

# EVESHAM FIRE-RESCUE



# MEMBERSHIP APPLICATION

# Evesham Fire-Rescue

Dear Applicant,

Thank you for applying for membership to Evesham Fire-Rescue.

The following steps have been established to assist you in the timely completion of a membership application.

1. Complete the Membership Application Form. Return to the Fire Administration Office (FAO), 984 Tuckerton Rd. Evesham, NJ. **Be sure to include your clothing sizes so that a proper uniform fit can be obtained.**
2. Sign and date the Authorization for Release of Information form. This form must be notarized (Notaries available at FAO). Return with the Membership Application form as explained above.
3. Your application will be checked for completeness and your name forwarded to the Recruit & Retention Officer. He/she will contact you to schedule your orientation. At this time the Department's participation requirements will be explained to you.
4. Upon returning the application to the Fire Administration Office you will be required to complete the NJ State Firemen's Association Form, and to bring that form to your physical.
5. In the interim, a Drivers License Check will be conducted to determine your eligibility with the Department and arrangements will be made with the Evesham Police Department to have you fingerprinted for a Criminal History Check.
6. Following your orientation and the results of both records checks, the Fire Administration Office will contact you to arrange a pre-placement physical examination, which includes drug screening.
7. Once you pass the doctor's physical, the Member Support Officer will contact you to schedule the appropriate agility test to be given at one of our stations.
8. Upon successful completion of the agility test, your application will be presented to the Board of Fire Commissioners for formal approval.
9. After the Board approves your application for membership, the Fire Administration Office or Member Support Officer will notify you and advise you of the date for your Recruit Indoctrination. At this time the Member Support Officer will complete the indoctrination process and issue the necessary uniform components, personal protective equipment and paging equipment to you.

Should you have any questions regarding this application process, please contact the Fire Administration Office at 983-2750, Ex t. 2017 Monday - Friday, 8:00AM to 4:00PM.



Do you speak any foreign languages? If so please describe the language and to what level you speak and understand it. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been inoculated for protection against Hepatitis "B" virus? \_\_\_\_\_

\_\_\_\_\_

How did you learn about volunteer opportunities with Evesham Fire-Rescue; Recruitment Drive, Current Member, Advertisement? \_\_\_\_\_

\_\_\_\_\_

**\* Applicants with previous emergency services training and/or experience, please provide copies of any certifications you may hold.**

The information that I have supplied is both truthful and accurate to the best of my knowledge. I understand that willfully supplying inaccurate information may result in my application being rejected.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**EVESHAM FIRE-RESCUE  
PERSONNEL DIRECTORY UPDATE**

This form must be filled out completely by the applicant.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Religion \_\_\_\_\_ Blood Type \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Special Medical Information \_\_\_\_\_

**EMERGENCY CONTACTS:**

If Case of Serious Injury

	Name	Relation	Address	Phone #	Type	✓
1 <sup>st</sup> Call						
2 <sup>nd</sup> Call						
3 <sup>rd</sup> Call						

*Type = Home, Cell, pager, work, etc.*

*Please check last column if number is non-published*

In Case of Death

	Name	Relation	Address	Phone #	Type	✓
1 <sup>st</sup> Call						
2 <sup>nd</sup> Call						
3 <sup>rd</sup> Call						

*Type = Home, Cell, pager, work, etc.*

*Please check last column if number is non-published*

**UNIFORM SIZES**

Shoes \_\_\_\_\_ T-Shirt/Sweatshirt (S, M, L etc.) \_\_\_\_\_

Pants: W \_\_\_ L \_\_\_ or Women's Size \_\_\_\_\_ Coat (Chest Size) \_\_\_\_\_

Long Sleeve shirt: Neck \_\_\_\_\_ Sleeve \_\_\_\_\_ or Women's Size (34, 36, etc)

Short Sleeve Shirt (S, M, L, etc.) \_\_\_\_\_

EVESHAM TOWNSHIP FIRE DISTRICT NO. 1  
984 TUCKERTON RD.  
EVESHAM, NEW JERSEY 08053

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

To all law enforcement agencies, police departments, motor vehicle departments, probation departments, selective service boards, physicians, hospitals and other institutions and agencies without exception:

I, \_\_\_\_\_, am making application for appointment to or employment by the Evesham Fire-Rescue which is under the jurisdiction of Evesham Township Fire District No. 1. As part of that application an investigation is being conducted to determine my eligibility.

You are authorized and directed to release to Evesham Township Fire District No. 1, as well as its officer representatives, any information and documentation they may request.

If I am hired by the Fire District, this authorization shall be effective so long as I am a member of said Department, unless sooner revoked by me in writing; you may rely upon the written certification of the Fire Chief or other officer of the Department to the effect that this authorization is still in effect and of my continuing employment.

A photo static copy of this authorization will be considered as effective as the original.

Applicant's Signature \_\_\_\_\_

Signed and Sworn before me this: \_\_\_\_\_ day of : \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

**EVESHAM FIRE & RESCUE**  
**Personnel Accountability Tag Data Form**

This information is utilized to create a Personnel Accountability Tag on your behalf.

**PERSONAL INFORMATION**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

DOB \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Eye color \_\_\_\_\_

Hair Color \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Religion \_\_\_\_\_

Title (circle) \_\_\_\_\_ Firefighter \_\_\_\_\_ EMT \_\_\_\_\_

**MEDICAL INFORMATION**

Past Medical History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

Blood type \_\_\_\_\_

Organ Donor Yes/No

Physician's Name \_\_\_\_\_

Physician's Telephone \_\_\_\_\_

Physician's Address \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact #1 \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

Phone # \_\_\_\_\_

Please list any individual you wish to accompany departmental personnel during emergency notifications. (Friend, relative, clergy, etc.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_