

Date Received:



## MOORESTOWN FIRE DEPARTMENT

MOORESTOWN FIRE DISTRICT NO. 1

261 W. Main Street

Moorestown, NJ 08057

(856) 234-4193

[CHECK ONE] Please indicate the type of membership you are applying for:

Active

Junior Auxiliary

Fire Police

### PERSONAL DATA

Name (First, Middle, and Last):		
Address:		
City, State, Zip:		
Home Phone: ( )	Business Phone: ( )	
Social Security No.:	Date of Birth:	
E-Mail:	Cell Phone: ( )	
Please check YES/NO for the following:		YES NO
Are you a citizen of the United States?		
Do you possess a valid New Jersey driver's license? If yes - License #:		
Has your driver's license been suspended or revoked in this or any other State? If yes, state when and where:		
Have you ever been convicted of a criminal offense or are you now under charges of a criminal offense?		

### PERSONAL HISTORY

City/Town of Birth: _____		
How long have you lived at the above address? _____ years _____ months		
Please indicate prior address(es) for past 5 years if applicable;		
ADDRESS	CITY/STATE	HOW LONG?
Please indicate your employment for the past five (5) years. Start with your present employer.		
EMPLOYER	ADDRESS	FROM/TO POSITION HELD
Have you ever served in the Armed Forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes - Branch: _____ Type of Discharge: _____		
Education: <input type="checkbox"/> Elementary <input type="checkbox"/> High School (graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> College		

***CHARACTER REFERENCE***

Which civic, social or other organizations are you or have you been a member of? (if any)	
Please indicate any prior experience you have in firefighting or first aid:	
Please list four character references who are not family members:	
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone: (     )	Phone: (     )
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone: (     )	Phone: (     )
Why do you want to join the Moorestown Fire Department?	

*I hereby authorize the Membership Committee to make inquiries with reference to the above statements with any institution or individual.*

\_\_\_\_\_  
*Signature of Applicant*

*I do certify that the information I have given in the above application is true and correct to the best of my knowledge.*

\_\_\_\_\_  
*Signature of Applicant*

*Dated:* \_\_\_\_\_



# MOORESTOWN FIRE DEPARTMENT

MOORESTOWN FIRE DISTRICT NO. 1

261 W. Main Street

Moorestown, NJ 08057

(856) 234-4193

Office Hours: Monday-Friday, 8:30 a.m. – 4:30 p.m.

## *Instructions for Membership Application*

Please read and follow these instructions carefully. The providing of false, misleading, or evasive information will result in rejection of application and/or termination of Department membership.

**Active Membership:** Complete all questions on the attached application to the best of your ability. Please provide your full name (first, middle, and last) as indicated on your birth certificate and/or driver's license as well the town and state of your birth.

Return these forms either via mail or in person to the Moorestown Fire District #1 office at the following address:

**Moorestown Fire District # 1  
261 W. Main Street  
Moorestown, NJ 08057**

Your application will be dated upon receipt. Once it has been received, the Department will endeavor to complete the process within 30 days. Your application will be presented to the Department Membership Committee and an interview will be scheduled. **The Membership Committee will be in contact with you via e-mail and it should be checked on a regular basis.** A Criminal History Record Information form must be signed at the conclusion of the interview. The Membership Committee will then present their recommendation for membership into the Department. You will be notified of the Committee's decision by mail. Upon successful completion of a Post-Offer medical evaluation (including drug screening), you will be contacted by the Training Officer to schedule the Physical Agility Test and Recruit Orientation training sessions.

All members shall serve a probationary period of one year. Successful completion of the medical exam, Firefighter I training, and a satisfactory criminal history report are requirements for consideration of Active membership. **The Chief of the Department will determine your station assignment. Station assignments may change as needs dictate.**

**Junior Auxiliary Applicants:** You are required to submit a completed application along with a signed Parental Permission and Release form and have at least one parent present during the interview. A Physical form, supplied by the Fire District, must be completed by your personal physician prior to acceptance into the Department.

**Fire Police Applicants:** Requirements for Fire Police are the same as those for Active Member with the exception that the agility test is not required.