

BEC # 1 MEMBERSHIP APPLICATION
PO BOX 196
BROOKSIDE, NJ 07926

1. NAME: _____ SSN: _____ - _____ - _____
(Last) (First) (Middle)

2. ADDRESS: _____
(No.) (Street) (Town) (State) (Zip)

2a. MAILING ADDRESS: _____

3. PHONE: (Home) _____ (Work) _____
(Cell) _____ (Carrier) _____

3a. E-MAIL ADDRESS: _____

4. BIRTH DATE: _____ AGE: _____ WHERE BORN: _____

5. HEIGHT: FT. _____ IN. _____ WEIGHT: _____ lbs.

6: DO YOU HAVE ANY DISABILITIES? (If Yes,List)

7. HEALTH:

8. MARITAL STATUS:

9. SPOUSE'S NAME, IF MARRIED: _____

10. MILITARY SERVICE: BRANCH: _____

RANK: _____ DATES OF SERVICE: _____

TYPE OF DISCHARGE: _____ SPECIALTY: _____

DUTIES:

10a. MEMBER OF NATIONAL GUARD OR RESERVE:

BRANCH: _____ RANK: _____

DUTIES: _____

MEETING REQUIREMENTS: _____

11: EDUCATION:

NAME AND ADDRESS OF HIGH SCHOOL:

DATE GRADUATED: _____

TECHNICAL SCHOOL ATTENDED AND DATES:

SUBJECT STUDIED:

COLLEGE OR UNIVERSITIES ATTENDED:
(Name, City, State, Dates Attended, Major/Minor, & Degree)

12. PRESENT EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____ PHONE: _____

CAN WE CONTACT FOR REFERENCE?

13. REFERENCES: (List three people who are not related to you by blood or marriage who are familiar with your education or work experience to be contacted by committee)

NAME:	COMPLETE ADDRESS:
_____	_____
_____	_____
_____	_____

14. HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT, RESCUE SQUAD, OR SIMILAR ORGANIZATION?

NAME AND ADDRESS OF ORGANIZATION(s):

DATE OF SERVICE: _____

POSITION HELD: _____

REASON FOR LEAVING: _____

LIST ALL RELATED TRAINING YOU COMPLETED:

15. MAY BEC #1 CONTACT YOUR PRESENT EMPLOYER OR ANY OF THE ORGANIZATIONS OR REFERENCES WHICH YOU HAVE LISTED TO ASK QUESTIONS REGARDING YOU CHARACTER OR ABILITIES?

(If No, Explain)

16. IN A BRIEF PARAGRAPH, STATE WHY YOU WISH TO JOIN THIS DEPARTMENT, WHAT THE DEPARTMENT CAN GAIN FROM YOUR MEMBERSHIP, AND WHAT YOU EXPECT TO GAIN FROM MEMBERSHIP:

17. HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION?

(If Yes, explain)

18. HAVE YOU EVER BEEN FORCED TO RESIGN FROM ANY POSITION?

(If Yes, Explain)

19. HAVE YOU EVER BEEN ARRESTED, SUMMONED INTO COURT AS A DEFENDANT OR INDICTED, CONVICTED, FINED, IMPRISONED, OR PLACED ON PROBATION, OR HAS ANY CASE BEEN FILED AGAINST YOU?

(If Yes, Explain)

20. HAVE YOU EVER BEEN ORDERED TO DEPOSIT COLLATERAL FOR ALLEGED BREACH OR VIOLATION OF ANY ORDER, ORDINANCE, OR POLICE REGULATION WHATSOEVER?

(If Yes, Explain)

21. DRIVERS LICENCE # _____ STATE: _____

22. SPONSORED BY: _____

I authorize investigation of all statements on this application. I understand that misrepresentation or omission of facts called for, is cause for dismissal. Further, I understand and agree that my acceptance is dependent upon the successful completion of a physical agility test, and a complete physical examination by the fire department doctor.

SIGNATURE: _____ DATE: _____

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DO NOT WRITE BELOW THIS LINE

Date Application received _____ No. _____

Date Interviewed _____

Interviewed By: _____

COMMENTS: _____
