



**East Windsor Volunteer Fire Company, No.1, Inc.,  
Township of East Windsor  
Mercer County, New Jersey**

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## **Membership Application**

**Because the Fire Company serves the public,  
sometimes in their homes or their places of business,  
we seek members who are honest and trustworthy.  
Please approach the following personal questions  
with an appreciation for the Fire Company's goals.**

**Desired Membership Classification (check one)**

- Probationary Firefighter
- Fire Police
- Firefighter Aide

**READ CAREFULLY PRIOR TO FILLING OUT APPLICATION**

**INSTRUCTIONS**

Read every question carefully. Answer every question. Leave no blank spaces. If a question does not apply to you, use "Not Applicable" or "N/A". An applicant who has intentionally made a false statement of a material fact; and/or practiced, or attempted to practice any deception of fraud in this application will be rejected

The applicant shall personally prepare this form. All entries, except the signatures, must be ***legibly*** printed by hand and completed in black or blue ink.

If the space provided for answering any question is insufficient, attach a separate sheet of paper and include the question number above the answer or continuation.

**PERSONAL DATA**

1. Full Name: \_\_\_\_\_  
(Last) (First) (Middle)
2. Give any other names you have used or have been known by:  
A. \_\_\_\_\_ B. \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Age at time of application: \_\_\_\_\_  
(Month) (Day) (Year)
- Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_  
(City) (State)
5. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## RESIDENCE

9. Where do you currently reside? \_\_\_\_\_  
(Number) (Street) (City)

\_\_\_\_\_  
(County) (State) (Zip Code)

10. How long have you resided at the above address? \_\_\_\_\_

11. In chronological order, state each and every place in which you have lived during the past ten (10) years, beginning with your present address:

From		To		Address (Street, City, State, Zip Code)
Month	Year	Month	Year	

## REFERENCES

12. Give three references (Not relatives) who have known you well during the **past five years**, excluding Firefighters with the East Windsor Volunteer Fire Company #1.

A. Full name: \_\_\_\_\_ Numbers of Years Acquainted \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

B. Full name: \_\_\_\_\_ Numbers of Years Acquainted \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

C. Full name: \_\_\_\_\_ Numbers of Years Acquainted \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

13. List the names of firefighters within New Jersey with whom you are personally acquainted:

A. Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

B. Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**EDUCATION**

14. List chronologically (earliest dates first) all schools, colleges, and training courses you have attended:

School	Exact Address	Dates From-To	# of Years Attended	Type of Degree/Cert	Graduated? Yes or No

**MILITARY SERVICE**

(Attach Military Service Record Form DD214)

15. Have you ever served in an active military organization of the United States?  Yes  No

16. Give Branch of Service: \_\_\_\_\_

17. How many discharges or separations from the service were given to you? \_\_\_\_\_

18. What is/are the type(s) of your discharge(s) or separation(s)? (Honorable, Dishonorable, General, Medical, Other, etc.) Be specific and include date(s): \_\_\_\_\_

\_\_\_\_\_

Reason for other than Honorable: \_\_\_\_\_

\_\_\_\_\_

19. Has your discharge or separation notice ever been corrected or changed?  Yes  No

20. What was the nature of the change? Changed from \_\_\_\_\_ to \_\_\_\_\_
21. Were you ever court martialed, tried on charges or were you the subject of a summary court, deck court, Captain's mast, company punishment, office hours, or any other disciplinary action?

Yes     No    Number of occurrences: \_\_\_\_\_

If you answered yes to the above question, give details of charges, agency concerned, dates, dispositions, location, and name of military base:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYMENT

22. Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Phone)

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

Describe Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. List below chronologically, earliest dates first, each and every place you were previously employed over the last ten (10) years, omit none. Give correct and full addresses. Include all part-time employment.

From Mo./Yr.	To Mo./Yr.	Name and Address of Employer	Position Held	Immediate Supervisor	Reason for Leaving

24. Were you ever discharged or asked to resign from employment?  Yes  No

If yes, give an explanation and details of the discharge or forced resignation below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. Were you ever subjected to disciplinary action in connection with any employment?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

26. Have you ever applied to this or any other fire department in New Jersey or any other State?

Yes  No

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Present status of application: \_\_\_\_\_

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Present status of application: \_\_\_\_\_

27. Past Experience?  Yes  No

Organization: \_\_\_\_\_

Length of service: \_\_\_\_\_

Chief while a member: \_\_\_\_\_

Organization: \_\_\_\_\_

Length of service: \_\_\_\_\_

Chief while a member: \_\_\_\_\_

**CERTIFICATIONS**

<b>CERTIFICATIONS</b>	<b>ISSUED</b>	<b>EXPIRES</b>	<b>ISSUED BY:</b>
CPR			
FIRST-AID			
EMT			
FIREFIGHTER I			

28. Have you ever been terminated, asked to resign, or rejected by another fire department for membership or employment in this state or any other state?    Yes    No

