

APPLICATION FOR MEMBERSHIP



HAZLET TOWNSHIP
FIRST AID & RESCUE
SQUAD, INC.

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 "not applicable" or "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, except in the signatures must be hand written in black ink.

If the space provided for answering any question is insufficient, attach a separate sheet of paper and include the question and question number above the answer or continuation.

All applications must be accompanied by copies (not originals) of birth certificate, Military Service Record (DD214) Form, high school diploma or equivalent, and/or college transcripts.

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 Hazlet Township First Aid and Rescue Squad. As a result, an investigation is being conducted to determine my eligibility for membership/employment.

Therefore, you are authorized to release to the Hazlet Township First Aid and Rescue Squad or its representative, any and all information documentary or otherwise pertaining to the above applicant that they may request.

I hereby release, discharge, and exonerate the Hazlet First Aid and Rescue Squad, 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 or the investigation made by the Hazlet First Aid and Rescue Squad.

A photo static copy of this authorization will be considered as effective and valid 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: _____
(Street) (City) (State)

Telephone Number: _____

Employer and Address: _____

Occupation: _____

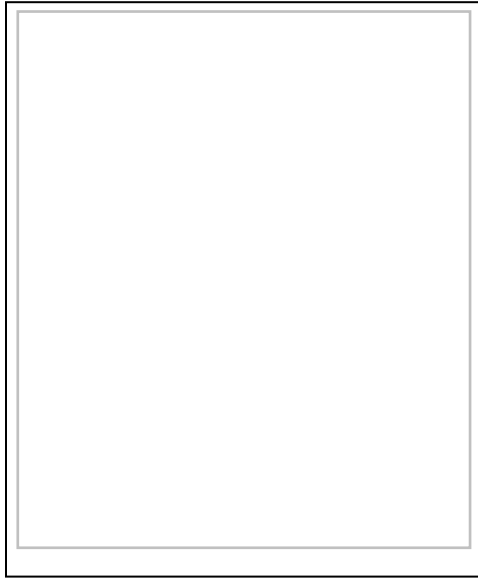
Scars, Marks, Tattoos, and Amputations: _____

Alias: _____

Name and Address of Nearest Relative and Relationship: _____

Driver's License Number: _____ State: _____

PERSONAL DATA



1. What is your full name? _____
(Last) (First) (Middle)

2. Give any other names you have used or have been known by and attach a statement giving reasons.

A. _____ D. _____
B. _____ E. _____
C. _____ F. _____

3. Date of birth: _____ Age at time of application: _____
(Month) (Day) (Year)

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

4. Where were you born? _____
(Hospital) (City) (State)

5. Birth certificate: _____
(City) (County) (State)

6. Check one of the following:

- | | |
|---|---|
| ☐ Asian | ☐ Hispanic/Latino American Indian/Alaskan Native |
| ☐ 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? _____

10. In chronological order, state each and every place in which you have lived during the past ten (10) years, beginning with your present address:

From:		To:		Address (street, city, state, zip)
Month	Year	Month	Year	

REFERENCES

11. Give four references (not relatives) who have known you well during the past FIVE years, excluding first aid members of the Hazlet First Aid and Rescue Squad.

A. Complete Name: _____ Number of Years Acquainted: _____
Address: _____ Phone #: _____
Occupation: _____

B. Complete Name: _____ Number of Years Acquainted: _____
Address: _____ Phone #: _____
Occupation: _____

C. Complete Name: _____ Number of Years Acquainted: _____
Address: _____ Phone #: _____
Occupation: _____

D. Complete Name: _____ Number of Years Acquainted: _____
Address: _____ Phone #: _____
Occupation: _____

12. List the names of first aid members within New Jersey with whom you are personally acquainted:

Name	Department	Address	Phone #

EDUCATION

13. List chronologically (earliest dates first) all schools, colleges, and training courses you have attended:

School	Exact Address	Dates From-To	# of Years Attended	Type of Degree	Graduated? Yes or No

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. How many discharges or separations from the service were given to you? _____

18: What is the type of your discharge(s) or separation(s)? (Honorable, dishonorable, honorable conditions, medical, other, etc.) Be specific: _____

Reason: _____

19. Has your discharge or separation notice ever been corrected or changed? ☐ Yes ☐ No

20. What was the nature of the change? Changed from _____ to _____

21. Were you ever court martialed, tried on charges or were you the subject of a summary court, deck court, Captain's mast, company punishment, office hours or any other disciplinary action?

