



MEDFORD TOWNSHIP DEPARTMENT OF PUBLIC SAFETY VOLUNTEER APPLICATION

Taunton Fire Union Fire EMS Division EMS Associate EMS Junior

(For Fire Division Applicants, circle one: Firefighter / Fire Police / Junior Firefighter / Associate Member)

Name: _____

Complete Address: _____

Birth Date: _____ Soc. Sec. # _____ Telephone # _____

Cell # _____ Email Address: _____

Height: _____ Weight: _____ Scars, Marks, or Tattoos: _____

How long have you been a township resident: _____

Previous address: _____

U.S. Citizen: YES _____ NO _____

Place of Birth: _____

Sex: _____ Race: _____

Hair Color: _____ Eye color: _____

Aliases: _____

References

List 4 individuals who have known you for at least 2 years excluding relatives and employers.

Name	Complete Address	Phone Number

Employment History:

(Please list all of your employment for the last 7 years beginning with your current employer. **All information MUST Be Completed in FULL.** If additional space is needed, the back of this form may be used).

From: _____ To: _____ Employer: _____
Employer's Address: _____
Phone Number: _____ Job Title: _____
Name of Supervisor: _____
Name of Co-Worker: _____
Reason for Leaving: _____

From: _____ To: _____ Employer: _____
Employer's Address: _____
Phone Number: _____ Job Title: _____
Name of Supervisor: _____
Name of Co-Worker: _____
Reason for Leaving: _____

From: _____ To: _____ Employer: _____
Employer's Address: _____
Phone Number: _____ Job Title: _____
Name of Supervisor: _____
Name of Co-Worker: _____
Reason for Leaving: _____

From: _____ To: _____ Employer: _____
Employer's Address: _____
Phone Number: _____ Job Title: _____
Name of Supervisor: _____
Name of Co-Worker: _____
Reason for Leaving: _____

Drivers License Data:

Do you possess a valid New Jersey Driver's License?	YES	or	NO
Has your license ever been suspended or revoked?	YES	or	NO
List your New Jersey Driver's License Number:			

Please list all traffic citations you have received in the last 5 years (excluding parking violations) for additional space use back of form.

Date	Violation	Location	Disposition



Background Information:

Have you ever been arrested or cited for any offense? **YES** or **NO**
If "yes" is answered above, please provide the following information:

Date	Police Agency	Offense & Circumstances	Disposition / Outcome

Have you ever been placed on court probation or supervision as an adult? **YES** or **NO**
If "yes" is answered explain:

Have you ever belonged to another Fire/EMS Department **YES** or **NO**
If "yes" is answered, please list Name of Department: _____
Start Date: _____ Departure Date: _____

Medical Statement

Are there any activities or conditions that you have been advised to avoid? **YES** or **NO**
If "yes" explain:

Do confined areas bother you? **YES** or **NO**

Does working at heights bother you? **YES** or **NO**

Can you physically exert yourself for extended periods? **YES** or **NO**

Do you have any medical conditions that require you to take medication? **YES** or **NO**
If "yes" explain:

Please list any training which you currently possess, including dates of expiration:

- () EMT-B _____ () CPR _____
- () Defensive Driving _____ () MICU _____
- () Other _____

I _____, am making application to the Medford Township Department of Public Safety - Division of Fire/EMS. I agree to all law enforcement background checks, finger printing, motor vehicle agency department checks, selective service background check, probation department check, and any other agency Medford Township Department of Public Safety deems necessary for a correct and accurate background check. I hereby certify that all statements made in this application are true and complete, and I understand that any misstatement of facts will subject me to disqualification or dismissal.

Signature of Applicant

Date

Parent/Guardian name for Junior member

Parent/Guardian signature for Junior member

****The completed application must be returned to the Department of Public Safety - 91 Union Street, Medford, New Jersey 08055.**

If any questions arise please contact Lorie Cutts, Public Safety Administrative Assistant at (609) 953-3291**

Date received by the Department of Public Safety: _____

Date received by Township Clerk: _____

Date received by Township Council: _____

For office use only:			
Date Received _____	Date Accepted _____	ID No. _____	
First reading _____	Approval/President _____		
Second Reading _____	Approval/VP _____		
Police Background Check Completed _____	Approved _____	YES _____	NO _____