

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

Junior 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 of the Fire Company's goals.

Desired Membership Classification

□ Junior Firefighter

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 will be rejected 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

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

All applications must be accompanied by copies (not originals) of Birth Certificate.

PERSONAL DATA

| . Wh | nat is your full name? | · · · · · · · · · · · · · · · · · · · | | |
|--------|---------------------------------------|--|----------------------------|---------------------------|
| | | (Las | t) (First) | (Middle) |
| . Giv | ve any other names you have | used or have be | een known by and attach a | statement giving reasons. |
| Α. | · · · · · · · · · · · · · · · · · · · | and the second s | В | |
| . Dat | ce of Birth: (Month) (Day) | (Year) | Age at time of application | on: |
| Sex | :: Height: | Weight: | Eye Color: | Hair Color: |
| . Wh | ere were you born? | (Hospital) | (City) | (State) |
| . Soc | eial Security Number: | | Issued in which Sta | te? |
| | | RES | SIDENCE | |
| . Wh | ere do you currently reside? | (Number) | (Street) | (City) |
| | | (County) | (State) | (Zip Code) |
| '. Hov | w long have you resided at th | e above addres | s? | |

EDUCATION

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

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

EMPLOYMENT

| ddress: (Street) | (City) | (State) | (Zip) | (Phone) |
|--|--------|---------|-------|---------|
| ate Hired: | | | | |
| escribe Job Duties: | | | | |
| and the party of t | | | | |

10. List below chronologically, earliest dates first, each and every place you were previously employed over the last five (5) years. OMIT NONE. Give correct, full addresses. Give dates of idleness between periods of employment, in proper sequence. Include all part-time employment.

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

REFERENCES

| A. Complete Name: | | ······································ | Numbers of Years Acquainted | | |
|--|--|--|-----------------------------|--|--|
| | | Phone # | | | |
| Occupation: | | | | | |
| . Complete Name: | | | Numbers of Years Acquainted | | |
| Address: | ······································ | | Phone # | | |
| Occupation: | | | | | |
| | | | epartment: | | |
| Address: | | P | hone #partment: | | |
| Address: | | P | hone #hone # | | |
| Address: | | P De P | hone #hone # | | |
| Address: 3 Name: Address: | <u>CERT</u> | De P | hone #hone # | | |
| Address: Address: Address: CERTIFICATIONS | <u>CERT</u> | De P | hone #hone # | | |

APPLICATION SUPPLEMENT

JUNIOR FIREFIGHTER APPLICANT - Age 16 or 17

The Fire Company endorses the continuing education of all members. In this regard, Junior Firefighters must maintain a minimum academic average of "C" or its equivalent, or a higher average established by their parents or legal guardian. Each Junior Firefighter may attend a New Jersey State certified fire training academy and successfully complete the New Jersey Firefighter I training curriculum.

Junior Firefighters may only respond to calls between the hours of 6:00 AM and 10:00 PM; under no circumstances may Junior Firefighters leave school to respond to a call, this rule remains in effect during the entire academic year regardless of the individual schedule of the student, i.e. at lunch, free periods, early dismissal, etc.

Junior Firefighters must vacate the fire station by 10:00 PM on any night preceding a scheduled school day, and by 11:00 PM on all other nights.

PARENT/LEGAL GUARDIAN PERMISSION

| As the parent or legal guardian of, | ompany. I also understand that I may request my child |
|---------------------------------------|---|
| | Date: |
| (Signature of Parent/Legal Guardian) | |
| (Print Name of Parent/Legal Guardian) | |
| | Date: |
| (Signature of Parent/Legal Guardian) | |
| (Print Name of Parent/Legal Guardian) | |