

CITY OF MILLVILLE FIRE DEPARTMENT

MILLVILLE

MEMBERSHIP APPLICATION



FIRE

Return to:

**Millville Fire Department
420 Buck Street
Millville, New Jersey 08332**

DEPT.

Millville Fire Department

420 Buck Street
Millville, NJ 08332
(Phone) 856-327-3334 (Fax) 856-327-2319

Organized May 14, 1880

Joseph Pepitone, Director of Public Safety

Michael C. Lippincott, Fire Chief

What is expected once you're a member of the Millville Fire Department?

First, you must attend the firefighter training academy and attain your Firefighter 1 certification. The academy is 120 hours of classes, held in the classroom and on the fire grounds. Its purpose is to provide the necessary basic skills needed to become a certified firefighter in the State of New Jersey. Classes are held at the Cumberland County Fire Training Center on Vineland Avenue in Rosenhayn. Classes begin in either September or January and finish in June. Classes are two days a week with occasional Saturdays. You will have your choice of attending either a daytime class which begins at 0900 or the night time class which begins at 1900.

After completing the academy, you must pass both the written exam and practical exam, demonstrating your comprehension of the materials presented. Upon passing, you will be certified as a firefighter through the New Jersey Division of Fire Safety.

Once you are a certified firefighter, you must serve a one year probationary period. During this time is when you will be required to learn your station's apparatus (trucks) and equipment operation. In order to pass your probationary period, you must demonstrate your knowledge of, and your ability to operate all of the equipment.

The Millville Fire Department trains the second Wednesday of each month at 1900 unless otherwise noted. The monthly training is not a requirement while attending

the fire academy, but you are encouraged to attend whenever possible. Attending these trainings will help you to get to know your fellow fire fighters and become accustomed to the station practices. Each year, the Millville Fire Department will provide mandatory training that you must attend. If you are unable to complete the mandatory training provided by the department, it will be your responsibility to complete the training on your own.

In addition, you must respond to runs (incidents) for which your station is dispatched. Response should start immediately after you are accepted as a member and issued a pager. The minimum required attendance is 20% of the runs you are dispatched. That is approximately 150 calls per year that you must respond.

Is there anything else to be aware of?

The Millville Fire Department provides all the necessary equipment including protective turnout gear (helmet, coat, pants, boots, hood and gloves) along with a PASS (personal alert safety system device, accountability tags and your own SCBA mask.

While there is no direct compensation for being a volunteer firefighter with the City of Millville Fire Department, upon joining, you become eligible to participate in the department's incentive program (LOSAP) where you will start to earn credit toward a deferred compensation plan.

In lieu of direct compensation, and in addition to the incentive plan, each firefighter can receive a stipend to cover damaged clothing during the year. The amount of compensation is dependent on the firefighter's quarterly percentage of fire calls.

