GLOUCESTER CITY

FIRE DEPARTMENT

VOLUNTEER

FIREFIGHTER

APPLICATION
# Gloucester City Fire Department

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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 accompanies 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).


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 APPLICAT 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 or 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 charges 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.
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)

   ________________________________
   (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:

<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
<th># Years</th>
<th>Type of Degree</th>
<th>Graduated Yes or No</th>
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Please list chronologically (earliest first) all emergency service training that you have attended:

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<tr>
<th>School/Training Academy</th>
<th>Address</th>
<th>Date</th>
<th>Training Class Taken</th>
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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: __________________________________________________________________
5. List employment held for the past 15 years. Account for all periods of unemployment or disability:

<table>
<thead>
<tr>
<th>Name, address and telephone number of employer</th>
<th>Position Held</th>
<th>Immediate Supervisor</th>
<th>Reason for leaving</th>
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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:

<table>
<thead>
<tr>
<th>Name of Charge, Arrest or Conviction</th>
<th>Date</th>
<th>Name &amp; address of Police Agency &amp; Court</th>
<th>Disposition</th>
</tr>
</thead>
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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:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

10
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:

<table>
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<tr>
<th>Reason</th>
<th>Date</th>
<th>Name &amp; address of Police Agency &amp; Court</th>
<th>Disposition</th>
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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.
PERSONAL RECORDS REQUEST

**Important: Please see Acceptable ID Requirements below**

- [ ] First Name
- [ ] Last Name
- [ ] M
- [ ] F
- [ ] M/F

- [ ] Social Security Number
- [ ] Date of Birth
- [ ] Height
- [ ] Weight

- [ ] Country of Citizenship

Address

City

State

Zip

Gender

- [ ] Male
- [ ] Female
- [ ] Both

Hair Color (Indicate most predominant color, one only)

Eye Color

- [ ] A Asian
- [ ] Pacific Islander (Includes Asian Indian)
- [ ] B Black
- [ ] W White (Includes Hispanic/Spanish Origin)
- [ ] U Unknown
- [ ] I American Indian / Alaska Native

Occupation

Employer Name

Employer Address

City

State

Zip

APPLICANT INFORMATION - READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.

ACCEPTABLE ID REQUIREMENTS - ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An $11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/schedule by noon the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/scheduled via the web without penalty if cancellation requirements are met. The $11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at www.bioapplicant.com/nj 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the $11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

March 22, 2008
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

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 their company’s toll-free telephone number, 1-877-513-5981 (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 modern-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 609 882-2581 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Offense</th>
<th>Location</th>
<th>Court Disposition</th>
<th>Points</th>
<th>Police Agency</th>
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List any motor vehicle accidents you have been involved with and attach copies of any associated police reports:

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<th>Offense</th>
<th>Location</th>
<th>Court Disposition</th>
<th>Points</th>
<th>Police Agency</th>
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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 deposite 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: ____________________