

# MOUNT HOLLY FIRE DISTRICT No.1

## *Application for Membership*



Mount Holly Fire District No.1 is an Equal Opportunity organization which does not discriminate on the basis of race, color, religion, national origin, age, gender, disability, sexual orientation or identification, or any other status protected by law.

### **INSTRUCTIONS:**

- 1. Please legibly print or type answers to the questions asked within the application. If a question does not apply, please respond, "N/A".**
- 2. Once completed, the application must be notarized prior to submission.**
- 3. The completed application must be submitted at least 7 calendar days prior to the monthly meeting of the Board of Fire Commissioners to be considered for membership at the next meeting.**
- 4. Incomplete applications WILL NOT be considered for membership.**

Date: \_\_\_\_\_

## PERSONAL:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home phone: (     ) - \_\_\_\_\_ - \_\_\_\_\_ Cell #: (     ) - \_\_\_\_\_ - \_\_\_\_\_

Have you previously applied for membership with the Mount Holly Fire District?

No     Yes - Month & Year \_\_\_\_\_ Disposition: \_\_\_\_\_

Do you have any relatives currently affiliated with the District?

No     Yes- Name and relationship: \_\_\_\_\_

If selected, can you furnish proof of eligibility to work in the U.S.?    Yes    No

How did you hear about membership opportunities?:

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## EDUCATION:

School	Name & Location	Course of Study	# of years Completed	Did you graduate?	Degree or diploma?
Graduate					
College					
Business/Trade					
High School/GED					

# Employment Information:

Please give accurate, complete full-time and part-time employment history, including military service. Start with your present or most recent employer FIRST. If self-employed, give firm name and business references. If necessary, attach additional sheets with using the same format. Membership may be contingent on acceptable references from current and former employers.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  Still employed

Name of Supervisor (DO NOT LEAVE BLANK): \_\_\_\_\_

Job title: \_\_\_\_\_

Description: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  Still employed

Name of Supervisor (DO NOT LEAVE BLANK): \_\_\_\_\_

Job title: \_\_\_\_\_

Description: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  Still employed

Name of Supervisor (DO NOT LEAVE BLANK): \_\_\_\_\_

Job title: \_\_\_\_\_

Description: \_\_\_\_\_

# Organizational Memberships:

Please give accurate, complete full-time and part-time organizational membership history, including military service. Start with your present or most recent memberships FIRST. If necessary, attach additional sheets using the same format.

Organization Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Membership: From \_\_\_\_\_ to \_\_\_\_\_

Name of Organization Leader (DO NOT LEAVE BLANK): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Organization Activity Description:

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Organization Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Membership: From \_\_\_\_\_ to \_\_\_\_\_

Name of Organization Leader (DO NOT LEAVE BLANK): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Organization Activity Description:

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Organization Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Membership: From \_\_\_\_\_ to \_\_\_\_\_

Name of Organization Leader (DO NOT LEAVE BLANK): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Organization Activity Description:

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# **Additional Information:**

## **TRAINING:**

Please list any specialized training in the fire or life safety field. Submit copies of Certifications.

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## **SPECIAL SKILLS:**

List proficiency with any heavy machinery, industrial equipment, or specialized training you may have.

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List any **COMPUTER** skills you may possess, i.e., hardware, software applications, programming skills, etc.

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## **BACKGROUND:**

Have you been fired from a job or organization or asked to resign in the last 10 years? No Yes

If yes please explain:

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Have you ever been convicted of any law violation in the last TEN years, excluding minor traffic offenses, which have not been annulled, expunged or sealed by the court? Include any plea of "guilty" or "no contest". (A conviction will not necessarily disqualify an applicant for membership.)  No  Yes – If yes, Please explain in full:

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Do you have a valid driver's license? No Yes – License : \_\_\_\_\_ State: \_\_\_\_\_ Class \_\_\_\_\_

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**A PHOTOCOPY OF YOUR DRIVER'S LICENSE MUST BE ATTACHED TO THIS APPLICATION.**

Has your license suspended or revoked within the last THREE years? No Yes – Give details:

# REFERENCES:

Give **three** references not related to you, who have definite knowledge of your business or professional qualifications for the position of a volunteer firefighter. Do not repeat names of supervisors listed under employment or organizational membership history.

**1.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**2.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**3.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

# **AFFIDAVIT**

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date.

I understand that the Mount Holly Fire District may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations names in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of membership, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment and/or membership, if required.

I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature, consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF NEW JERSEY, COUNTY OF \_\_\_\_\_ being duly sworn, doth depose and says that the above statements are true to the best of their knowledge and belief.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of NOTARY PUBLIC