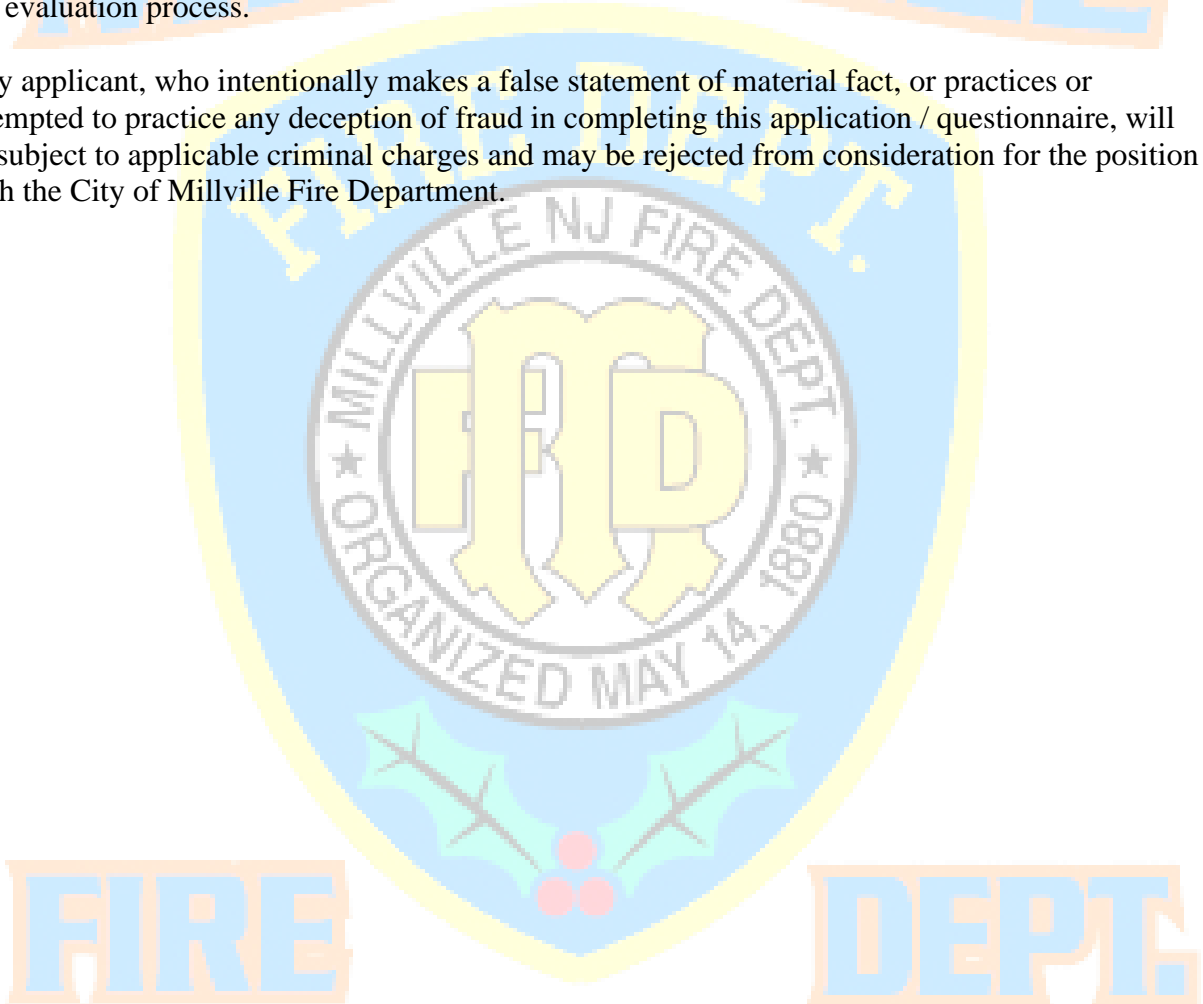
Being a firefighter takes a lot of work, study and training, but more importantly it takes dedication. We appreciate your interest in joining our fire department and if you have the drive and the time to devote to being a firefighter, then we look forward to speaking with you.

Instructions

1. Read every question carefully.
2. Answer every question-**LEAVE** no question unanswered. If a question does not apply to you, indicate with “DNA”
3. The applicant will personally prepare this form.
4. All entries, with “**NO**” exception shall be written in black ink.
5. If space provided is not sufficient to completely answer each question, attach a separate page at the end, preceding each answer with the Section Name.

It is very important that you follow these instructions fully. Failure to do so will negatively affect the evaluation process.

Any applicant, who intentionally makes a false statement of material fact, or practices or attempted to practice any deception of fraud in completing this application / questionnaire, will be subject to applicable criminal charges and may be rejected from consideration for the position with the City of Millville Fire Department.



Documents Needed

Upon completion and turning in the Application / Questionnaire the applicant will provide the department with photocopies of any and all documents supporting claims of license(s), certification(s), degree(s) or diploma(s), from all schools, colleges, classes, seminars, academies, etc. including transcripts where applicable.

Veterans of Armed Forces will provide the department with copies of discharges, separation, DD-214 or other records of military services.

The applicant will also provide the department with a copy of their valid New Jersey driver's license.

