

PARKERTOWN VOLUNTEER FIRE COMPANY NO.1

LITTLE EGG HARBOR TOWNSHIP, NEW JERSEY

830 Railroad Drive
Parkertown, New Jersey 08087

Fire House: 609-296-2800
Fax # 609-296-3976

Dear Applicant,

I would like to take this opportunity to thank you for your interest in our fire company and give you a little background as to what will be expected of you as a firefighter. The Volunteer fire service has a long, proud history dating back to the start of our great country. Parkertown Fire Company No. 1 was organized in 1930, and has provided many years of great service to the Township of Little Egg Harbor and it is our wish to continue the highest level of service we possible can.

The standards that are required by both the State of New Jersey and the Township of Little Egg Harbor Board of Fire Commissioners District No.3 require many hours of drilling and schooling, along with over 300 fire and EMS calls a year. **The days of just jumping on the fire trucks are over;** this act now requires many hours training. I would also like you to consider as a taxpayer that training and outfitting a member comes as a great expense to the fire district with no expense to you.

I hope you will consider all these matters seriously and you will also discuss this with your family, whether you are single or married. Your family will also be asked to make some sacrifices and you should be well-prepared and informed before making a decision. The demands will be great, the rewards are few. The self-satisfaction you will get from helping others is sometimes all the praise you will receive.

Please consider this decision as one of the most important of your life, and I hope you will make the right one either way. Thank you for your interest and I sincerely hope that you choose to help us serve this community as a member of the Parkertown Fire Company.

If you have any questions or concerns, please feel free to contact myself of Chief Runza. Our phone number at the fire house is 609-296-2800 and the best time to reach us is nights and weekends.

Very truly yours,

Charlie Webster, President
Frank Runza, Chief
Parkertown Fire Company No.1

PARKERTOWN VOLUNTEER FIRE COMPANY

APPLICATION
(PLEASE PRINT CLEARLY)

NOTE: All sections must be filled out completely before submitting.

Date Given: _____ Date Returned: _____ Approved PFD: _____ Approved B.O.F.C. _____

Position Applying for: Firefighter: _____ Associate: _____ EMS: _____

SECTION A: PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Present address: _____

City, State, Zip Code: _____

Years at current address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

E-Mail Address: _____

Social Security Number: _____ - _____ - _____

Are you a United States Citizen? Yes ___ No ___

Date of Birth: _____

Height: _____ Weight: _____

Sex: Male ___ Female: _____

Marital Status: Married: _____ Single: _____ Divorced: _____ Separated: _____

SECTION B: EMPLOYMENT HISTORY

List below in chronological order, starting with your present or last employer in the past 5 years. (Omit none) Include dates of all employment.

EMPLOYER: _____

Business Address: _____

Telephone Number: (_____) _____

Name of immediate supervisor: _____

Employment dates: from _____ through _____

Position Held: _____

May we contact your employer: Yes _____ No _____

If no, state reason: _____

EMPLOYER: _____

Business Address: _____

Telephone Number: (_____) _____

Name of immediate supervisor: _____

Employment dates: from _____ through _____

Position Held: _____

May we contact you employer: Yes _____ No _____

If no state reason: _____

SECTION C: GENERAL INFORMATION

Have you ever been a firefighter: Yes _____ No _____

If yes, please state where you were a firefighter, for how long, provide name and phone number of your Fire Chief and also state why you had left or why you are leaving. A letter of recommendation is also required from your Senior Officer of the Fire Department. _____

List all of the experiences, skills, qualifications, or outside interests that you feel are related to the position you are applying for:

What is your physical condition: Excellent _____ Good _____ Fair _____ Poor _____

Have you been hospitalized or seriously ill within the past five years? Yes ____ No ____

If yes please give details: _____

Do you have any physical handicaps that would prevent you from performing specific types of work? Yes: _____ No: _____

If yes please provide full details: _____

Are you currently or have you been involved in litigation for compensation injuries: Yes ____ No ____

If yes please provide details: _____

AUTHORIZATION FOR BACKGROUND CHECK AND SUBSTANCE TEST

Please read and sign this form in the space provided below. Your written Authorization is necessary for completion of the application process.

I, _____, hereby authorize The Parkertown Volunteer Fire Company of Little Egg Harbor Township to investigate my background and Qualifications and have a qualified agency perform a substance test for the purpose of evaluating whether I am qualified for the Position for which I am applying.

I understand that the Parkertown Volunteer Fire Company will utilize the Little Egg Harbor Township Police Department or An outside agency to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of The Parkertown Volunteer Fire Company choice. I also am giving permission to The Parkertown Volunteer Fire Company to have a complete abstract done on my drivers license. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for membership Will not be further processed

Signature of Applicant

_____/_____/_____
Date

Applicants Name Printed

STATE OF NEW JERSEY.....

COUNTY OF OCEAN.....

I, _____ being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and Provided the answers to each and every question therein and do solemnly swear that Each answer is full, true and correct in every respect.

“Under Penalty of Law,” a person who makes a false statement under oath or Equivalent affirmation, or swears or affirms the truth of such statement previously Made, when he/she does not believe the statement to be true, is guilty of a Crime of The Fourth Degree in violation of 2C:28-2

Applicant Signature

Sworn to before me this _____

Day of _____ 20_____.

Notary Public

Application delivered on _____ Received by: _____
(Date) (Name)

DO NOT WRITE BELOW THIS LINE

Date: _____

Membership Committee Member Signature

Printed Name