

Application for Membership

Date: _____

Fire Company Application is for (Check only one)

- Wayside Fire Company
- Pine Brook Fire Company
- Tinton Falls Fire Company No. 1
- Northside Engine Company No. 4

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Email: _____

Social Security No.: _____ DOB: _____ Are you a United States Citizen? YES NO

License St.: _____ License #: _____ Class/Endorsement(s): _____

- Have you ever been convicted of a crime? YES NO
- Is your license presently suspended or revoked? YES NO N/A
- Have you ever been convicted of any traffic violations? YES NO N/A
- Are there any traffic violations pending against you? YES NO
- Have you ever completed an application for a membership within any of the fire companies within the Borough of Tinton Falls? YES NO
- Do you have prior service to a fire department? YES NO

If yes to any of the above, explain. Additional space is on page four. _____

Emergency Contact

Full Name: _____ Home Phone: _____
Relationship: _____ Cell Phone: _____

Employer/School Information

Employer/School: _____ Phone: _____
Address: _____ Supervisor: _____
Position: _____ May we Contact?: _____

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Fair Credit Reporting Act (FCRA) Authorization to Obtain Consumer and Investigative Consumer Reports

I understand that [name of employer] or a third-party, consumer reporting agency acting on its behalf may conduct an investigation to obtain information about my background for the purposes of determining by my eligibility for employment or, if I am employed by [name of employer], my eligibility for continued employment, promotion, or any other employment purpose, including, but not limited to the following information: information about my personal character, previous employment, general reputation, educational background, credit history, driving record, and/or criminal history. I authorize all persons; corporations; credit agencies; educational institutions; law enforcement agencies; city, state, county, and federal courts; and military services to release any such information about my background. Moreover, I authorize any person or entity conducting the investigation or compiling and/or processing such information to furnish the company, and/or any third party acting on the company's behalf, with such information. I further understand that the company will provide me with written notice if any adverse employment action is to be taken based in whole or in part on information contained in a consumer report within the meaning of the Fair Credit Reporting Act.

Printed Name: _____

Signature: _____ Date: _____

Applicant Signature – READ CAREFULLY BEFORE SIGNING

I hereby certify that each answer to any question herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject matter. I understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification or to discharge at any time, if I become a member of a fire company within Tinton Falls Fire District #1, or #2. In addition, I agree to comply with all agency orders, rules, and regulations.

Printed Name: _____

Signature: _____ Date: _____

Motor Vehicle Record Disclosure and Release

I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such reports will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Board of Fire Commissioners of Tinton Falls Fire District #1, or #2, Borough of Tinton Falls, County of Monmouth and the State of New Jersey and authorized agents of the Tinton Falls Fire Company No 1, Wayside Fire Company, Pine Brook Fire Company, or Northside Engine Company.

I hereby authorize procurement of my motor vehicle report. This authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my membership.

Printed Name: _____

Signature: _____ Date: _____

Background Information Release

This applicant hereby authorizes the Board of Fire Commissioners of Tinton Falls Fire District #1, or #2, Borough of Tinton Falls, County of Monmouth and the State of New Jersey and authorized agents of the Tinton Falls Fire Company No 1, Wayside Fire Company, Pine Brook Fire Company, or Northside Engine Company to contact the applicant's employer, past employers, all persons mentioned in this application and all other persons with respect to obtaining and/or verifying information in connection with this application.

The applicant agrees to sign any information authorization which may be requested.

The facts set forth in my application for entrance into the respective organization is true and complete. I understand that in acceptance, any false statements on this application may result in my dismissal. I further understand that this application is not and is not to be a contract for acceptance, nor does this application obligate the Board of Fire Commissioners of Tinton Falls Fire District #1, or #2, in any way.

The applicant hereby acknowledges and agrees that Tinton Falls Fire District #1, or #2, of the Borough of Tinton Falls will be performing a criminal background check and relative to membership in the Wayside or Pine Brook Fire Company and my continued membership in the Fire Company is contingent upon the results of this criminal background check.

I authorize the Board of Fire Commissioners of Tinton Falls Fire District #1, or #2, Borough of Tinton Falls and the State of New Jersey to make any investigation of my personal history by signing the space below.

Printed Name: _____

Signature: _____ Date: _____

Notary Public Certification – Required of all applications.

Subscribe and sworn before me, by the said _____ this _____ day of _____, 20____ to certify which witness my hand and seal of office.