The information that you provide is subject to verification through interviews with person(s) listed as well as confirmation by way of public records and other records and/or other information listed by you.

An accurate and complete application will help expedite the background investigation process, and your complete cooperation is essential to the successful outcome of the investigation.

If you at any time have any questions regarding your application, feel free to contact Chief Lippincott.

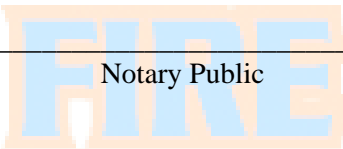
You are required to deliver and submit your completed application in person, no later than seven (7) days from the date you received this application.

I, _____, understand that any deliberate "Omissions, Falsifications, and/or
(Print name)
Intentional Failure" to disclose mandatory information by me, may result in my removal from further participation and/or consideration for the position I am seeking.

Applicant's Signature/Date

Sworn and Subscribed to before me
this _____ day of _____ 20____

Notary Public



GENERAL INFORMATION

1. NAME

_____ (Last) _____ (First) _____ (Middle)

_____ (Maiden) _____ (Aliases)

2. ADDRESS

_____ (Number and Street) _____ (City) _____ (State) _____ (Zip)

3. Home Phone Number: _____ 4. Cell Phone Number: _____

5. Email Address: _____

PERSONAL INFORMATION

6. Date of Birth: _____ 7. Social Security Number: _____

8. How long have you lived at your current residence? _____

9. Previous Address: _____

10. How long have you lived at your previous residence? _____

11. Name, Address and Phone Number of Emergency Contact: _____

12. New Jersey state labor laws restrict some employment from persons under eighteen (18) years of age. Are you at least 18 years of age? YES NO

13. Can you perform the essential functions of this job without any accommodations? YES NO
If no, give a detailed explanation on a separate sheet attached to this application.
(A need for accommodations will not necessarily bar you from filling a volunteer position.)

14. Are you currently under indictment for a felony warrant? YES NO

15. Have you ever been convicted of a felony? YES NO

16. Have you ever been arrested, detained, or taken into custody in this state, in any other state, in military service, or were you ever investigated by a law enforcement or governmental agency?
YES NO

If yes, how many times? _____ If yes, give details on a separate sheet attached to this application.

17. Driver's License Number: _____ State: _____

18. Number of traffic tickets (excluding parking tickets) you have received in the last five (5) years. ____

19. Has your driver's license ever been suspended or revoked? YES NO

20. Have you ever been involved in an accident? YES NO If yes, how many? _____

21. Were you judged at fault in any accident? YES NO

22. Have you been convicted or released from prison within the last seven years? YES NO
If yes, explain on a separate sheet of paper attached to this application.
(A conviction record will not necessarily bar you from filling a volunteer position.)

EDUCATION AND EMPLOYMENT

23. Did you graduate from high school or receive a GED certificate? YES NO

Name of high school, college, university, or vocational school	Major	Dates Attended		Full years completed	Degrees conferred	Credit hours
		From	To			

24. Indicate any other trades, skills, licenses, or certifications you possess related to the position for which you are applying including state and expiration dates.

EMPLOYMENT HISTORY

25. List your work experience for at least the last ten (10) years. Include self-employment, military service, volunteer work, and periods of unemployment. Attach additional sheets, if necessary. Be as complete as possible in outlining the duties of each position. Failure to do so may affect the credit you receive for the experience.

