

**Ocean View
Volunteer Fire Company Inc.**



**Application
For
Firefighter Membership**

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 "N/A". An applicant may be rejected who has intentionally made a false statement of a material fact; and/or practiced, or attempted to practice any deception or fraud in this application.

The applicant shall personally prepare this form. All entries must be handwritten in blue or black ink.

If additional space is required to complete any answer, attach a separate piece of blank paper and include the question number and question above the answer or continuation of answer.

Any required certifications, i.e. birth certificate/firefighting transcripts, must be submitted with applications. Only copies of original certificates are required, no originals should be submitted.

RELEASE AUTHORIZATION

To all courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I, _____ am making application to the Ocean View Volunteer Fire Company Inc. As a result, an investigation is being conducted to determine my eligibility for membership.

Therefore, you are authorized to release to the Ocean View Volunteer Fire Company Inc. or its representatives, any and all information documentary or otherwise pertaining to the above applicant that they may request.

I hereby release, discharge and exonerate the Ocean View Volunteer Fire Company Inc., its agents or representatives and any person so furnishing information, from any liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records, and other information for the investigation made by the Ocean View Volunteer Fire Company Inc.

A photocopy of this authorization will be considered as effective as the original.

Signature: _____ Date: _____

Witness Name (Print): _____ Date: _____

Witness Signature: _____ Date: _____

FINGERPRINTING INFORMATION

Name: _____

Date of Birth: ____/____/____

Sex: _____ Race: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Place of Birth: _____

Citizenship: _____

Social Security Number: _____-_____-____

Current Address: _____ (city) _____ (state)
(street)

Telephone Number: _____

Employer and Address: _____

Occupation: _____

Scars, Marks, Tattoos, Amputations: _____ State: _____

Driver's License Number: _____

PERSONAL DATA

ATTACH PHOTOGRAPH
IN THIS SPACE

1. What is your full name? _____
(last) (first) (middle)
2. Give any other names you have used/have been known by and attach a statement for why?
A. _____ B. _____
C. _____ D. _____
3. Date of Birth: ____/____/____ Age at time of application: _____
Sex: ____ Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____
4. Where were you born? _____
(city) (state)
5. Birth Certificate: _____
(city) (county) (state)
6. Check one of the following:
☐ Asian ☐ Hispanic/Latino
☐ Black (Non-Hispanic) ☐ American Indian/Alaskan Native
☐ White (Non-Hispanic) ☐ Hawaiian Native/Pacific Islander
7. Social Security Number: ____-____-____ Issued in which state: _____

RESIDENCE

8. Where do you currently reside?

(Number)

(Street)

(City)

(County)

(State)

(Zip Code)

9. How long have you resided at the above address? _____

REFERENCES

10. Please provide three references, non-relatives, who have known you well for the past FIVE years, excluding members of the Ocean View Volunteer Fire Company.

a. Name: _____ Number of Years Known: _____

Address: _____ Phone #: _____

Occupation: _____

b. Name: _____ Number of Years Known: _____

Address: _____ Phone #: _____

Occupation: _____

c. Name: _____ Number of Years Known: _____

Address: _____ Phone #: _____

Occupation: _____

11. Do you have any prior firefighting/EMS experience and or training, if so what:

12. How many hours per week can you dedicate to this fire company? _____

EDUCATION

13. Please provide the highest level of education completed and the names of school graduated from and year of graduation.

High School Diploma ☐ G.E.D. or Equivalent ☐

Some College ☐ Associates Degree ☐

Bachelors Degree ☐ Masters or Above ☐

High School Name & Location: _____ Year Graduated: _____
(name) (state)

College Name & Location: _____ Year Graduated: _____
(name) (state)

MILITARY SERVICE

14. Have you ever served in an active military organization of the United States? ☐ Yes ☐ No

15. Give branch of service: _____

16. Service Serial #: _____

17. What is the type of your discharge(s) or separation(s)? (Honorable, Dishonorable, Medical, etc) Be specific: _____

EMPLOYMENT

18. Present Employer: _____

Address: _____
(street) (city) (state) (zip) (phone)

Date Hired: _____

Job Duties: _____

19. Were you ever discharged or asked to resign from employment? ☐ yes ☐ no

If yes, give an explanation and details of discharge or forced resignation:

20. Were you ever subjected to disciplinary action in connection with employment? ☐ YES ☐ NO

If yes, explain: _____

21. Are you currently a member of any other fire company/department in New Jersey of any other state?

☐ YES ☐ NO

Department/Agency: _____ Status: _____

Commanding Officer: _____ Phone #: _____

Department/Agency: _____ Status: _____

Commanding Officer: _____ Phone #: _____

22. Have you ever been terminated, asked to resign or rejected by another fire company/department for membership/employment in this state or any other state? ☐ YES ☐ NO

Department/Agency: _____ Date: _____

Reason: _____

Department/Agency: _____ Date: _____

Reason: _____

ARRESTS, SUMMONSES, ETC.

23. Have you ever been arrested for or charged with a violation of the disorderly persons act or any city ordinance in this state or any other state? ☐ YES ☐ NO

If yes, complete the following:

Name of Charge, Arrest or Conviction	Date	Name & Address of Police Agency and Court	Disposition

24. Have you ever been arrested, indicted or convicted for any violation of the criminal law of this state or any other state?

☐ YES ☐ NO

If yes, complete the following:

Name of Charge, Arrest or Conviction	Date	Name & Address of Police Agency and Court	Disposition

MOTOR VEHICLE HISTORY

25. Have you ever received a summons or a violation of the Motor Vehicle Laws in this state or any other state? (Exclude parking violations) ☐ yes ☐ no

If yes, complete the following:

Date	Offense	Location	Disposition	Your Age at Time	Police Agency

26. Was your Driver's License Privilege or Registration ever revoked or suspended in this state or any other? ☐ yes ☐ no

If yes, which? _____ Date: _____

Location: _____ Reason: _____

27. If the answer to the above question was yes, was either privilege ever restored? ☐ yes ☐ no

Date: _____ Location: _____

28. Have you ever been involved in a motor vehicle accident whether as a registered owner, operator, passenger or pedestrian, which resulted in any personal injury or property damage to you or anyone else? ☐ yes ☐ no

If yes, explain: _____

OTHER INFORMATION

29. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for this appointment, including, but not limited to: knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, criminal records, traffic violations, residence or otherwise?
☐ yes ☐ no

If yes, explain: _____

30. Are you currently involved in any litigation? ☐ yes ☐ no

If yes please give detail: _____

Ocean View Volunteer Fire Co. Physical Test Record

To be filled out by a licensed physician and returned prior to acceptance to the Ocean View Volunteer Fire Company. All sections of the physical must be properly filled out or the application will be returned.

Name: _____
(please print) (first) (middle) (last)

Age: _____ Height: _____ FT. _____ IN. Weight: _____

Eyesight: _____ Hearing: _____ Blood Pressure: _____ / _____

Has Applicant any apparent disabilities in:

Heart: _____ Lungs: _____
Joints: _____ Veins: _____
Feet/Legs: _____ Hands/Arms: _____
Spine: _____ Hernia: _____
Wearing an SCBA: _____

Has applicant ever suffered from injury? _____ yes _____ no If yes explain: _____

Remarks: _____

I hereby certify that as a practicing physician the applicant is free from any acute or chronic disease and has no physical defects.

Rejection is based on the following: _____

Date Examined: _____ / _____ / _____ Examined at: _____
(address of office)

(signature of physician) (medical license number)

Ocean View Volunteer Fire Company Inc.

CRITERIA FOR REMOVAL OF ELIGIBILITY

ANY APPLICANT FOR MEMBERSHIP WITH THE OCEAN VIEW VOLUNTEER FIRE COMPANY MAY BE REMOVED FROM ELIGIBILITY IF DURING THE APPLICATION PROCESS IT IS DISCOVERED THAT THE APPLICANT:

A. DRIVING RECORD

- 1) Has one (1) or more DWI convictions
- 2) Has one (1) or more DUI convictions
- 3) Has a combination of one (1) DWI and DUI convictions
- 4) Has ten (10) or more moving violations
- 5) Has six (6) or more current points
- 6) Has two (2) or more non-payment of insurance surcharges
- 7) Has two (2) or more non-payment of Parking Ticket Adjudication Act
- 8) Has a combination of two (2) or more non-payment of insurance surcharge and/or Parking Ticket Adjudication Act
- 9) Has two (2) or more convictions for driving while suspended
- 10) Has failed to appear in court two (2) or more times
- 11) Has two (2) or more convictions for reckless driving
- 12) Does not possess a valid Driver's License in any state

