

GLOUCESTER CITY
FIRE DEPARTMENT

VOLUNTEER
FIREFIGHTER
APPLICATION

Gloucester City Fire Department

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Gloucester City Fire Department
One North King Street
Gloucester City, New Jersey 08030
Telephone (856) 456-26562 ~ Fax (856) 456-0882

Dear Applicant,

We welcome your membership application to join the Gloucester City Volunteer Fire Department. The attached "Application Process" guide will provide you with detailed instructions on how the application process works and what steps you will need to take in order to complete the application process. It is important that you fill out each part of the application packet completely and honestly.

As I am sure you will agree, our organization is one in which integrity is paramount. Our reputation is directly related to the code of conduct displayed by each of our members. Our members deal directly with the public and it is important that they be concerned for the safety and welfare of the public at all times. Therefore, please be aware that we will thoroughly scrutinize the information that you provide on the membership application. We do this in an effort to provide the citizens of Gloucester City with individuals who will uphold the excellent reputation of the Gloucester City Fire Department.

Thank you for your interest, and hopefully you will become a valuable part of our organization

APPLICATION PROCESS

**PLEASE READ THIS CAREFULLY BEFORE
FILLING OUT THIS APPLICATION**

The applicant shall personally prepare this form. All signatures must be in **BLACK INK**.

Read each 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 false statements, or has attempted to practice fraud or deception in this application.

If there is not enough space to answer any given question you may use another sheet of paper, put the question number and then finish your answer, attach the extra sheet to this application.

All applications must be accompanied by a copy (not originals) of Birth Certificate, Drivers License and Social Security Card.

To all Courts, Probation Departments, Physicians, Hospitals, Employers, Educational and other institutions and Agencies without exception.

I, _____ am making application to the Gloucester City Fire Department. As a result, an investigation is being conducted to determine my eligibility for membership.

Therefore you are authorized to release to the Gloucester City Fire Department or its representatives, any and all information documentary or otherwise pertaining to the above applicant that they may request.

I hereby release, discharge, and exonerate Gloucester City Fire Department, its agents or representative and any person so furnishing information, from any liability of every nature and kind arising out of the furnishing, inspecting, or collection of such documents, records and other information or the investigation may by the Gloucester City Fire Department.

A photo static copy of this authorization will be considered as effective and as valid as the original.

Signature: _____

Date: _____

Witness Name (Print): _____

Date: _____

Witness Signature: _____

APPLICATION INSTRUCTIONS

1. **Personal Data Form** – Attach a current photo and complete all questions.
2. **Residence & References** – Membership application includes four references that must be completed. These references shall not be related to you or be members or employees of the Gloucester City Fire Department.
3. **Education & Employment Information**
4. **General Information & Criminal History**
5. **Motor Vehicle History**
6. **Motor Vehicle Services Form & Authorization form for DL review, criminal history records and employment records** – MUST be notarized. Notary services may be obtained at Gloucester City Fire Headquarters by contacting Alicia Jones at (856) 456-2652, Monday – Friday, 9:30 am – 4:00 pm.
7. **Motor Vehicle Services – Driver History Abstract Request form** – Complete on the bottom portion of the form with DL number, date of birth, name and complete address **(DO NOT SIGN THE FORM)**. **YOU MUST PROVIDE A COPY OF A CURRENT AND VALID DRIVERS LICENSE WITH THIS FORM.**
8. **Beneficiary Designation for Accident & Sickness Policy** – Beneficiary for volunteer firemen’s insurance you need to complete both top and bottom portions leaving joined organization date blank. Be sure to complete primary and contingency beneficiary. If more than one beneficiary is noted the sum percentages must equal 100% (i.e. 50% Jane Doe; Mother, 50% John Doe; Father).
9. **Guaranteed Life Insurance Company** –complete section A C and D, Social Security number MUST be included. DO NOT fill our back of page.
10. **VFIS Group Term Life Insurance Form** – complete entire form, sign and date form.
11. **Camden County Fire Department Accountability Card Qualifications Listing** – complete entirely, provide photocopies of any certification pertaining to items marked “yes”. Leave Chief Signature blank..
12. **NJ State Fireman’s Association membership application** – complete the top portion of this form leave Relief Assn blank, this form must be signed in the presence of a notary.

