

# BROOKVIEW VOLUNTEER FIRE COMPANY

## EAST BRUNSWICK FIRE DISTRICT # 3

363 Dunhams Corner Road • East Brunswick, NJ 08816 • 732-238-1966

### APPLICATION FOR MEMBERSHIP

Junior    Regular    Associate

Name  Age

Address

Home Phone  Cell Phone  Email

List all residences for the five year period prior to moving to this residence:

Date of Birth  /  /    Height  '  "   Weight    Eye Color    Hair Color   
Month   Day   Year

Marital Status    Single    Married    Divorced    Separated   Number of Dependents

Social Security Number    Driver's License Number

Occupation    Work Schedule:    Days    Nights    Shifts

Employer   
Name   Address   Telephone Number

How long employed?  If less than one (1) year, give name and address of previous employer

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Firm Name</small>	<small>Address</small>	<small>Telephone Number</small>

Education – Highest level attained (eg. HS Graduate, 2 Yrs College)

Degrees (IF ANY)

Name and address of high school attended or attending

Name of guidance counselor or advisor if still in high school

Physical Condition    Good    Average    Fair

Please list any recent operations or illnesses and impairments if any:

- Would you submit to a physical examination if required by the department at the expense of the department?  Yes  No
- Do you use Drugs or Narcotics?  Yes  No
- Would you object to a random drug test  Yes  No
- Have you ever been arrested (except for traffic violations)?  Yes  No
- Have you ever been convicted of a crime?  Yes  No
- Would you object to a Police Record checks at any time?  Yes  No
- Would you object to checks of your Driver's License at any time?  Yes  No
- Have you been **convicted** of any MOVING motor vehicle violations in the last three years?  Yes  No
- Are you now, or have you previously **been** a member of a Fire Department?  Yes  No

**(If yes, show dates and name and address of Fire Company)**

**List two references not relatives whom you have known for at least three years**

Name	Address	Telephone
<input type="text"/>		
<input type="text"/>		

**I hereby make application for membership in the Brookview Volunteer Fire Company of East Brunswick Township. I agree to abide by all rules and regulations set forth by the Brookview Volunteer Fire Company. I certify that the information listed is true and correct to the best of my knowledge. I give the Company Officers and Membership Committee the right to check its accuracy. I understand that any false information on this application gives the Brookview Volunteer Fire Company the right to disqualify me as an applicant, or will result in my immediate dismissal from the Fire Company.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Signature of Parent or Guardian  
if less than 18 years of age

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***FIRE COMPANY USE ONLY***

**DATE INTERVIEWED** \_\_\_\_\_

**DATE ACCEPTED** \_\_\_\_\_

**INTERVIEWED BY** \_\_\_\_\_

\_\_\_\_\_

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