

ANDOVER TOWNSHIP VOLUNTEER FIRE DEPARTMENT
STATION 32 FIRE

625 LIMECREST ROAD, NEWTON, NEW JERSEY 07860

STATION32FIRE@ATPD.ORG



APPLICANT INFORMATION

Name: _____
Last First M.I.

Address: _____
Street Address Apt./Unit #

City State Zip Code

Cell Phone: _____ **Email:** _____

Driver's License State: _____ **Driver's License #:** _____

Social Security #: _____ **Date of Birth:** _____

Are you a citizen of the United States? Yes No

Are you currently a member of the Sussex County Firemen's Association? Yes No

Are you currently a member of the NJ State Firemen's Association? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

How long have you been a resident of Andover Township? _____
years/months

In the event of an emergency, does the applicant authorize Andover Township Volunteer Fire Department to release the above information to a medical crew, clinic, or hospital? Yes No

PRIOR TRAINING & EXPERIENCE

(please include copies of current certifications with your application)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

REFERENCES (LIST 3)

- 1. Full Name: _____ Relationship: _____
Address: _____ Phone: _____
- 2. Full Name: _____ Relationship: _____
Address: _____ Phone: _____
- 3. Full Name: _____ Relationship: _____
Address: _____ Phone: _____

EMPLOYER INFORMATION

Company Name: _____ Phone #: _____
Address: _____
Position: _____ Supervisors Name & Title: _____

RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, physicians, hospitals, employers, education and other institutes and agencies without exception. I, _____, am making application for appointment to the Andover Township Volunteer Fire Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Andover Township Volunteer Fire Department, or it's representatives, any and all information, documentation or otherwise pertaining to me, that they may request.

I hereby release, discharge, and exonerate the Andover Township Volunteer Fire Department, it's agencies and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records, and other information or the investigation made by the Andover Township Volunteer Fire Department. A photostat copy of this authorization will be considered as effective and valid as the original.

Date: _____

Signature: _____

Witness: _____

FOR OFFICIAL USE ONLY

Background Check Completed By:

Name: _____ Date: _____

Applicant Approved? Yes No
 Date Approved: _____

If no, explain: _____

Probationary period ending date: _____ Circle one: Junior Member / Full Member

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO MEMBERSHIP, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY TERMINATION FROM THE ANDOVER TOWNSHIP VOLUNTEER FIRE DEPARTMENT.

Signature: _____ Date: _____

Please email completed applications to station32fire@atpd.org or bring in-person to Station 1 (625 Limecrest Road) any Monday night at 7pm.