



# SEASIDE HEIGHTS VOLUNTEER FIRE DEPARTMENT STATION 44



## Membership Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_

Emerg Contact Name & No: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you have firefighter experience? \_\_\_\_\_ if yes, attach certifications

Ever convicted for criminal offense? \_\_\_\_\_

Ever treated for mental health? \_\_\_\_\_

Do you have any medical conditions? \_\_\_\_\_

Do you have a **valid** N.J. drivers license? \_\_\_\_\_

How have you resided at this address \_\_\_\_\_

Do you own or rent the property \_\_\_\_\_

Email: \_\_\_\_\_

phone carrier: \_\_\_\_\_ Smartphone: yes no

Type of phone IOS Windows Android SMS Email

List three references not related to you

1: \_\_\_\_\_ ph no: \_\_\_\_\_

2: \_\_\_\_\_ ph no: \_\_\_\_\_

3: \_\_\_\_\_ ph no: \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Official use below this line \_\_\_\_\_

Interview Date \_\_\_\_\_ Signature of Chief: \_\_\_\_\_

Date of reading \_\_\_\_\_ Membership committee approval date \_\_\_\_\_

