

HACKETTSTOWN FIRE DEPARTMENT

CATARACT HOSE #1

VIGILANT HOOK & LADDER #1

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	PHONE NUMBER
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HOME ADDRESS	CITY	TOWNSHIP	STATE	ZIP CODE
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DATE OF BIRTH	SEX	HEIGHT	WEIGHT	BLOOD TYPE (IF KNOWN)
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EMERGENCY CONTACT	RELATIONSHIP	ADDRESS CITY/STATE	PHONE #
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NJ DRIVERS LICENSE #	DATE APPLYING	COMPANY APPLYING FOR: check box	HOSE <input type="checkbox"/>	LADDER <input type="checkbox"/>
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If you answer any YES to any of the following questions please explain in the comments box.

1. Do you have any medical conditions or allergies that may limit your duties? Yes No
2. Has your driver's license ever been suspended or revoked? Yes No
3. Have you ever been convicted of a crime? Yes No
4. Have you ever been a member of another volunteer fire department or rescue squad? Yes No
5. Do you have any previous firefighting / training certifications? Yes No
(If YES please attach certifications)

COMMENTS:	SBI form on file: Yes No
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I certify that all statements made on this application are correct and complete to the best of my knowledge. I understand that any false or misleading information given, or information requested shall be enough for sufficient grounds of rejection of this application.

Signature of applicant: _____ accepted

Date: _____ Reviewed by: _____ rejected