GLOUCESTER CITY FIRE DEPARTMENT
AUTOMATIC DISQUALIFICATION

NO APPLICANT SHALL BE CONSIDERED FOR MEMBERSHIP OR EMPLOYMENT WITH THE GLOUCESTER CITY FIRE DEPARTMENT IF DURING THE INVESTIGATION PROCESS IT IS DISCOVERED THAT THE APPLICANT:

A. CRIMINAL HISTORY

1. Has been arrested and convicted of an offense which involves dishonesty
2. Has been arrested and convicted of assault
3. Has been incarcerated for any convictions
4. Has been arrested and convicted of arson
5. Has been convicted of Domestic Violence offense
6. Has been arrested and convicted of any offense that involves a Firefighter
7. Has been arrested and convicted of sexual assault
8. Has ever been arrested and/or charged with offense such as criminal sexual contact, sexual assault or any other offense that would constitute being registered as a sex offender under Megan's Law.

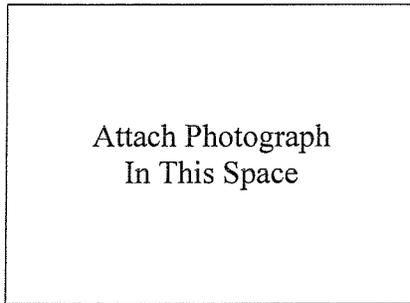
B. DRIVING RECORD "If applicable"

1. Has more than one DWI or DUI convictions
2. Has three or more moving violations
3. Has four or more current points
4. Has one or more convictions for reckless driving
5. Has two or more convictions for careless driving
6. Has one or more convictions for driving while suspended

C. OTHER

1. Has been terminated or resigned from any Federal, State, County, or Municipal Fire Department for any disciplinary reasons
2. Is not a resident of the City of Gloucester City
3. Has been found to have falsified any document or intentionally given false information in any part of this application process
4. Refuses to consent to any part of the security and/or background investigation
5. Has failed to meet any one of the requirements of this application
6. Currently disabled or collecting disability from employment.
7. Has had any negative contact with the Gloucester City Fire Department resulting in an incident report, interdepartmental communication, police report, investigation, charges, etc.

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. _____ C. _____
B. _____ D. _____
3. Are you 18 years of age or older? (Yes/No)? _____ If no what is your age: _____
4. If a volunteer, are you 40 years of age or younger (Yes/No)? _____ If no what is your age: _____
5. Date of birth: _____ Age at time of application: _____
Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
6. Where were you born? _____
(Hospital) (City) (State)
7. Birth Certificate: _____
(City) (County) (State)
8. Check one of the following:
 Asian Hispanic/Latino
 Black (Non-Hispanic) American Indian/Alaskan Native
 White (Non-Hispanic) Hawaiian Native/Pacific Islander
9. Social Security Number: _____ - _____ - _____ Issued in which State: _____
10. Marital Status: Single _____ Married _____ Civil Union _____
11. If you have children how many: _____
12. What is your occupation: _____

RESIDENCE

1. Where do you currently reside: _____
(Number) (Street) (City)

(County) (State) (Zip Code)

Contact Phone Numbers: Home _____ Cell _____

2. How long have you resided at the above address? _____

3. List you last three places you lived:

REFERENCES

List four character references excluding relatives and Gloucester City Firefighters who can provide insight as to your character and integrity:

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

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

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

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

EDUCATION

List chronologically (earliest first) all schools and colleges you have attended:

School	Address	# Years	Type of Degree	Graduated Yes or No

Please list chronologically (earliest first) all emergency service training that you have attended:

School/Training Academy	Address	Date	Training Class Taken

Please attach copies of all certificates and training.

