

CLIFFSIDE PARK FIRE DEPARTMENT

Application for Membership

Position Applying for: _____

Personal Information:

Full Name: _____ Date of Birth: _____ Age: _____

SSN: _____ Primary Phone #: _____ Secondary Phone #: _____

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

Marital Status: _____ Spouse's Name: _____ # Children: _____

Length of Residence in Cliffside Park Area: _____

Do you speak a language other than English? If so, please list secondary languages: _____

Emergency Contact Information

Emergency Contact: _____ Primary Phone #: _____

Address: _____ Secondary Phone #: _____

City/State/Zip: _____ Relationship: _____

Background Information

Have you been convicted of any crimes other than traffic: Yes No

If yes, please explain:

Driver's License Number: _____ State: _____

Education	School Name	Dates of Attendance	Degree / Diploma	GPA	Graduate	Year
Elementary School						
High School						
College						
Other						

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Military Service

Have you served or currently serve in any branch of the United States Military? Yes No

If yes, what branch of the military did you serve in? _____

Discharge Date: _____

Are you a member of the National Guard / Reserves: Yes No Obligation End Date: _____

Skills / Special Training Received:

List any previous firefighting experience:

Department: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Reference/Contact Name: _____ Title: _____

Phone Number: _____ Dates of Service: _____

Reason for Departure: _____

Responsibilities / Duties: _____

List any certifications held in firefighting or public safety:

Medical / Health Information:

What is your physical condition? _____

Do you have any respiratory conditions that might be affected by smoke or other gases? If yes please explain:

Are you trouble by close spaces? Yes No Are you troubled by heights? Yes No

Do you wear glasses? Yes No

Do you have a history of drug abuse? Yes No

Do you drink alcoholic beverages? Yes No If so, how frequently: _____

Do you smoke any form of tobacco (i.e. cigarettes, cigars, hookah)? Yes No If so, how frequently: _____

Are you aware of the hazards involved in firefighting? _____

Does your spouse have any reservations about your being a firefighter? _____

Will you be willing to assist in fund raising activities or any other non-firefighting activities in which the department may participate?

Yes No Please initial: _____

Will you be willing to spend time other than on drill nights to maintain equipment, station or train?

Yes No Please initial: _____

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Please list any other skills or training that you may have that has not been previously listed

Please list the reasons you wish to join this organization?

I do hereby agree to abide by the policies, rules, and by-laws of the Cliffside Park Volunteer Fire Department and I further give the Cliffside Park Volunteer Fire Department authorization to investigate my background, including a criminal history check, a driver's abstract, and a drug test.

Printed Name: _____ Date: _____

Signature: _____

Work Experience / History

Please list your relevant work experience, past and present. Should you not have relevant work experience or are a student, please indicate it below.

Current Employer: _____ Dates of Employment: _____
Reference/Contact Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: Primary: _____ Secondary: _____
Email Address: _____

Previous Employer: _____ Dates of Employment: _____
Reference/Contact Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: Primary: _____ Secondary: _____
Email Address: _____

Previous Employer: _____ Dates of Employment: _____
Reference/Contact Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: Primary: _____ Secondary: _____
Email Address: _____

Previous Employer: _____ Dates of Employment: _____
Reference/Contact Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: Primary: _____ Secondary: _____
Email Address: _____

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References

How did you learn about the Cliffside Park Volunteer Fire Department?

Relative Inquiry Internet Friend Member _____ Other: _____

Please list three references that are not related to you. If possible, please list one member of the Cliffside Park Volunteer Fire Department as a reference:

Name: _____ CPFDP Member: Yes No
Company: Engine Hose Truck
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: (H) _____ (C) _____ (W) _____
Occupation: _____

Name: _____ CPFDP Member: Yes No
Company: Engine Hose Truck
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: (H) _____ (C) _____ (W) _____
Occupation: _____

Name: _____ CPFDP Member: Yes No
Company: Engine Hose Truck
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: (H) _____ (C) _____ (W) _____
Occupation: _____

I acknowledge that the CPFDP is relying on the information given and I certify that the information on this form is true to the best of my knowledge. I authorize the Cliffside Park Volunteer Fire Department to obtain information from any person named and I release all concerned from liability in connection with obtaining and releasing such information. Any false information will result in termination.

Printed Name: _____ Date: _____

Signature: _____

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Departmental Use Only:

Administrative Documentation	Date Requested	Date Received	Date Reviewed
Application			
Driving Abstract			
Criminal Background Check			
Other			

Medical Documentation	Date Requested	Date Received	Date Reviewed
Physical Exam			
Physical Agility			
Drug Screening			
Other			

Membership Committee Notes:

Membership Committee's Recommendation:

- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Committee Chairperson: _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Committee Member: _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Committee Member: _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Committee Member: _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Committee Member: _____ |

Special Probationary Requirements:

Probationary Period: _____ Date of Completion: _____

Date of Introduction: _____ Date of Interview: _____ Date Accepted by Membership Vote: _____

Change in Member Status:

- | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Inactive | <input type="checkbox"/> Exempt | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Resignation | <input type="checkbox"/> Associate | <input type="checkbox"/> Deceased |

Date of Status Change: _____ Reinstatement Date If Applicable: _____

Comments: _____

Committee Chairperson

Department Chief Signature

Department President