B. CRIMINAL HISTORY

- 1) Has been arrested and convicted of any offense which involves dishonesty (including offenses under 2C:51-2)
- 2) Has been arrested and/or convicted of any offense which touches on the position of a Firefighter
- 3) Has been arrested and/or convicted of any offense which is a third degree or higher (including offenses under 2C:51-2)
- 4) Has been incarcerated for a conviction in a correctional facility of any jurisdiction
- 5) Is pending Grand Jury action or trial on any offense in any jurisdiction
- 6) Is presently on probation as part of a Conditional Discharge or Pre-Trial Intervention Program
- 7) Has been convicted of any Domestic Violence offense ("Lautenberg Amendments")
- 8) Has been convicted of any violations under N.J.S.A. 2C:35 or Title 24 (including disorderly persons or petty disorderly persons, including these under 2C:51-5)
- 9) Has entered into a Conditional Discharge agreement or Pre-Trial Intervention Program for any Offense under 2C:35 or Title 24 (including disorderly persons or petty disorderly persons offenses)

C. OTHER

- 1) Has been terminated from another Fire Company
- 2) Refuses to Consent to any part of the security and/or background investigation
- 3) Has had their employment from a Federal, State, County or Municipal Government agency terminated for disciplinary reasons or who has resigned "not in good standing" from these types of positions
- 4) Has been found to falsified any document or intentionally given false information in any part of the application process
- 5) Has failed to meet any one of the requirements of the application screening process
- 6) Has an unacceptable past employment history (disciplinary action for performance and/or attendance)

STATE OF NEW JERSEY

COUNTY OF _____

I, _____, being duly sworn, depose and say I am the above named person. I signed the forgoing statement. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every aspect.

"Under Penalty of Law", a person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such statement previously made, when he does not believe the statement to be true, is guilty of a crime of the fourth degree in violation of N.J.S.A 2C:28-2.

(Signature of Applicant)

State of:

County of:

Before me personally appeared, the said _____ who says that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore.

Sworn to me this _____ day of _____ year of _____.

My commission expires: _____ Notary Public _____
(Printed Name)

Notary Public _____
(Signature)

OCEAN VIEW VOLUNTEER FIRE COMPANY

PROBATIONARY FIREFIGHTER WAIVER

STATE OF NEW JERSEY _____

COUNTY OF _____

I, _____, understand that upon acceptance to the Ocean View Volunteer Fire Company, I will be placed on a one (1) year probationary status. During my term as a probationary firefighter with the Ocean View Volunteer Fire Company I will be required to attend New Jersey State Firefighter Level 1 Training (if not already certified by the State of New Jersey). In addition to this training, I will be required to meet an overall 60% attendance rate of all drills, meetings, work nights and fire/EMS calls.

As a probationary firefighter I will be reevaluated every 90 days to determine if I am meeting the requirements listed above. Failure to meet any of the requirements listed above may result in immediate disciplinary action to include but not limited to verbal reprimand, suspension and/or removal from the Ocean View Volunteer Fire Company.

(Signature of Applicant)

(Signature of Fire Chief)

State of :

County of:

Before me personally appeared, the said _____ who says that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore.

Sworn to me this _____ day of _____ year of _____.

My commission expires : _____ Notary Public _____
(Printed Name)

Notary Public _____
(Signature)

Ocean View Volunteer Fire Company Application Process

Membership Application Process

(To be kept for your records)

1. Submission of Application to the Ocean View Volunteer Fire Company – done by applicant
2. Completion of fingerprinting submission – done by applicant
3. Background Check – done by NJSP and the Ocean View Fire Company Investigative Committee
4. In Person Interview – to be scheduled by the Fire Company
5. Investigative Committee will report finding to the Membership Committee
6. Recommendation of Membership Committee to Membership as to eligibility of applicant
7. Vote by general membership whether to accept or reject based on findings listed above

Application process may take anywhere from 1 to 4 months depending on applicants ability to have fingerprinting and one on one interview completed in a timely manner. Background investigation by the NJSP can take anywhere from 60-120 days depending on their ability to complete in a timely manner based on work load.

Any questions during the process can be sent to OVFC17@gmail.com and they will be answered as promptly as possible.