</b> <small>CHECK ONE</small>	<input type="checkbox"/> Probationary	<input type="checkbox"/> Junior	<input type="checkbox"/> Fire Police
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**PERSONAL INFORMATION**

Please fill out full given name

LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS			MAILING ADDRESS		
CITY		COUNTY		STATE	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE	BIRTHPLACE	ARE YOU A UNITED STATES CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female					

**CONTACT INFORMATION**

HOME PHONE	CELL PHONE	WORK PHONE
EMAIL ADDRESS		

1. In chronological order, provide addresses where you have lived during the past ten years beginning with your most recent address. Do not include your current address.

From Month / Year	To Month / Year	Address (Street, Apt., City, State and Zip Code)

**SOCIAL STATUS**

2. List names of four friends and/or associates other than members of the Moorestown Fire Department

NAME		MAILING ADDRESS			
CITY	STATE	ZIP CODE	EMAIL	PHONE NUMBER	

NAME		MAILING ADDRESS		
CITY	STATE	ZIP CODE	EMAIL	PHONE NUMBER

NAME		MAILING ADDRESS		
CITY	STATE	ZIP CODE	EMAIL	PHONE NUMBER

3. List names of members of the Moorestown Fire Department, who you are socially or personally acquainted with:

NAME	ADDRESS (IF KNOWN)	SOCIAL/PERSONAL

## EDUCATION

4. List all schools and colleges you have attended:

COLLEGE			ADDRESS	
FROM MONTH / YEAR	TO MONTH / YEAR	LAST GRADE OR TERM	DID YOU GRADUATE?	WHAT DEGREE DID YOU EARN?

HIGH SCHOOL			ADDRESS	
FROM MONTH / YEAR	TO MONTH / YEAR	LAST GRADE OR TERM	DID YOU GRADUATE?	WHAT DEGREE DID YOU EARN?

ADDITIONAL EDUCATION			ADDRESS	
FROM MONTH / YEAR	TO MONTH / YEAR	LAST GRADE OR TERM	DID YOU GRADUATE?	WHAT DEGREE DID YOU EARN?

ADDITIONAL EDUCATION			ADDRESS	
FROM MONTH / YEAR	TO MONTH / YEAR	LAST GRADE OR TERM	DID YOU GRADUATE?	WHAT DEGREE DID YOU EARN?

5. Emergency Services Education

Have you previously attended any fire service or EMT courses? Yes \_\_\_ No \_\_\_

Do you hold any fire or EMT certifications? Yes \_\_\_ No \_\_\_

If yes, please provide copies of all certificates during orientation class

### MILITARY SERVICE

6. Have you ever served in the Armed Services of the United States?  
Yes or No \_\_\_\_\_

Branch of Service

\_\_\_\_\_ Rank \_\_\_\_\_

Dates of Service

\_\_\_\_\_ to \_\_\_\_\_

Rank Held

\_\_\_\_\_

Please provide a copy of DD 214 Discharge Papers

### EMPLOYMENT

Present Employer(s):

NAME/COMPANY	NUMBER & STREET	CITY/TOWN	STATE/ZIP	PHONE NUMBER

Previous Employer(s):

NAME/COMPANY	NUMBER & STREET	CITY/TOWN	STATE/ZIP	PHONE NUMBER

10. Do you possess a license or permit (excluding driver's license or permit) issued by any governmental agency?

Yes or No \_\_\_\_\_. If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has any such license or permit ever been revoked, cancelled or suspended? Yes or No  
\_\_\_\_\_. If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever applied for membership with any other fire company or emergency organization? Yes or No \_\_\_\_\_.

WHERE	WHEN	PRESENT STATUS

13. Have you ever been rejected, asked to resign or removed from any other fire company or emergency squad?

WHERE	WHEN	WHY

14. If you are a current or former member of any other fire company or emergency squad, provide the following contact information.

DEPARTMENT	COMMANDING OFFICER	ADDRESS OF ORGANIZATION	PHONE #

### ARREST, SUMMONSES, ETC.

15. Have you ever been arrested for a violation of the disorderly persons act or City / Township ordinance. Yes or No \_\_\_\_\_. If yes, insert information below.

DATE	VIOLATION	LOCATION	COURT DISPOSITION	AGE AT THE TIME	POLICE AGENCY

16. 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	AGE AT THE TIME	POLICE AGENCY

### MOTOR VEHICLE HISTORY

18. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (Exclude non-moving violations) Yes or No \_\_\_\_\_. If yes, insert information below.

DATE	OFFENSE	LOCATION	COURT DISPOSITION	YOUR AGE AT THE TIME	POLICE AGENCY CONCERNED

19. Was your Motor Vehicle Registration, Driver's License or other vehicle license ever revoked? Yes or No \_\_\_\_\_ Suspended? Yes or No \_\_\_\_\_  
 Which License \_\_\_\_\_ When? \_\_\_\_\_  
 Where? \_\_\_\_\_ Why? \_\_\_\_\_

20. If answer to previous question is "Yes", was such Registration Certificate or Driver's License ever restored?  
 Yes or No \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

21. Have you ever been involved in a motor vehicle crash either as a registered owner or operator which resulted in any personal injury or property damage?  
 Yes or No \_\_\_\_ If yes, state details  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

ITEM	NUMBER	STATE		DATE ISSUED	DATE EXPIRES
MOTOR VEHICLE REGISTRATION	PLATE NUMBER		YEAR/MAKE/MODEL/COLOR		
SECOND MOTOR VEHICLE REGISTRATION	PLATE NUMBER		YEAR/MAKE/MODEL/COLOR		
MOTOR VEHICLE DRIVER'S LICENSE	NUMBER	STATE	RESTRICTIONS		
OPERATOR'S LICENSE ANY OTHER VEHICLE	NUMBER	STATE	TYPE		

### OTHER INFORMATION

23. Why do you want to join the Moorestown Fire Department?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## All Applicants

Return this application either via mail or in person to the Moorestown Fire District No.1 office at the following address:

Moorestown Fire District No. 1  
261 W. Main Street  
Moorestown, NJ 08057  
856-234-4193

Office hours are Monday thru Friday from 8:30 AM until 4:30 PM. A mail slot is available at the front door if you can not make it during office hours. Your application will be dated upon receipt. Once it has been received, the Department will endeavor to complete the process within 30 days. Your application will be presented to the Department Membership Committee and an interview will be scheduled. **The Membership Committee will be in contact with you via e-mail and you should check it on a regular basis.** A Criminal History Record Information form must be signed at the conclusion of the interview. You will be notified of the Committee's decision by email. Upon successful completion of a Post-Offer medical evaluation (including drug screening), you will be contacted by the Training Officer to schedule the Physical Agility Test and Recruit Orientation training sessions.

All members shall serve a probationary period of one year. Successful completion of the medical exam, Firefighter I training, and a satisfactory criminal history report are requirements for consideration of Active membership. **The Chief of the Department will determine your station assignment. Station assignments may change as needs dictate.**

**Junior Auxiliary Applicants:** You are required to submit a completed application along with a signed Parental Permission and Release form and have at least one parent present during the interview. A Physical form, supplied by the Fire District, must be completed by your personal physician prior to acceptance into the Department.

**Fire Police Applicants:** Requirements for Fire Police are the same as those for Active Members with the exception that the agility test is not required.



**DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION**

In connection with my suitability for employment with Moorestown Fire Department ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

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

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**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY**

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

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box                      City                      State                      Zip Code                      County                      Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box                      City                      State                      Zip Code                      County                      Dates

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

**For CA, MN & OK Residents Only: Please provide me with a copy of my background report      YES:  NO**

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

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**READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING**

I authorize investigation of all statements contained in this application as may be necessary to arrive at a decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application may be cause for rejection of this application or termination of volunteer status without notice or benefits. I hereby release the Moorestown Fire Department, Fire District No. 1 and any agent acting on its behalf from any and all liability of any nature by reason of requesting such information from any person, agency or organization.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date