

**HOPEWELL TOWNSHIP FIRE DISTRICT NO.1  
BOARD OF FIRE COMMISSIONERS**

**APPLICATION INSTRUCTIONS**

Before considering any individual for employment with the Hopewell Township Fire District No.1, certain information is required to be disclosed by the applicant.

This application must be completed and submitted with all questions answered and pertinent documentation provided.

The information you provide is subject to verification through interviews with the persons listed, as well as confirmation via public, and other records pertaining to your file.

You are responsible for obtaining correct addresses, where indicated in the application form, as well as any other information listed by you.

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

At any time should you have questions regarding your application, you should feel free to contact your assigned "case investigator", or the supervisor of the unit responsible for background investigations. You will be provided with the proper contact information upon receipt of this application.

**\*\*\* NOTICE \*\*\***

**ANY OMISSIONS, FALSIFICATIONS, OR INTENTIONAL FAILURES TO DISCLOSE**

**MANDATORY INFORMATION BY YOU COULD RESULT IN YOUR REMOVAL FROM FURTHER  
PARTICIPATION AT THIS TIME**

Failure to completely and truthfully answer any questions listed in this application will result in the revocation of your eligibility for employment with Hopewell Fire District No.1.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HOPEWELL TOWNSHIP FIRE DISTRICT NO.1  
BOARD OF FIRE COMMISSIONERS**

**APPLICANT CERTIFICATION CHECKLIST**

**Documents required with this application**

1. Copy of Social Security Card \_\_\_\_\_
2. Copy of Driver's License \_\_\_\_\_
3. Copy of College Degrees, High School Diploma or Equivalent \_\_\_\_\_
4. Military Service Records (if applicable) \_\_\_\_\_
5. Copy of Current CPR Card \_\_\_\_\_
6. Copy of Current EMT Card \_\_\_\_\_
7. Copy of Fire Fighter 1 Card issued by the New Jersey Division of Fire Safety \_\_\_\_\_
8. Copy of driver training certifications (i.e. EVOC, CEVO, etc...) \_\_\_\_\_
9. Copy of Haz-Mat Certifications \_\_\_\_\_
10. Copy of Incident Management Certifications (I-700, I-800, ICS 100, 200, 300, IMS Level etc...) \_\_\_\_\_
11. Copy of Current Blood Borne Pathogens Certification \_\_\_\_\_
12. Any documents / certifications that you feel would benefit HTFD No.1 \_\_\_\_\_

**HOPEWELL TOWNSHIP FIRE DISTRICT NO.1  
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## PERSONAL INFORMATION

Address \_\_\_\_\_

Cell Phone Number  Home Phone Number

Are you 18 years or older? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Email Address

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?        YES        NO

DO YOU HAVE ANY DISTINGUISHING PHYSICAL CHARACTERISTICS?  
SUCH AS SCARS, TATTOOS, OR OTHER MARKINGS?

**PRIOR RESIDENCES:** LIST BELOW THE LAST THREE RESIDENCES, BEGINNING WITH YOUR CURRENT RESIDENCE.

DATE MONTH/YEAR	ADDRESS
FROM TO	
FROM TO	
FROM TO	

## **EMPLOYMENT DESIRED**

Position you're applying for \_\_\_\_\_

Date you can start

Are you currently employed \_\_\_\_\_ If so, may we contact your current employer? \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ When? \_\_\_\_\_

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

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**FORMER EMPLOYMENT:** LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT. ATTACH ADDITIONAL SHEETS IF NEEDED

Employer\_\_\_\_\_

Address\_\_\_\_\_

Dates Worked: FROM\_\_\_\_\_ TO\_\_\_\_\_

Position\_\_\_\_\_

Supervisor\_\_\_\_\_

Phone Number\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

Employer\_\_\_\_\_

Address\_\_\_\_\_

Dates Worked: FROM\_\_\_\_\_ TO\_\_\_\_\_

Position\_\_\_\_\_

Supervisor\_\_\_\_\_

Phone Number\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

Employer\_\_\_\_\_

Address\_\_\_\_\_

Dates Worked: FROM\_\_\_\_\_ TO\_\_\_\_\_

Position\_\_\_\_\_

Supervisor\_\_\_\_\_

Phone Number\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

**HOPEWELL TOWNSHIP FIRE DISTRICT NO.1**  
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Has any employer, education or military establishment ever disciplined you for improper conduct?

