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Proposed by:

Application For Membership

BERKELEY HEIGHTS FIRE DEPARTMENT

Number: _____

APPLICATION

Approved by _____

Disapproved by _____

This application is part of your examination. Answer all questions fully and carefully in ink or on a typewriter. Some questions can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

FULL NAME & ADDRESS:

Last Name First Name Initial

Street

City State Zip

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN POST OFFICE ADDRESS BEFORE OR AFTER EXAMINATION.

Phone Number Date of Birth Height Weight
Mo. Day Yr Ft. Inches Pounds

RESIDENCE - Fill in the name of the city or village and town school district, county and state of which you are an actual permanent legal resident. Show for how long you have continuously lived in each immediately preceding the date of this application.

Name of City or Village Years Months

Town

County

State

CITIZENSHIP

Are you a citizen of the United States? Check One

- (A) Yes, by birth. A)
- (B) Yes, by naturalization. B)
- (C) No, not a citizen. C)

Have you any objections to the Commission making inquiry regarding your character and qualifications from:

- (A) Your former employers? Yes No
- (B) Your present employer? Yes No

If answer is "Yes" to either (A) or (B), please explain. _____

Except for minor traffic violations, were you Yes No

- (A) Ever arrested for any violation of law?
- (B) Ever indicted for any violation of law, or have you ever been a defendant in a criminal proceeding?
- (C) Ever convicted of any violation of law?

If your answer is "Yes" to any of above questions, give particulars and disposition of each charge and attach to this form.

SERVICE IN ARMED FORCES

- (A) Have you ever served in the armed forces of the US? Yes No
- (B) If "Yes", have you ever received a discharge from such forces which was other than honorable? Yes No

If answer is "Yes", give full particulars and attach sheet.

- A) Date of entry into active service Month Day Year _____
- B) Date of discharge _____
- C) Service Serial Number _____

Have you ever been removed from or refused membership in another fire company, fraternal organization, or service club? If so, describe the circumstances in detail and attach the sheet. Yes No

Were you ever dismissed from any public employment for disciplinary reasons? Yes No

If answer is "Yes" give particulars and attach sheet.

Have you any physical defect or disease or disability or war incurred disability whatsoever? Yes No

If answer is "Yes" describe accurately on additional sheet.

Have you ever had epilepsy or any mental or nervous ailment or been a patient in an institution for the treatment of such ailment? Yes No

Have you a license, certificate, or other authorization to practice a trade or profession? Yes No

Name of trade or profession: _____

Granted by (Licensing Agent) _____ City or State of _____

Licensed from: _____ to: _____

Social Security Number: _____

Drivers License Number: _____

DECLARATION

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant _____ Date _____

Mail or deliver to: Berkeley Heights Fire Department, 411 Hamilton Ave., Berkeley Heights, New Jersey 07922