EMPLOYMENT

1. Present Employer: _____

Address: _____

Supervisors Name: _____

Describe Job Duties: _____

2. Were you ever discharged or asked to resign from employment (Yes/No)? _____

If yes please explain: _____

3. Have you ever had any disciplinary actions/problems (i.e. verbal warnings, written reprimands, formal charges, time off, inter-agency problems, investigations, reports, driving privileges suspend by employer, demotion(s), personnel issues, time and attendance issues, had to be retrained for an existing position) (Yes/No)? _____

If yes please explain: _____

4. Have you ever taken a civil service test or applied for a civil service position in the past (Yes/No)? _____

If so, for what position: _____

In what municipality: _____ What Year: _____

Civil Service test results rank and score: _____

Disposition: _____

GENERAL

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

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

CRIMINAL HISTORY

Have you ever been detained, investigated, arrested, charged or convicted of any crime or ordinance violation by any local, state or federal law enforcement agency? Yes _____ No _____

If yes, complete the following:

Name of Charge, Arrest or Conviction	Date	Name & address of Police Agency & Court	Disposition

If the space provided is insufficient attach another sheet of paper.

Have the police ever been called to any residence you have occupied? Yes _____ No _____

If so, when, police agency, involved officers, reason and disposition:

CRIMINAL HISTORY

Continued...

Have you ever been investigated by any other governmental agency including DYFS, IRS.

Yes _____ No _____

Have you ever been investigated, questioned, detained for domestic violence, assault (simple/aggravated), terroristic threats, disorderly conduct, or any other charge?

Yes _____ No _____

If to any of the above provide the following information:

Reason	Date	Name & address of Police Agency & Court	Disposition

If the space provided is insufficient attach another sheet of paper.

A New Jersey Criminal Background check must be completed and submitted to this office, the cost of this is \$41.00 of which you must pay for, the Gloucester City Fire Department will not reimburse you for this:

- Go to the New Jersey State Police web site at www.NJSP.org
- Click on "Criminal History Background Checks"
- Click on "Individual Criminal Background Checks (Forms A & B)".
- Click on the highlighted work "FORM A" complete form (sample of form on next page).
- After completing form call the number listed to schedule an appointment.
- Remember to print this form and take it to the appointment
- If you fail to produce the completed application you have printed out, or if you fail to appear for your appointment on time your background check will not be completed.

FORM A

PLEASE READ THE FRONT AND BACK OF THIS FORM CAREFULLY:

Applicants that require one of the following fingerprint based background checks and need the results mailed back to the applicant's address must use form "A":

Good Conduct
Immigration
Naturalization
Personal Record
Visa
Expungement

This is a sample form.

If none of the above reasons meet your needs, please inquire about additional forms (see below) that may be used for fingerprint based New Jersey Criminal History Background Checks.

Form B:

International Adoption Requiring notarization
Foreign business requiring notarization

Form C:

Employment (**responses returned to applicant)

Form D:

Employment (**responses returned to employer)

By utilizing form "A", you are requesting and authorizing the New Jersey State Police to conduct a fingerprint based New Jersey Criminal History Background Check.

The New Jersey State Police uses the live scan fingerprinting services provided by Sagem Morpho, Inc., a private company under contract with the State of New Jersey. In order to be fingerprinted for one of the purposes listed above, you are required to contact Sagem Morpho to schedule a time and place to have your fingerprints recorded. The quickest and easiest way to schedule your appointment is via the Web at www.bioapplicant.com/nj. Web scheduling is available 24 hours per day, seven days per week. Applicants who do not have Web access should call Sagem Morpho at the company's toll-free telephone number, 1-877-503-5981 (Monday through Friday, 8:00 a.m. to 5:00 p.m., and Saturday, 8:00 a.m. to 12:00 noon). Sagem Morpho provides a toll-free TTY telephone number, 1-800-673-0353, for hearing-impaired applicants with a modem-equipped telephone. Spanish-speaking operators are available upon request.

