



Dunellen Fire Department Membership Application

Notice: This application must be filled out completely by the applicant with a typewriter or printed clearly.

Date of Application:		U.S. Citizen		Yes		No
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Name:			
	Last	First	Middle

Address:					
	#	Street	City	State	Zip

How long have you lived at the above address?	
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Social Security #:		Contact Number:	
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Do you have a valid NJ Drivers License?		Yes		No
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Drivers License Number:	
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List any friends or relatives that belong to the department:

Have you ever been convicted of a crime?		Yes		No
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If yes, explain:

Membership Type		FireFighter		Junior		Associate
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References

List below the names of three persons not related to you or members of this department.

Name	Address	Contact #

Did you graduate from High School?		Yes		No
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The facts set forth in this application for membership are true and complete. I understand that if accepted for membership, false statements on this application shall be sufficient cause for dismissal. I further understand that I must comply with all rules and regulations covered by the Defender Fire Co, No. 1 By-Laws and the Standard Operating Procedures established by the Fire Chief.

In addition, I authorize the Dunellen Fire Department to conduct a background investigation including a criminal history check through the Dunellen Police Department. I will also submit to being fingerprinted by the Dunellen Police Department if determined to be necessary during the course of the background investigation. I hereby authorize the Dunellen police department to release any information found during the background investigation to the Fire Chief.

Signature of Applicant	Date