

**EASTAMPTON FIRE-RESCUE DEPARTMENT**  
**EFD**  
**FIRE-RESCUE**  
 P.O. Box 748 • EASTAMPTON • NEW JERSEY • 08060-0748  
 www.EastamptonFireRescue.com

Name \_\_\_\_\_, \_\_\_\_\_ MI  
Last First

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
Number Street City

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
MO/DAY/YEAR

For which type of membership are you applying? EMT  Firefighter  Fire Police   
 Associate/Contributing Member  Junior Member (16-18, consent form required)

Are you a current or former member of an EMS or Fire Company?  Yes  No  
 Current member  Former member

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM YYYY MM YYYY

Organization name \_\_\_\_\_

Organization address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person \_\_\_\_\_

Positions Held \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you an EMT or do you have a FF1 or Fire Police Certification  Yes  No  
 Check all that apply: EMS  FF1  FP

Have you had any additional training? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Copy of certificates/certifications required)

Is a current member of the department referring you?  Yes  No  
 Name of referring member \_\_\_\_\_

Other than a traffic offense, have you ever been convicted of a crime or are you currently charged with or under indictment for a crime?  Yes  No

Charge \_\_\_\_\_ Disposition \_\_\_\_\_  
(A criminal background check will be conducted after acceptance but prior to being added to the riding list)

Driver License # \_\_\_\_\_ NJ  Other: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Endorsements: \_\_\_\_\_

Are your driving privileges currently suspended or revoked in any state? Yes  No

**References:**

Name	Address	Phone Number

**Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Name** \_\_\_\_\_

**Employer Address** \_\_\_\_\_

**Emergency Contact Information:**

<b>#1:</b> Name _____ Relationship _____ Telephone _____	<b>#2:</b> Name _____ Relationship _____ Telephone _____
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**Medical Information:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Non-Medical Allergies: \_\_\_\_\_

Medical conditions or physical limitations: \_\_\_\_\_

**Corrective Lenses:** None  Glasses  Contacts  Contacts/Glasses

Hearing Problems: Yes  No  If **YES** explain: \_\_\_\_\_

Hepatitis –B Inoculated? Yes  Date last received? \_\_\_\_ / \_\_\_\_ No  Refused

Tetanus Inoculation: Yes  Date last received? \_\_\_\_ / \_\_\_\_ No  Refused

I certify that the above information is accurate and complete to the best of my knowledge and hereby give permission to the Eastampton Township Board of Fire Commissioners and the Eastampton Fire-Rescue Department to use this information only for the official business of the Board of Fire Commissioners and the Eastampton Fire-Rescue Department including but not limited to background investigation and medical evaluations.

**Signature:** \_\_\_\_\_

Eastampton Fire Rescue

**Date** \_\_\_\_\_

Membershin Application

**THIS PAGE FOR DEPARTMENT USE ONLY**

**References**

**Checked by:** \_\_\_\_\_  
Name Title

**Updated Status:** Acceptable  Unacceptable  Unspecified

**Fingerprinting and Background Check completed:** \_\_\_\_\_  
Date

**Member or Prior Member of another Company or Department**

**Letter from prior Company/Department Requested By:** \_\_\_\_\_  
Name

**Date Requested** \_\_\_\_\_ **Date Response Received:** \_\_\_\_\_

**Updated Status:** Acceptable  Unacceptable  Unspecified

**Documentation**

**Copies of Certifications:** FF1  EMT  Fire Police  I-200  HazMat Awareness

HazMat Operations  CPR  CPR/AED  Other: \_\_\_\_\_

**Copies of Certificates:** CEVO  FF2  Extrication  NIMS 700  I-100  Boating Safety

**Other:** \_\_\_\_\_  
\_\_\_\_\_

**Other Documentation**

**Physician Completed Physical**  **Accountability Information**  **Consent Form (Junior Member)**

**Copy of Driver's License**  **Other:** \_\_\_\_\_

**Date Accepted** \_\_\_\_\_ **Assigned Company:** 341 342 349

**Department SOG's received** \_\_\_\_\_ **Company SOG's/ByLaws received** \_\_\_\_\_  
Initial Initial Date

**Company Liaison Assigned:** \_\_\_\_\_

Copy of completed application, certifications, certificates, letters of recommendation, driver's license and letters from prior company(ies)/department(s) (if applicable) must be forwarded to the Department Chief for presentation to the Board after member acceptance into a company.