You must bring this form with you to your scheduled fingerprint appointment. In addition to this form, you must bring proper identification as outlined on the front of the Universal Fingerprint Form. The home address that you fill out on the attached form should be the same as the home address printed on the identification that you provide to Sagem Morpho INC. **YOUR ADDRESS MUST BE COMPLETE AND ACCURATE IN ORDER TO PROPERLY MAIL BACK THE RESULTS OF YOUR CRIMINAL HISTORY BACKGROUND CHECK.** To ensure accuracy, please legibly complete blocks #9 thru #26 on the front of this form prior to scheduling your appointment.

The fee for this service is \$41.00. Accepted forms of payment are money order, credit card and electronic debit check. At the time of scheduling your appointment, payment will be required and charged to your account. Appointments must be canceled by noon on the business day prior to your scheduled time (you must cancel by Saturday at noon for a Monday appointment). If you fail to cancel your scheduled appointment, you will forfeit the \$11.00 portion of your fingerprint fee that is payable to Sagem Morpho. You will also forfeit the \$11.00 fee if you fail to bring the Universal Fingerprint form and proper ID when having your fingerprints scanned.

Failure to utilize this form for its intended purpose and/or failing to provide complete and accurate information may result in having to be fingerprinted again and incurring additional costs.

Any questions regarding the use of this form can be directed to your Local or State Police Department where you obtained this form, or contact the New Jersey State Police, Criminal Information Unit at 609 882-2000 ext. 2918. Additional information on criminal history background checks may also be found on our website at www.njsp.org.

MOTOR VEHICLE HISTORY

1. Do you have a valid driver's license: Yes ___ No ___

Drivers License number: _____ State: _____

2. Have your driving privileges ever been revoked in this or any other State? Yes ___ No ___

If yes please explain: _____

3. Have you ever had your registration revoked in this or any other State? Yes ___ No ___

If yes please explain: _____

4. Have you ever been cited for driving without insurance? Yes ___ No ___

If yes please explain: _____

List any motor vehicle summonses or violations for the past five years in this state or any other state:

Date	Offense	Location	Court Disposition	Points	Police Agency

List any motor vehicle accidents you have been involved with and attach copies of any associated police reports:

Date	Offense	Location	Court Disposition	Points	Police Agency

I, _____ being duly sworn, depose and say I am the above named person. I signed the forgoing statement, I personally read and 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)

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, as an applicant for the Gloucester City Fire Department, hereby grant permission to the administration, officers and investigating members of the City of Gloucester City and the Gloucester City Fire Department to investigate my background and character by interviewing past and present employers, supervisors and co-workers, references, neighbors past or present, local or state police agency regarding arrests, investigations, detentions, complaints and/or contact, physicians or any other government official for the purpose of reviewing my suitability for assignment to the Gloucester City Fire Department.

I, _____, as an applicant with the Gloucester City Fire Department, hereby authorize ANY individual, department or organization with whom I may have been associated, to furnish the investigating personnel of the Gloucester City Fire Department with any information relative to my character, abilities, integrity or otherwise which may be on written, computerized or digital record, recalled from memory or otherwise and hereby release any involved employer, supervisor, reference, official or other person connected therewith from ANY and ALL liability from damages incurred in furnishing such information.

I further understand that the position I am seeking with the Gloucester City Fire Department rests heavily on my character and integrity as I will be placed in a position where I will be allowed into homes, businesses, offices, vehicles, etc. and charged with the care of the residents and guests of Gloucester City, their children the elderly and disabled and persons who may be unaware of their surroundings or present situation and their property. Additionally I may be exposed to open monies, jewelry, medicines, etc. and my integrity, as well as a thorough investigation into my character, is paramount to protect the guests and residents of this City, their property and belongings and the proud reputation and history of the Gloucester City Fire Department.

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

_____ being duly sworn doth depose and say that the above statements are true to the best of my knowledge and belief.

Sworn before me this _____ day of _____, _____.

Signature Of Notary: _____ Commission Expires: _____