

Medford Lakes Fire Department Membership Application

Instructions: Please type or print in ink all information requested on this form. Circle where necessary. If additional detail will be of value in answering these questions, use an additional sheet of paper. False or misleading statements may be cause for rejection or dismissal after appointment.

Name: _____
(Last Name) (Full Middle Name) (First Name)

Aliases/maiden name: _____

Address: _____
(Street) (City) (State) (Zip)

Age: _____ Birth Date: _____ Sex: _____

Height: _____ Weight: _____ Eye Color: _____

Scars, marks, tattoos, amputations: _____

Home Phone #: _____ Social Security #: _____

Driver License #: _____ U.S. Citizen: (circle) Yes No

Continuous Residency in: Medford Lakes: New Jersey:

_____ Years _____ Months _____ Years _____ Months

Circle year of school successfully completed:

9 10 11 12 13 14 15 16 17 18 19 20

Is there anything about your health or physical condition which might be aggravated, become health hazard, or handicap your work under Firefighter / Fire Police duties? (circle) Yes No

If yes, please explain:

Circle desired position:

Junior Firefighter Fire Police Chauffeur Firefighter

List any experience:

Present Employer: _____ Job Title: _____

Address: _____ Phone #: _____

Have you ever been convicted of any crime constituting in indictable offense? Yes No (circle)

Have you ever been convicted of any crime or offense of any degree other than traffic violations? Yes No
(circle)

If the answer to any of the two questions above is "Yes", please give full details on an additional sheet of paper.

I certify that the statements made by me in this application are true, complete and correct.

Applicant Signature: _____ Date: _____

Interviewed by: _____ Date: _____

Release of Information

I hereby request and authorize you to furnish the Medford Lakes Fire Department with any and all information they may request concerning my work record, educational history, military record, criminal record, general reputation and past or present medical conditions. This is to include, but not limited to, performance records, disciplinary records, mental psychological or psychiatric evaluations, records or tests and medical records. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. This information will be used for the purpose to determine my eligibility for membership with the Medford Lakes Fire Department.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a member of the Medford Lakes Fire Department. This request for information will expire 90 days from the date signed.

Reproductions or facsimile of this authorization shall be considered as effective and valid as the original.

Signed: _____

Date: _____

Witness: _____

Date: _____

Emergency Contacts:

1. Name: _____ Relationship: _____

Address: _____

Phone (H): _____ (w): _____

2. Name: _____ Relationship: _____

Address: _____

Phone (H): _____ (w): _____

Juniors Only:

List two references of individuals, not related, whom we may contact:

1. Name: _____

Address: _____

Phone: _____

Years Acquainted: _____

2. Name: _____

Address: _____

Phone: _____

Years Acquainted: _____

Parent/Guardian Signature:

I, _____ as Parent or legal Guardian of _____ Do hereby give permission for my child to participate in the Medford Lakes Fire Department's Junior Firefighter program.

Parent or Legal Guardian: _____ Date: _____



Phone 800.834.2062 - Fax 888.834.2843

I understand that, for THE PURPOSE OF EMPLOYMENT and/or VOLUNTEERING, inquiries are to be made of myself which may include but not be limited to: MOTOR VEHICLE REPORTS and CRIMINAL RECORDS. I authorize without reservation, any party or agency contacted to furnish and transmit the obtained information to:

Instant Verification, Inc.

I hereby totally release said agencies and the above named company and/or municipality, their officers, directors, employees and agents, collectively and personally from any actions and liabilities resulting from transmission and utilization of the results and opinions thereof.

Date: _____

Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Signature: _____

Driver's License #: _____

Authorized Officer / Manager & Title: _____

