

MILLSTONE TOWNSHIP FIRE COMPANY

Firefighter Application



APPLICANT INFORMATION										
Last Name				First			M.I.	Date		
Street Address						Date of Birth				
City				State			ZIP			
Cell Phone				E-mail Address						
Date Available			Social Security No.			DL#				
Valid DL	Y / N	DL #			Exp Date:			Endorsements/Class		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been convicted of aggravated assault		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Such other information the Company deems relevant provided none prohibited by law		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Any conviction of a crime or disorderly persons offense		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Any conviction of a violation of false public alarm		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Convicted of Arson		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Failure to control or report dangerous fire		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Directly or indirectly pays or accepts any form of consideration for starting fire		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT		
Company		Phone ()
Address		Job Title
Responsibilities		
From	To	Reason for Leaving
Company		Phone ()
Address		Job Title
Responsibilities		
From	To	Reason for Leaving
Company		Phone ()
Address		Job Title
Responsibilities		
From	To	Reason for Leaving

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true, correct and complete to the best of my knowledge.	
If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

Notary Section:

Sworn and subscribed to before me on the _____ day of _____ 20_____.

A Notary Public of New Jersey