

APPLICATION PROCESS CHECKLIST

(For Internal Use)

Application packet given to _____ on _____

<i>Form or Action Taken</i>	<i>Date Complete</i>
<input type="checkbox"/> Volunteer Firefighter Membership Application (Form PHFD: AP1)	_____
<input type="checkbox"/> New Jersey Fireman's Association Application (Form 100)	_____
<input type="checkbox"/> Authority to Release Information (Form PHFD: AP2.1-3, AP4.1-2)	_____
<input type="checkbox"/> Accountability Tag Form Form PHFD: AP3-1	_____
<input type="checkbox"/> Administrative Review of Application	_____
<input type="checkbox"/> Interview with Board of Trustees	_____
<input type="checkbox"/> Background Check	_____
<input type="checkbox"/> Physical Examination	_____
<input type="checkbox"/> Orientation Session / Employee Handbook	_____
<input type="checkbox"/> Recommendation of Membership by Board of Trustees	_____
<input type="checkbox"/> Guidelines (___ Sr. Member, Jr. Member or ___ Fire Police)	_____
<input type="checkbox"/> Designation of Beneficiary Form	_____
<input type="checkbox"/> Motor Vehicle Check	_____
<input type="checkbox"/> Working Papers	_____

PHFD: AP5

PINE HILL FIRE DEPARTMENT

MEMBERSHIP APPLICATION

Dear Applicant,

We welcome your membership application to join the Pine Hill Fire Department. The attached "Application Process" guide will provide you with detailed instructions on how the application process works and what steps that you will need to take in order to complete the application process. It is important that you fill out each part of the application packet completely and honestly.

As I am sure you will agree, our organization is one in which integrity is paramount. Our reputation is directly related to the code of conduct displayed by each of our members. Our members deal directly with the public and it is important that they be concerned for the safety and welfare of the public at all times. Therefore, please be aware that we will thoroughly scrutinize the information that you provide on the membership application. We do this in an effort to provide the citizens of our Borough with individuals who will uphold the excellent reputation of the Pine Hill Fire Department.

Thank you for your interest and, hopefully, you can become a valuable part of our organization.

Sincerely,

Pine Hill Fire Department

Pine Hill Fire Commissioners

APPLICATION PROCESS

1. **Contents of Packet**

The membership application packet contains the following forms that must be completed:

- a. Volunteer Firefighter Membership Application, form PHFD: AP1 (2 pages)
- b. New Jersey Fireman's Association Application, form 100 (front only)
- c. Authority to Release Information, form PHFD: AP2.1-3
- d. Accountability Tag Forms – Pine Hill & County, forms PHFD: AP3.1-2
- e. Parental Consent Forms for juniors – AP4.1-2

2. **Completion of Application Packet**

All applicants must COMPLETELY fill in the information on the forms listed in Section- 1, when completed, you must sign the application. You must have a witness Sign the front of form PHFD: AP2

3. **Administrative Review of Application & Interview with Board of Trustees**

When you submit your application packet, a thorough administrative review will be done. All information provided on the application will be verified. After the information is Verified, you will be called to schedule an interview with the Board of Trustees. The Following items are important things to consider when completing the application:

Membership in Other Organization: If you state that you are a member of any other organizations, you must provide the name, address and phone number of the appropriate official in each organization. They will be contacted in order to verify the information submitted. This information should be provided on a separate sheet of paper and attached to the application.

Previous Experience: If you state that you have previous experience in any other fire service or emergency medical service organizations, you must provide the name, address and phone number of the appropriate official in each organization that can be contacted in order to verify the information submitted. This information should be provided on a separate sheet of paper and attached to the application.

Special Licenses or Certifications Held: If you state that you have a special license or Certifications please attach a copy for the training file that is maintained on each member. Please also provide a legible copy of your New Jersey License for our use in obtaining a NJ Department of Motor Vehicle Records Check. Do not attach the original of any license or certification.

Previous Fire Service & Emergency Medical Service Training: If you state that you have previous fire service or emergency medical service training, please attach a copy for the training file maintained on each member. Do not attach the original of any license or certification.

4. Background Check and Physical Examination

A thorough background check and physical exam is conducted of each applicant submitting an application. However, due to the laws restricting the investigation of minors, the criminal background of applicants less than 18 years of age are not able to be investigated. Applicants less than 18 years of age, **MUST SUBMIT WRITTEN AUTHORIZATION TO JOIN THE FIRE DEPARTMENT FROM THEIR PARENTS AND/OR LEGAL GUARDIAN ;WITH THEIR APPLICATION.** The application will be considered incomplete and will not be acted upon unless or until this written permission is provided.

- A. Background Check: A thorough background check is conducted of each applicant (except as noted above) and a five year motor vehicle abstract is conducted through Motor Vehicle records.
- B. Physical Examination: A thorough physical examination will be conducted of each applicant by the Fire Department Physician following the submission of the application. It is the applicant's responsibility to have the physical examination done as soon as possible after receiving our notification to proceed. We are responsible for the cost of the physical examination.

All new member applicants must submit to drug and alcohol testing in accordance with the Pine Hill Fire Department Drug and Alcohol Policy. The physical exam consists of a physical history that the applicant will provide to the physician and a non-invasive physical to determine the overall health of the applicant. The physician will complete the back portion of the NJ Fireman's Association Application, form 100, and return it to the Secretary for the Local Fireman's Association ,following the physical examination. They will also start and maintain a file on each applicant for future follow-up. No Fire Department turnout gear or pager will be issued until application process is completed in its entirety.

5. Review of Application by the Board of Trustees

When all portions of the application process are complete, the entire package will be submitted to the Board of Trustees for a review. If there are any questions on the information submitted on the application on any of the information uncovered during the application process, further investigation will occur. If the Board of Trustees recommends membership for the applicant, the application process will be considered complete and the new member induction process will begin.

6. Induction of New Members

If the Board of Trustees recommends membership for the applicant, the applicant will be promptly notified of the date of the next meeting. A letter will be prepared for reading and consideration by the General Membership. It is strongly recommended that the applicant make every possible effort to attend this meeting in order to be accepted.

7. Active Duty Begins

Once the applicant is accepted, he/she is now a new member of the Fire Department. The new member will be notified of the equipment issuance process that must be completed in order to begin active duty status. Once equipment has been issued, the new member will be closely advised by the assigned station officer in the operating procedures that must be followed when responding to incidents or when visiting the fire station. New members are strongly encouraged to continually review the "Rookie Handbook" during the first few months of membership in order to take advantage of the valuable information it contains.

8. Orientation Session Procedure

Each applicant will be supplied with a bound "Rookie Package" when the administrative review is completed. This manual is to be reviewed and studied by the applicant in order to prepare for an Orientation Session on the operations and procedures of the Pine Hill Fire Department. A station officer at the station you will be assigned to will conduct this session. It is the responsibility of the applicant to contact the station officer assigned to him/her and arrange a mutually convenient time for the orientation session to occur soon as possible after receiving the "Rookie Package".

9. Points to Remember

The selection of competent and responsible personnel for membership in the Fire Department is essential in our mission to provide safety, protection and service to the public. Applicants are reminded to be patient with the membership process in order to allow sufficient time for the review of each applicant. Our goal is to complete the application process for each applicant from start to finish within 30 days.

The Pine Hill Department is an equal opportunity employer and will not discriminate against any applicant due to age, race, sex, religion, and national origin or due to non merit factors.

All new members must complete a 6 month probationary period with the Fire Department before full membership privileges will be granted. Any habitual violation of policies or procedures during this period may lead to immediate expulsion from the Fire Department.

Any applicant that fails to complete any portion of the application process within three (3) months of the original submission date of the application packet may be automatically rejected for membership.

If the applicant is rejected for membership, he/she has the right to file a written request for reconsideration with the Chief of Department. The Chief of Department will then present the request to the Board of Trustees At that time, a complete investigation will be conducted.

**PINE HILL
FIRE DEPARTMENT**

Volunteer
Firefighter
Membership
Application ___ of ___

Position applying for: _____ DOB: _____
Name: _____ SS #: _____
Address: _____ Town/Zip: _____
Phone # (H): _____
Work Phone #: _____ Email Address: _____

Occupation: _____ Work Hrs: _____ to _____
Employer Name: _____
Employer Address: _____
Contact Person: _____ Phone #: _____

Health: ___ Excellent ___ Good ___ Fair ___ Poor Blood Type: _____

Do you have any physical limitation, which would restrict your ability to perform any
Firefighter duties? (Circle) Yes No (If yes, explain)

List pertinent medication and medical conditions:

Copy of last physical examination report attached? (Circle) Yes No

Driving Privileges: Are your driving privileges revoked or have they ever been
Revoked? (Circle) Yes No (If yes, explain)

Drivers License #: _____ State: _____

List current membership in other organizations:

1. _____ Date Joined: _____
2. _____ Date Joined: _____
3. _____ Date Joined: _____

Previous Experience:

1. _____ Years There: _____
2. _____ Years There: _____
3. _____ Years There: _____

EMERGENCY CONTACT INFORMATION
IN THE EVENT OF AN EMERGENCY, NOTIFY:

1st Contact: Name: Relationship:
 Address:
 Phone: (H) (W)

2nd Contact: Name: Relationship:
 Address:
 Phone: (H) (W)

Uniform Sizes: Shirt: Neck _____ Sleeve _____ Hat Size: _____
 Pants: Waist _____ Inseam _____ Shoe Size: _____

Have you ever been arrested or do you have a criminal record?
(Circle) Yes No (If yes, where and provide explanation below)

List any special licenses or certifications you currently hold:

	Certification	Expiration Date
1.	_____ / _____	_____ / _____
2.	_____ / _____	_____ / _____
3.	_____ / _____	_____ / _____

List current fire service & emergency medical training (or submit resume)

Course	Location/Academy	Month/Year	Completed	
1.	_____	_____	Yes	No
2.	_____	_____	Yes	No
3.	_____	_____	Yes	No

If insufficient room exists to list training, attach a separate sheet.

Read this application and your answers carefully before signing below.

I certify that the statements made by me on this membership application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that if I have knowingly made a misstatement of these facts, I am subject to rejection and/or removal as a member of the Fire Company and Fire Department. I further understand that if I knowingly made any false statement regarding my criminal history, I will be liable for the cost of the Department's physical and any firefighter classes taken.

Applicant Signature:

Notary Seal

Date of Application:

Notary Signature:

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

I, _____, as an applicant applying for the position of
_____, with the Pine Hill Fire Department,

hereby authorize any individual within this institution with whom I have been associated,
to furnish the Pine Hill Fire Department with any information concerning my
ability and character which they have on record or otherwise, and do hereby release the
individual of said institution and all individuals connected therewith from all liability for
damages incurred in furnishing such information. A photocopy of this release bearing
my signature shall be considered as valid as the original.

Print Name

Date

Signature

Date of Birth

SS#

Drivers License # and State

PHFD: AP2.1

**AUTHORIZATION FOR RELEASE OF
SCHOOL RECORDS
(To be completed by Junior Members only)**

I, _____, as an applicant applying for the position of
_____, with the Pine Hill Fire Department,

hereby authorize any individual within this institution with whom I have been associated,
to furnish the Pine Hill Fire Department with any information concerning my
ability and character which they have on record or otherwise, and do hereby release the
individual of said institution and all individuals connected therewith from all liability for
damages incurred in furnishing such information. A photocopy of this release bearing
my signature shall be considered as valid as the original.

Print Name Date

Signature Date of Birth

SS# Drivers License # and State

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS

I, _____, as an applicant applying for the position of
_____, with the Pine Hill Fire Department,

hereby authorize any individual within this institution with whom I have been associated,
to furnish the Pine Hill Fire Department with any information concerning my
ability and character which they have on record or otherwise, and do hereby release the
individual of said institution and all individuals connected therewith from all liability for
damages incurred in furnishing such information. A photocopy of this release bearing
my signature shall be considered as valid as the original. This form also authorizes this
institution to obtain a five year driver history abstract through Motor Vehicles. I hereby
give permission to the Pine Hill Fire Department and their authorized agents to
obtain my driving record on an annual basis from this date forward as long as I am a
member of the department or any of the fire companies located in the Borough of Pine Hill

Print Name

Date

Signature

Date of Birth

Street Address

City

State

Zip

SS#

Drivers License # and State

PHFD: AP2.3

**PINE HILL FIRE DEPARTMENT
ID TAG INFORMATION FORM/ACCOUNTABILITY FORM**

NAME: _____ S.S.#: _____

BIRTHDATE: _____ SEX: _____

PRIMARY EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE: (H) _____ (W) _____

ALTERNATE EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE: (H) _____ (W) _____

HEIGHT: _____ WEIGHT: _____ RELIGION: _____

ALLERGIES: _____

MEDICATIONS: _____

BLOOD TYPE: _____ PHYSICAL RESTRICTIONS: _____

DATE OF LAST PHYSICAL: _____

BP: _____ PULSE: _____ RESPIRATIONS: _____

FAMILY DOCTOR: _____ PHONE: _____

LAST TETANUS SHOT: _____ ORGAN DONOR: _____

LAST HEPATITIS SERIES: #1 _____ #2 _____ #3 _____

REFUSED: _____

COMMENTS: _____

AIR PACK _____ NON AIR PACK _____ JR. MEMBER _____

DRUG/ALCOHOL USE AND TESTING POLICY
PARENTAL CONSENT FORM
(To be completed by Junior Members only)

I acknowledge that I have received and read Pine Hill Fire Department's Drug/Alcohol Use and Testing Policy ("Policy"). I understand that my child, as an applicant/junior member of the Pine Hill Fire Department, is subject to the Policy. I hereby consent to the testing of my child for drugs and/or alcohol pursuant to the Policy. Specifically, my signature hereon serves as parental consent:

- 1) For my child to undergo pre-membership alcohol and/or drug testing, including the submission of a urine sample for that purpose;
- 2) For my child to be drug and/or alcohol tested in accordance with the terms of the Policy and as permitted by law;
- 3) For the Pine Hill Fire Department to submit my child's urine sample for testing for drugs prohibited by the Policy; and
- 4) For the Pine Hill Fire Department to obtain the results of my child's drug and/or alcohol test from a certified laboratory for use in accordance with its Policy.

I understand that while my child is under the age of 18, aside from the Pine Hill Fire Department, only my child may have access to the results of any drug or alcohol test that is performed pursuant to the Policy. I also understand that I will not be given any further advance notice of any testing that may be performed pursuant to the Policy.

Parent Signature

Print Name

Date

**BACKGROUND CHECK
PARENTAL CONSENT FORM
(To be completed by Junior Members only)**

I acknowledge that my child's eligibility for membership in the junior Firefighter membership is contingent on the outcome of a background check. By my signature below, I acknowledge that I have given my consent to the Pine Hill Fire Department to conduct a background check of my child including, but not limited to: obtaining my child's criminal history record information, county court records, municipal court records, and school disciplinary records. I further consent to my child's cooperation in supplying sufficient information to allow such a background check to be conducted, including supplying a fingerprint sample. I understand that this information will be used to evaluate my child's eligibility for membership in the Junior Firefighter membership. I understand that if I refuse to consent to this background check, my child's application for membership shall not be considered.

I understand that my child shall be informed of the results of this background check and shall be granted the opportunity to correct any errors in the records obtained.

Parent Signature

Print Name

Date

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, [**INSERT NAME OF COMPANY**] ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date

Personal Data

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment. I

Printed Name

Applicant Signature

Date

INFORMATION FOR INTELICORP CUSTOMERS ON ADDITIONAL STATE LAW REQUIREMENTS

DISCLAIMER: THE DISCLOSURE AND AUTHORIZATION FORM, AND THE DISCUSSION OF STATE REQUIREMENTS BELOW, ARE NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY IN CONNECTION WITH THE USE OF THESE FORMS OR THE DETERMINATION OF STATE LAW REQUIREMENTS THAT MAY BE APPLICABLE TO YOU. INTELICORP RECORDS, INC. MAKES NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN.

IN ADDITION TO THE FOREGOING DISCLOSURE AND AUTHORIZATION FORM NEEDED TO COMPLY WITH THE FEDERAL FAIR CREDIT REPORTING ACT, VARIOUS STATES IMPOSE ADDITIONAL DISCLOSURE OR OTHER OBLIGATIONS ON EMPLOYERS WHEN THEY OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS ON EMPLOYEES OR APPLICANTS.

THE FOLLOWING IS A SUMMARY OF POSSIBLE STATE REQUIREMENTS.

1. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA, you should add the following language to the end of the Authorization:
 - You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

2. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA:

Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:

We will be obtaining a consumer report from [*name, address, and telephone number of the consumer reporting agency*]. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also

obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

3. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN NEW YORK:

Under Article 25 Section 380-g of the New York General Business Law, if an employer receives a consumer report containing criminal conviction information, the employer must provide the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

ADDITIONAL NOTES:

- A. If you intend to obtain a "credit report" to be used for employment purposes, you should be aware that a number of states have enacted laws to limit the use of such reports, and other states are considering such legislation. A "credit report" is a type of consumer report that contains information on a consumer's credit worthiness, credit standing, or credit capacity. A good source of information about state law restrictions on the use of credit reports for employment purposes is:

<http://www.ncsl.org/issues-research/banking/use-of-credit-information-in-employment-2011-legis.aspx>

- B. A number of states, through statutes or administrative regulations, also impose limitations on employers asking applicants about arrests and/or convictions. You should review your state's laws and regulations in this regard.