MOST RECENT EXPERIENCE

EMPLOYER _____ DATES WORKED _____

ADDRESS _____

POSITION _____ NUMBER OF EMPLOYEES SUPERVISED _____

SPECIFIC DUTIES _____

REASON FOR LEAVING OR CONSIDERING THE CHANGE _____

OTHER EXPERIENCE

EMPLOYER _____ DATES WORKED _____

ADDRESS _____

POSITION _____ NUMBER OF EMPLOYEES SUPERVISED _____

SPECIFIC DUTIES _____

REASON FOR LEAVING OR CONSIDERING THE CHANGE _____

OTHER EXPERIENCE

EMPLOYER _____ DATES WORKED _____

ADDRESS _____

POSITION _____ NUMBER OF EMPLOYEES SUPERVISED _____

SPECIFIC DUTIES _____

REASON FOR LEAVING OR CONSIDERING THE CHANGE _____

OTHER EXPERIENCE

EMPLOYER _____ DATES WORKED _____

ADDRESS _____

POSITION _____ NUMBER OF EMPLOYEES SUPERVISED _____

SPECIFIC DUTIES _____

REASON FOR LEAVING OR CONSIDERING THE CHANGE _____

PREVIOUS FIREFIGHTING AND/OR RESCUE EXPERIENCE

26. List your any firefighting or rescue experience. Attach additional sheets, if necessary. Be as complete as possible in outlining the duties of each position. Failure to do so may affect the credit you receive for the experience.

MOST RECENT EXPERIENCE

FIRE COMPANY/DEPARTMENT _____
 ADDRESS _____
 DATES WORKED _____
 CONTACT PERSON _____
 PHONE NUMBER _____

OTHER EXPERIENCE

FIRE COMPANY/DEPARTMENT _____
 ADDRESS _____
 DATES WORKED _____
 CONTACT PERSON _____
 PHONE NUMBER _____

OTHER EXPERIENCE

FIRE COMPANY/DEPARTMENT _____
 ADDRESS _____
 DATES WORKED _____
 CONTACT PERSON _____
 PHONE NUMBER _____

27. Please check any courses that you have completed and the level of training where applicable.

Firefighter 1	Building Collapse
Firefighter 2	Urban Search and Rescue
Vehicle Extrication	Pump Operations
Trench Rescue	Fire Officer 1
High Angle Rescue	HazMat Training
Confined Space Rescue	RIC Team Training
Water Rescue	EVOC/Driver Training

28. Have you ever held any executive office or line officer position? YES NO

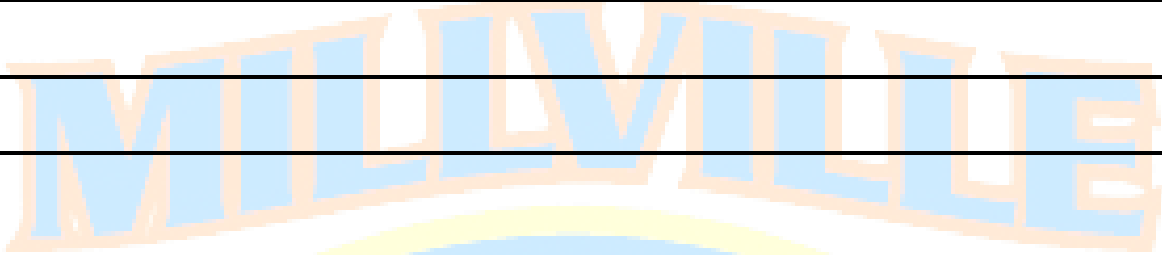
If yes, please list below.

