Date: _____ Social Security Number: _____

Application for Membership

Applicant* and sponsors must be residents of Salem City for at least one continuous year prior to date of application. (*Except Associate FireFighter)

Important: Application must be filled out and channeled in the following order:

1. Application should be filled out by applicant with typewriter or printed. (Do not write.)
2. Application must be notarized. Applicant must then present him/herself before a doctor for a physical examination.
3. Application must be returned by applicant with completed physical test record.
4. Release form must be given to the Police Chief who will forward to the City Fire Chief.

Name: _____
First Middle Last

Address: _____

Birthplace: _____ Date of Birth: _____

Phone Number: _____ Present residence in _____ for _____ years.

If not born in The United States, date naturalized: _____ Place: _____

Have you ever been indicted? _____ Have you ever been convicted? _____

If yes to either question, when and where? _____

What is your regular occupation? _____

Have you ever been a firefighter? _____ If so, when? _____ and where? _____

Sponsor 1 _____
Name Signature Address Phone

Sponsor 2 _____
Name Signature Address Phone

Sponsor 3 _____
Name Signature Address Phone

Sponsors must personally sign application.

If accepted, I promise to obey all orders from the proper officers and the Constitution and By-laws of the company and the Salem Fire Department.

STATE OF NEW JERSEY COUNTY OF

_____ ss:

_____ being duly sworn, doth depose and says that the above statements are true to the best of his/her knowledge and belief.

Sworn to before me this _____ day of _____, _____

_____
Signature of Notary Public

_____ City Chief

_____ Battalion Chief

_____ Battalion Chief

Revised 04/30/2012 JAP3

Application must be returned to only one of the following companies:

Union Fire Company #1, Salem Fire Department, Walnut & Belden Streets, Salem, NJ
Liberty Fire Company #2, Salem Fire Department, 5th & Griffith Streets, Salem, NJ
Washington Fire Company #3, Salem Fire Department, 374 East Broadway, Salem, NJ

Physical Test Record

Name: _____
First Middle Last

Age: _____ Height: _____ feet _____ inches Weight: _____ pounds
Eyesight: _____ Hearing: _____ Blood Pressure: _____

Has applicant any apparent disabilities in:

Heart: _____ Lungs (X-ray required): _____

Joints: _____ Veins: _____

Feet and Legs: _____ Hands and Arms: _____

Spine: _____ Hernia: _____

Has applicant ever suffered from dizzy or fainting spells? Yes: _____ Denies same: _____

If yes, describe: _____

Has applicant ever suffered from injury? Yes: _____ No: _____

If yes, when and describe: _____

Use of narcotics? Yes: _____ No: _____

If yes, describe: _____

Remarks: _____

_____

I hereby certify that as a practicing physician in The State of New Jersey that the applicant is:

Fit: _____ Rejected: _____

Rejection is based on the following: _____

_____

Date Examined: _____ Examined at: _____

Phone Number: _____

Last Name of Physician: _____

_____

Signature of Physician

Revised 04/30/2012 JAP3

Salem City Fire Department Release Form

I hereby authorize the Salem Fire Department and Salem Police Department to investigate my character and background including police records to ascertain any information concerning my past and present status, knowing full well that all pertinent information will be turned over to the New Jersey State Firemen's Association, Fire Company and Fire Chiefs for their evaluation. I understand that I must present myself to the Salem Police Department for fingerprinting and the background investigation may indicate arrest information from any of the United States.

Further, I release all persons and agencies from any damages because of furnishing such information to the Salem Fire Department.

This form must be signed in the presence of a witness who is a Salem City Resident and has been for at least one year prior to the date this release is submitted.

_____
(Witness Printed Name)

_____
(Applicant Printed Name)

_____
(Witness Signature)

_____
(Applicant Signature)

_____
(Applicant Driver's License Number)

_____
(Applicant Date of Birth

_____
(Applicant Social Security Number)

Police remarks concerning background: