



OFFICE OF THE CHIEF

167 MAIN STREET • SAYREVILLE, NEW JERSEY 08872

Dear Applicant,

Please fill out the application and return it to the Fire Chief by mail or in person.

Attn: Fire Chief

Sayreville Fire Department

167 Main Street

Sayreville, NJ 08872

The Chief will turn the application over to the Fire Station whose response area you live in. The Station assigned to you will contact you for an interview and explain to you the procedure and requirements for becoming a firefighter in the Sayreville Fire Department.

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Check list for Recruit.

Complete application in its entirety

Fill out the application for membership page (Page 3 only) of the New Jersey State Firemen's

Association App.

Mail or In person drop off application once completed.

Interview will be schedule by investigation committee of the station assigned to you by Fire Chief.

**SMOKE DETECTORS SAVE LIVES!**



# SAYREVILLE VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

Please fill out all pages of this application completely and legibly. Failure to provide all information requested may delay the application process. If you have any questions, please call the Chief at 732-407-5039.

### PERSONAL INFORMATION

NAME: Last		First	Middle	DATE
ADDRESS: Number & Street			CITY	STATE
Time At Current Residence		MARITAL STATUS Single ___ Married ___ Divorced ___		# Of Dependent Children
HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL ADDRESS	
DATE OF BIRTH / /	PLACE OF BIRTH	AGE	SOCIAL SECURITY NUMBER - -	
PERSON TO CONTACT IN CASE OF EMERGENCY		RELATIONSHIP TO YOU	CONTACT'S PHONE NUMBER(S)	

### EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE? If yes, month and year:	IF NOT A H.S. GRADUATE, HIGHEST GRADE COMPLETED	NAME/LOCATION OF HIGH SCHOOL	GED? If yes, date completed:
ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use extra page if necessary)			
Name of School	City/State	Dates Attended	Major
			Degree

### FIREFIGHTER TRAINING

ENTER ALL APPLICABLE FIRE/RESCUE SERVICE TRAINING & ATTACH CERTIFICATES (Use extra page if necessary)				
Type of Certification	Date Received	DFS-ID Number	County/State Received	Additional Remarks

### DRIVING RECORD

Check here if do not hold a driver's license

DRIVER'S LICENSE NUMBER	Have you been issued a violation in the last 3 years?	Has your license ever been revoked or convicted of a DUI?
State Issued In:		

### PERSONAL REFERENCES

List at least THREE (3) References who are not relatives whom you have known for at least five years.

NAME	ADDRESS	TELEPHONE

**EMPLOYMENT**

List your most recent and past employers.

EMPLOYER NAME	YOUR POSITION	DATES EMPLOYED	SUPERVISOR	PHONE NUMBER

WORK SCHEDULE  
 DAYS\_\_\_\_\_ NIGHTS\_\_\_\_\_ ROTATING\_\_\_\_\_

**GENERAL INFORMATION**

Have you ever been convicted, fined, placed on probation, or imprisoned since your eighteenth birthday? If yes, explain.			YES	NO
Have you ever been an applicant or member of any other Fire Departments? If yes, please provide information below. Use an extra page if necessary and attach copies of certification.			YES	NO
NAME OF DEPARTMENT	ADDRESS	SUPERVISOR	DATES OF SERVICE	
Do you have any special conditions that SFD should be made aware of? Explain			YES	NO
Health Condition Good___ Average___ Fair___ Poor___	Do you have any heart or respiratory ailments?	Do you now or have you ever used drugs or narcotics?		
Will you submit to a physical examination as required by the Borough and the Fire Dept. at the expense of the boro?			YES	NO
Would you object to a check of police records in your name?			YES	NO
Would you object to a check of your drivers license record?			YES	NO

**Who or what prompted you to apply to SFD?**

- Friend /Relative  
  Recruiter  
  Fire Station Sign  
  Publication  
  Social Media  
  Boro Website  
  Other
- Current SFD Member   Member's Name \_\_\_\_\_
- Event   Indicate which event \_\_\_\_\_

**I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE SAYREVILLE FIRE DEPARTMENT, IN THE BOROUGH OF SAYREVILLE, NEW JERSEY. I AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS SET FORTH BY THE COMPANY I AM ASSIGNED TO AND THE DEPARTMENT. I CERTIFY THAT THE INFORMATION LISTED HERE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. BY MY SIGNATURE BELOW I GIVE THE COMPANY OFFICERS AND MEMBERSHIP COMMITTEE THE RIGHT TO CHECK ITS ACCURACY. I UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION GIVES THE COMPANY/ DEPARTMENT THE RIGHT TO DISQUALIFY ME AS AN APPLICANT OR WILL RESULT IN MY IMMEDIATE DISMISSAL FROM THE COMPANY/ DEPARTMENT. I FURTHER UNDERSTAND THAT IF MY CONFORMATION BY THE MUNICIPAL GOVERNING BODY AS AN ACTIVE MEMBER IS AFTER MY 45TH BIRTHDAY, I SHALL BE DENIED MEMBERSHIP TO THE NEW JERSEY STATE FIREMAN'S ASSOCIATION PER ARTICLE IV SECTION 2.(F) OF THE CONSTITUTION AND BY THE LAWS OF THE N.J.S.F.A.**

\_\_\_\_\_  
APPLICANT SIGNATURE\_\_\_\_\_  
DATE OF APPLICATION\_\_\_\_\_  
DATE RECEIVED\_\_\_\_\_  
STATION ASSIGNED TO\_\_\_\_\_  
CHIEF SIGNATURE



OFFICE OF THE CHIEF

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**DRIVER'S LICENSE BACKGROUND CHECK**

As a term and condition of your fire department membership with the Borough of Sayreville you must be in continual possession of a valid NJ Motor Vehicle license. A driver's license record history check shall be done annually if you are to utilize a Borough vehicle. Should your license be suspended or revoked for any reason whatsoever, your membership could be subject to termination.

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**ACKNOWLEDGEMENT**

I hereby authorize the Borough of Sayreville to obtain my driver record history. I have read and understand the requirement that I must maintain a valid NJ driver's License.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Investigation Committee must forward a copy of the applicant's driver license to the borough personal director.**

**SMOKE DETECTORS SAVE LIVES!**