Position: _____ Years: _____

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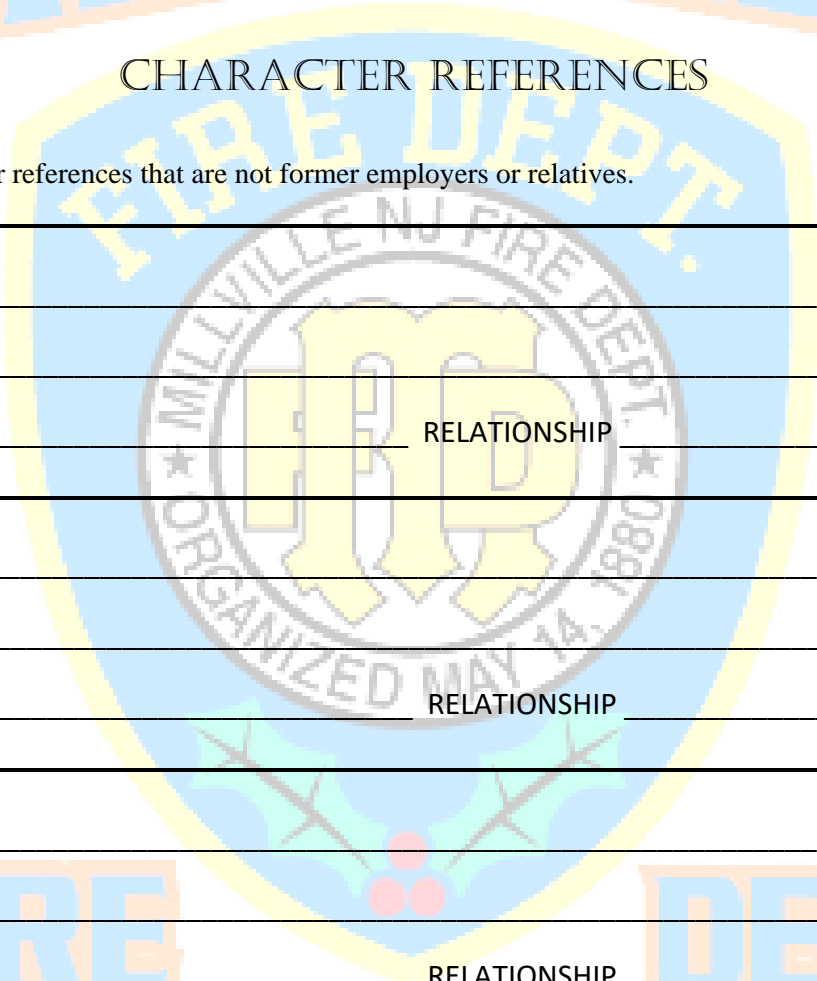
Position: _____ Years: _____

28. Give a brief explanation of why you want to be a volunteer firefighter for the City of Millville Fire Department.



CHARACTER REFERENCES

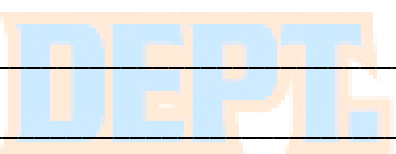
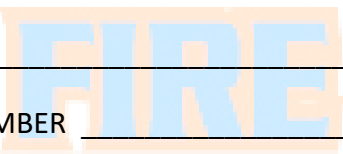
29. List character references that are not former employers or relatives.



NAME _____	RELATIONSHIP _____
ADDRESS _____	
PHONE NUMBER _____	

NAME _____	RELATIONSHIP _____
ADDRESS _____	
PHONE NUMBER _____	

NAME _____	RELATIONSHIP _____
ADDRESS _____	
PHONE NUMBER _____	



In submitting this application for membership to the Millville Fire Department, I authorize the investigation of all statements contained therein. I authorize the department may make such inquiries of me, my references, my employers (past and present) and any third party it deems appropriate to verify and evaluate my qualifications. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any educational institution which I have stated I attended to furnish the department with necessary documentation. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and separation from the department as a member at any time.

I understand that this application is the property of the Millville Fire Department and will become part of my personnel file. I agree that this application does not create a contractual obligation on the part of the Millville Fire Department to admit me as a member.

Policy Statement: The Millville Fire Department is an equal opportunity organization and shall not discriminate against any member or applicant for membership because of age, sex, marital status, national origin, religion, race, or physical or mental handicap unrelated to the performance of the job or any other prohibited reason. The investigation committee will select successful applicants after a full review of this application and additional information developed during the background checks. Applicants may be disqualified for criminal conduct and other conduct deemed by the department as detrimental to the department.

Note: A photocopy reproduction of this signed request shall be for all intents and purposes as valid as the original.

Failure to complete and sign this application will disqualify the applicant from becoming a member of the department.

Applicant's Signature/Date

Sworn and Subscribed to before me
this _____ day of _____ 20_____

Notary Public

FIRE

DEPT.

Millville Fire Department

Photograph & Video Release Form

I, _____, hereby grant the City of Millville Fire Department of Millville, New Jersey permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

Signature

Date

Address

City

State

Zip

Telephone Number

FIRE

DEPT.