☐ Yes ☐ No Number of occurrences: _____

If you answered yes to the above question, give details of charges, agency concerned, dates, dispositions, location, and name of military base:

SELECTIVE SERVICE

22. Have you registered with the Selective Service? ☐ Yes ☐ No

EMPLOYMENT

23. Present Employer: _____

Address: _____

(Street)

(City)

(State)

(Zip)

(Phone)

Date Hired: _____

Describe Job Duties: _____

24. List below chronologically, earliest dates first, each and every place you were previously employed since the age of 18. OMIT NONE. Give correct, full addresses. Give dates of idleness between periods of employment in proper sequence. Include all part-time employment.

From Mo./Yr.	To Mo./Yr.	Name and Address of Employer	Position Held	Immediate Supervisor	Reason for Leaving

25. Were you ever discharged or asked to resign from employment? ☐ Yes ☐ No

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

26. Were you ever subjected to disciplinary action in connection with any employment? ☐ Yes ☐ No

If yes, explain: _____

27. Have you ever made application with this or any other first aid squad in New Jersey or any other State?

☐ Yes ☐ No

Department/Agency: _____ Date: _____

Present status of application: _____

Department/Agency: _____ Date: _____

Present status of application: _____

28. Have you ever been terminated, asked to resign, or rejected by another first aid squad for membership/employment in this state or any other state? ☐ Yes ☐ No

Department/Agency: _____ Date: _____

Reason: _____

GENERAL

29. Have you ever used any narcotics such as, but not limited to: ecstasy, sleeping pills, barbiturates, cocaine, hashish, PCP, LSD, steroids? ☐ Yes ☐ No

If yes, give extent of use and a specific explanation: _____

ARRESTS, SUMMONSES, ETC

30. 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 & Court	Disposition

31. Have you ever been arrested, indicted, or convicted for any violation of the criminal law 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 & Court	Disposition

32. Have you ever been fingerprinted? (*Exclude only present application with this squad*) ☐ Yes ☐ No
If yes, complete the following:

Location	Date	Purpose

MOTOR VEHICLE HISTORY

33. Have you ever received a summons or a violation of the Motor Vehicle Laws in this state or any other state? (*Exclude overtime parking violations*) ☐ Yes ☐ No If yes, complete the following:

Date	Offense	Location	Court Disposition	Your Age (at time)	Police Agency

34. Was your Motor Vehicle Registration certificate, drivers, or other vehicle operator's license ever revoked in this state or any other state? ☐ Yes ☐ No

If yes, which license? _____ Date: _____

Location: _____ Reason: _____

35. Was your Motor Vehicle Registration certificate, drivers, or other vehicle operator's license ever suspended in this state or any other state? Yes ☐ No ☐

If yes, which license? _____ Date: _____

Location: _____ Reason: _____

36. If the answer to either of the two above questions was yes, was such Registration certificate or driver's license ever restored? ☐ Yes ☐ No

Date: _____ Location: _____

37. 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

38. 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 membership/employment, 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: _____

STATE OF NEW JERSEY.....
COUNTY OF)ss

I, _____, being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and typed/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 respect.

“Under Penalty of Law” , a person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a 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 2C:28-2.

(Applicant sign here)

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 before me this _____ day of _____ year of _____.

My Commission expires: _____ Notary Public _____
(Printed name)

Notary Public _____
(Signature)

Seal: