



Cinnaminson Fire Department

Station 201
1725 Cinnaminson Ave.
Cinnaminson, N.J.08077

Station 202
1900 Taylors Lane
Cinnaminson, N.J.08077

Membership Application

Date _____

Applicant Information

First Name _____ Last Name _____ M.I. _____

Present Address _____ City _____ State _____ Zip _____

How long have you lived at this address? _____ Email Address _____

Home Telephone _____ Cell Phone _____

Previous Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____ Marital Status _____

Driver's License Number _____ State _____ Any special endorsements _____

Are you a U.S. Citizen _____ Are you authorized to work in the U.S. _____

What type of membership are you applying for: Fire Fighter _____ Fire Police _____ Junior Member _____

Special Contributing Member _____ Emergency Medical _____

Have you ever been a Fire Fighter, Squad Member, EMT or Fire Police: _____

If Yes, Name of Dept. or Org. _____ City _____ State _____

Dates: From _____ To _____

Did you leave on good terms? _____ If No, Explain _____

Are you presently a member of another Fire Department or Ambulance Squad: _____

If Yes, Name of Dept. or Org. _____ City _____ State _____

Chief's or President's Name _____ Telephone Number _____

Military Service

Have you ever been (or currently) in the Military? _____ If yes: Branch _____

Dates: From _____ To _____ Rank at discharge _____ Type of discharge _____

Duties performed: _____

Education

High School _____ Address _____

City _____ State _____ Did you graduate? _____ Year _____

College _____ Address _____

City _____ State _____ Graduation Year _____ Degree _____

Have you attended any Trade Schools? _____ If yes, Please List _____

Have you attended Fire School? _____ EMT School? _____ Other Related Schools? _____

If yes, List _____

Other training that may be beneficial to the Fire Department: _____

Present Employment

Company _____ Phone _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Hire Date _____ May we contact your supervisor _____

What are your responsibilities? _____

Previous Employment

Company _____ Phone _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Job Title _____ May we contact your supervisor _____ Dates From _____ To _____

What were your responsibilities? _____

Reason for leaving: _____

Criminal Record

Have you ever been convicted of a crime or disorderly conduct? _____ If yes when: _____

Explain: _____

Hobbies & Skills

List any hobbies, skills or special interests that you have. _____

References

Full Name _____ Relationship _____ Phone # _____

Present Address _____ City _____ State _____ Zip _____

Full Name _____ Relationship _____ Phone # _____

Present Address _____ City _____ State _____ Zip _____

Full Name _____ Relationship _____ Phone # _____

Present Address _____ City _____ State _____ Zip _____

Other

Why do you wish to join the Cinnaminson Fire Department? _____

Were you referred to the Cinnaminson Fire Dept.? Yes _____ By Whom _____

Are presently on temporary _____ or permanent disability? _____

In case of Emergency

In case of emergency who should we contact:

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Disclaimer and Signature

I agree that by signing this application I will abide by the Rules, Regulations and Constitution and Bylaws of the Cinnaminson Fire Department. I also understand that any failure to do so may result in dismissal from the department. I understand that any department property must be returned immediately should I resign or be dismissed from the Cinnaminson Fire Department.

I understand that once my application has been accepted, I will need to take and pass a physical examination including drug testing for unauthorized controlled substance (paid by the CFD) and a short physical agility test. I understand failure to complete and pass both items within 30 days will result in my removal from the department.

All answers and statements are true in every detail to the best of my knowledge and belief. I understand that by signing this application, I further authorize the Cinnaminson Fire and Police Departments to obtain, copy, secure, photograph, review and release all records, data information relating to me, my arrest record, my traffic record and my medical record to enable said departments to conduct a full and complete background investigation of my person. I absolve and agree to hold harmless any individual, organization, agency or institution who supplies said records, records, data, or information to said departments from any liability of whatever nature and from cause of action which might arise from said actions.

Signature _____

Date _____

By checking this box and typing my name above, followed by the last four digits of my social security number, I am electronically signing my application. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Fire Department Use

Do Not Write Below This Line

Membership: Active _____ Junior _____ Fire Police _____ Contributing _____ Other _____

Assigned to Station 201 _____ 202 _____

District review _____ Date of Review _____

Station Review _____ Date of Review _____

Remarks _____

Accepted Date _____ Rejection Date _____ Reason _____

Social Security # (Provide only after acceptance) _____ - _____ - _____

Interviewers: _____

Physical Date _____ Pass _____ Fail _____ Notes _____

Agility Test Date _____ Pass _____ Fail _____ Notes _____

Hep. B #1 Date _____ #2 Date _____ #3 Date _____ Refused Date _____

Dept. Information Form Completed Date _____

Insurance Beneficiary Submitted Date _____

OTHER: _____