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

**SUBSTANCE ABUSE**

29. Have you ever used any controlled dangerous substances, such as, but not limited to: marijuana, ecstasy, barbiturates, cocaine, hashish, PCP, LSD, steroids, aerosols?    Yes    No

If yes, give extent of use and a specific explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARRESTS, SUMMONSES, ETC.**

30. Have you ever been arrested for, or charged with, a violation of the disorderly persons act or any municipal ordinance in this state or any other state?       Yes     No

If yes, complete the following:

Name of charge, Arrest or Conviction	Date	Name & Address of Police Agency & Court	Disposition

31. Have you ever been arrested, indicted, or convicted for any violation of the criminal law in this state or in any other state?       Yes     No

If yes, complete the following:

Name of charge, Arrest Or Conviction	Date	Name & Address of Police Agency & Court	Disposition



## MOTOR VEHICLE HISTORY

32. Have you received a summons or a violation of the Motor Vehicle Laws in a state other than New Jersey? (Exclude overtime parking violations)  Yes  No

If yes, complete the following:

Date	Offense	Location	Court Disposition	Your Age (at time)	Police Agency

33. Was your Motor Vehicle Registration certificate, Driver's License or other vehicle operator's license ever revoked or suspended in a state other than New Jersey?  Yes  No

If yes, please specify (Revoked/Suspended) \_\_\_\_\_

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

Location: \_\_\_\_\_ Reason: \_\_\_\_\_

34. If the answer to either of the two above questions was yes, was such Registration Certificate or Driver's License ever restored?  Yes  No

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

35. Have you ever been involved in a motor vehicle accident, whether as a registered owner or operator, which resulted in any personal injury or property damage to you or anyone else?

Yes  No

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



STATE OF NEW JERSEY .....  
COUNTY OF .....

I, \_\_\_\_\_ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

“Under Penalty of Law”, a person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a statement previously made, when he does not believe the statement to be true, is guilty of a crime of the fourth degree in violation of 2C:28-2.

\_\_\_\_\_  
(Applicant sign here)

State of:

County of:

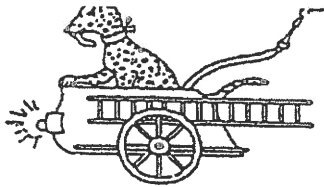
Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_

My Commission expires: \_\_\_\_\_ Notary Public \_\_\_\_\_  
(Printed Name)

Notary Public \_\_\_\_\_  
(Signature)

Seal:



FOUNDED JULY 1969

51 One Mile Road Ext.  
East Windsor, NJ 08520

Tel: (609) 448-5487  
Fax: (609) 448-8240

## RELEASE AUTHORIZATION FORM

To East Windsor Township Police Department and all other Institutions and Agencies without exception.

I, \_\_\_\_\_ am making application for membership to the East Windsor Vol. Fire Co. #1. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the East Windsor Vol. Fire Co. #1 or its representative any and all information, documentary or otherwise pertaining to me, that they may request.

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

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

Sworn and Subscribe to  
Before me at \_\_\_\_\_

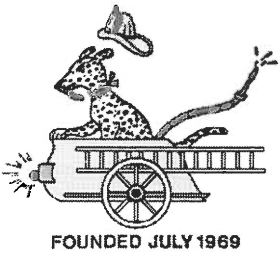
This Date \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

List all local addresses for the past seven years



***East Windsor Volunteer Fire Co. 1, Inc.***

*51 One Mile Road Ext.  
East Windsor, NJ 08520  
Tel: (609) 448-5487  
Fax: (609) 448-8240*

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Date of request: \_\_\_\_\_

New Jersey Division of Motor Vehicles  
Abstract Section  
Post Office Box 142  
Trenton, New Jersey 08666-0142

As per NJ State Police Records and Identification Newsletter dated April 17, 2001, (01-03), we are officially requesting a driver's abstract on the following municipal employee. This request is a condition of employment or continued employment and should be returned to this office only.

Employee's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: NJ Zip Code \_\_\_\_\_

NJ Driver's License Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F Eye color/code \_\_\_\_\_

Please mail response to:  
Josh Matorin, Fire Chief  
East Windsor Fire Co. No. 1  
51 One Mile Road  
East Windsor, New Jersey 08520

Sincerely,

Josh Matorin  
Fire Chief  
(609) 448-5487