

SPARTA TOWNSHIP FIRE DEPARTMENT
MEMBERSHIP APPLICATION

141 Woodport Road
Sparta, NJ 07871

THE SPARTA TWP. F.D. IS AN EQUAL OPPORTUNITY ORGANIZATION AND AS SUCH DOES NOT DISCRIMINATE IN MEMBERSHIP PRACTICES BASED ON RACE, COLOR, SEX, AGE, NATIONAL ORIGIN, RELIGION, MARITAL STATUS OR DISABILITY.

Applicants must reside within Sparta Township

PLEASE PRINT

POSITION(S) APPLYING FOR: Firefighter **DATE OF APPLICATION:** _____

Name: _____		
Last	First	Middle
Address: _____		
Number	Street	Apt.

City/Town	State	Zip
(Previous Address if less than five years at above): _____		
Home Number _____ Cell Phone: _____		
Email _____ Social Security Number: _____		

Have you ever been convicted of or pleaded guilty to a crime?..... Yes No

If yes, provide details _____

Age _____ (must be 18) Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Aliases/Maiden Name/Add'l DOB _____

Tattoos/Scars _____

Emergency Contact Name: _____ Telephone Number: _____

PREVIOUS EXPERIENCE (Not Required)

Have you ever been a member of a Fire Department? Yes No

If yes, when and in what Department? _____

List Positions held (firematic and/or administrative): _____

Existing NJ State Exempt Line Number (if applicable) _____

Do you have any medical condition(s) that you feel may hinder your ability to perform as a firefighter?

..... Yes No

If yes, please list the medical condition(s): _____

EMPLOYMENT

Are you currently employed Yes No

Employer Name _____ Normal Shift: Day Eve Night

Employer Address _____

Have any of your relatives belonged to the Sparta FD? Yes No

If yes, please give name _____

DRIVER INFORMATION

Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list your driver's license number & state: _____		
Do you currently hold a CDL license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there currently any points assessed against your license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many: _____		
Do you have transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had your driving privileges suspended or revoked in the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what were the circumstances surrounding the suspension or revoking of your driving privileges		

EDUCATION (NOTE: Applicants may be required to provide proof of H.S. diploma or G.E.D.)

EDUCATION	NAME & LOCATION OF SCHOOL	COMPLETED?	MAJOR	DIPLOMA/DEGREE
HIGH SCHOOL				
COLLEGE/UNIVERSITY				

REFERENCES (Not Employers or Relatives)

Name	Address	Phone number

I understand any misstatement or omission on the application may result in my disqualification for membership or termination of my membership if I have already been accepted.

SIGNATURE OF APPLICANT _____ **DATE:** _____

APPROVED BY: _____ **DATE:** _____

SIGNATURE OF DEPARTMENT CHIEF

CERTIFICATION (PLEASE READ AND SIGN BELOW)

I certify that the information contained herein is true and complete. I further understand that this application is not and is not intended to be an offer of membership, nor does this application obligate the Department in any way if the Department decides to accept me. I also understand and acknowledge that, unless otherwise defined by applicable law, any membership relationship with the Sparta Township Fire Department is governed by the Department Bylaws which means that the member may resign at any time and the Sparta Twp. F.D. may discharge member at any time as described in the Bylaws.

I understand that positions may require post acceptance physical examination by applicant's physician, Drug/Alcohol Testing and/or psychological examinations.

I authorize the Township of Sparta to conduct a background investigation pertaining to my criminal history and driving qualifications. I further authorize the Department to contact the references I have listed on my application. I understand that this background investigation may include the following and I hereby give my consent.

- A. Criminal background check
- B. Reference check
- C. Former F.D. membership check
- D. Review of driving record
- E. Review and acceptance of copies of all mandatory fire training certificates

If I have indicated previous firefighting experience above, I acknowledge that I need to request from my former Chief Officer a letter confirming my membership and good standing. Such letter to be sent to the Chief of the Sparta F.D. Membership cannot be approved without this letter.

All newly accepted applicants are considered Probationary until such time as the Department approves the end of the probationary status.

SIGNATURE OF APPLICANT _____ **DATE:** _____