

SOUTHARD FIRE DEPARTMENT NO.1

P. O. BOX 2
4611 ROUTE 9 NORTH
HOWELL, NEW JERSEY 07731-2430
(732) 364-3399
(732) 370-0036 FAX

APPLICATION FOR MEMBERSHIP PACKET

APPLICANT:

Thank you for your interest in becoming a member of the Southard Fire Department. Attached are the necessary documents that need to be completed in order to be considered for membership in the Southard Fire Department.

- 1 – **Page #2 and #3** - Please complete the top section of the Application for Membership Document, and have it notarized.
- 2 – **Page #4** - Please complete the top section and six (6) questions on the Criminal Background Questionnaire and drop off to the Southard Fire Department along with your Application for Membership.
- 3 – **Page #5** - Please complete the top section of the Criminal Background Fingerprint Check authorization form and **bring the completed form to the Howell Township Police Department** to be fingerprinted. You will leave this Page #5 with them.

When the Application for Membership and Criminal Background Questionnaire is completed (Pages 2-4), please bring or mail the two documents to the Fire Department at the address below:

Southard Fire Department No.1
P.O. Box 2
Howell, New Jersey 07731
Attn: Membership Committee

Thank you for your time and interest!

Southard Fire Department

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Meetings are on the 2nd and 4th Friday of Each Month at 8:00p.m.

Application for Membership

I hereby certify that this applicant was elected to _____ membership in the Southard Fire Department.
On the _____ day of _____ 20_____

Chief of Southard Fire Department

Approved by the Howell Township Board of Fire Commissioners, District No. 3.

Secretary of the Board of Fire Commissioners

"I _____, do solemnly swear (or affirm) that I will support and defend the constitution of the United States and the constitution of the State of New Jersey against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter"

"And I do further swear (or affirm) that I do not advocate, nor am I am member of any political party or organization that advocates the overthrow of the Government of the United States or of this state by force or violence; and that during such time as I am a member of the Southard Fire Department No. 1, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States or of this State by force or violence.

Notary

Signature of Applicant

Date

Address

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Last First Middle

NAME: _____

Social Security # : _____ **Phone # :** _____

Driver's License # : _____

In accordance with Ordinance 0-93-11, of the Township of Howell, dated July 26, 1993; all applicants for membership in the Southard Fire Department No.1 are required to answer the following questions;

- 1) Has the applicant had “any conviction of a violation on **N.J.S.A. 2C:17-1**, including aggravated arson, arson, failure to control or report a dangerous fire, or directly or indirectly pay or accepts any form of consideration for the purpose of starting a fire or explosion?”
YES _____ **NO** _____
- 2) Has the applicant had “any conviction of a violation of **N.J.S.A. 2C:33-3**, regarding false public alarms, any conviction of a crime or disorderly persons violation?”
YES _____ **NO** _____
- 3) Applicant understands that they are required to submit to fingerprinting, and that a background investigation will be conducted by the Howell Township Police Department, after submission of the proper documents to the Chief of Police?
YES _____ **NO** _____
- 4) Applicant understands that “pursuant to **N.J.S.A. 15:8-1.1**, persons convicted of certain offenses are not eligible for membership in a Volunteer Fire Company?”
YES _____ **NO** _____
- 5) Applicant understands that convictions of any offenses listed above, or untruthful statements on this application may disqualify applicant from membership in this Fire Department?
YES _____ **NO** _____
- 6) Applicants understand that they will be subjected to an annual review of their status to operate motor vehicles in the State of New Jersey. This review will be conducted by the Howell Township Police Department, after submission of their drivers license number.
YES _____ **NO** _____

I have read the above questions, and I have answered the truthfully, to the best of my ability.

Signature of Applicant _____ Date _____

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In accordance with Ordinance 0-93-11, of the Township of Howell, dated July 26, 1993; all applicants for membership in the Southard Fire Department No.1 are required to answer specific questions regarding their personal history, and to submit themselves to the Howell Township Police Department for fingerprinting, to enable proper investigation of their background, for any items which may render them ineligible for membership.

Applicants understand and agree to allow the authorized investigations to take place, by completing and submitting the necessary paperwork to the Chief of Police or his authorized representative.

Applicant further authorizes the Chief of Police to report the results of the police department investigation to the Chief of the Fire Company, or his authorized representative, to allow the fire company to make final determination as to the applicants eligibility for membership.

Applicant fully understands, that by freely placing their signature on this form, they are authorizing the Chief of Police, or his authorized representative, to release the results of their investigation to the Fire Chief, or his authorized representative.

Applicant also understands that any information released by the Chief of Police, or his authorized representative will be kept confidential by the Fire Chief, or his authorized representative, and will not be divulged to anyone except the applicant for membership, for any reason.

Signature of Applicant _____ Date _____

Received By _____ Title/Rank _____
(Howell Township Police Department)

Date Received at Howell Township Police Department _____