(Yes / No) \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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Have you ever received any less than satisfactory performance notices or any written or verbal reprimands in any current or previous employment? (Yes / No) \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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Have you ever applied in any jurisdiction as a Firefighter, EMT, Emergency Service Specialist, or Police Officer?

(Include D.O.P exams) (Yes / No) \_\_\_\_\_

If yes, supply the following information: (Attach additional sheets if necessary)

- A. Date of application:
  - B. Position applied for:
  - C. Disposition (Hired / Denied):
  - D. Reason for Denial:
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Does the applicant have any limitations on availability?

(Yes / No) \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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Have you ever been convicted of : aggravated arson (N.J.S.A.2c:17-1(a)); arson (N.J.S.A.2c:17-1(b)); failure to control or report a dangerous fire (N.J.S.A.2c:17-(c)); arson for hire (N.J.S.A.2c:17-(d))?

(Yes / No) \_\_\_\_\_

Have you ever been convicted of a crime involving the possession, use or being under the influence or failure to make lawful disposition of a controlled dangerous substance?

(Yes / No) \_\_\_\_\_

Have you ever been convicted of manufacturing, distributing, or dispensing a controlled dangerous substance?

(Yes / No) \_\_\_\_\_

## **HOPEWELL TOWNSHIP FIRE DISTRICT NO.1 BOARD OF FIRE COMMISSIONERS**

Have you ever been convicted of circulating a report or warning of an impeding fire, explosion, bombing, crime, catastrophe or emergency knowing that the report or warning was false or baseless?

(Yes / No) \_\_\_\_\_

Have you ever been convicted of theft by unlawful taking of disposition (N.J.S.A.2c: 20-3); theft by deception (N.J.S.A.2c:20-4); theft by extortion (N.J.S.A.2c:20-5); receiving stolen property (N.J.S.A.2c:20-7); theft of services (N.J.S.A.2c:20-8); theft by failure to make required disposition of property received(N.J.S.A.2c:20-9); shoplifting (N.J.S.A.2c:20-11); or robbery (N.J.S.A.2c:15-1)?

(Yes / No) \_\_\_\_\_

Have you ever been convicted of sexual assault (N.J.S.A.2c:14-2); criminal sexual contact (N.J.S.A.2c:14-3); or lewdness (N.J.S.A.2c:20-11)?

(Yes / No) \_\_\_\_\_

Have you ever been convicted of kidnapping (N.J.S.A.2c:13-1); criminal restraint (N.J.S.A.2c:13-2); false imprisonment (N.J.S.A.2c:13-3); interference with custody (N.J.S.A.2c:13-4); criminal coercion (N.J.S.A.2c:13-5); or luring, enticing a child (N.J.S.A.2c:13-6)?

(Yes / No) \_\_\_\_\_

Have you ever been convicted of: simple assault (N.J.S.A.2c:12-1(a)); aggravated assault (N.J.S.A.2c:12-1(b)); knowingly pointing a firearm (N.J.S.A.2c:12-1b(4)); leaving the scene of a motor vehicle accident resulting in serious bodily injury (N.J.S.A.2c:12-1.1); recklessly endangering another person (N.J.S.A.2c:12-2); making terroristic threats (N.J.S.A.2c:12-3); stalking (N.J.S.A.2c:12-10); or disarming a law enforcement officer?

(Yes / No) \_\_\_\_\_

Have you ever been convicted of criminal homicide (N.J.S.A.2c:11-2); murder (N.J.S.A.2c:11-3); manslaughter (N.J.S.A.2c:11-4); death by auto or vessel (N.J.S.A.2c:11-6); knowingly leaving the scene of an accident resulting in death (N.J.S.A.2c:11-6); or aiding suicide (N.J.S.A.2c:11-7)?

(Yes / No) \_\_\_\_\_

**If yes to any of these questions, please provide the following information on a separate sheet of paper:**

- (a) Date of Conviction
- (b) County of Court
- (c) State of Court
- (d) Sentence of Punishment Imposed

Do you or have you ever used illegal drugs, or narcotics?

(Yes / No) \_\_\_\_\_

If yes, state dates, types, and amounts:

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## **HOPEWELL TOWNSHIP FIRE DISTRICT NO.1 BOARD OF FIRE COMMISSIONERS**

List all motor vehicle driver licenses issued to you by this State or any other jurisdiction. Include date issued, License Number, Type of License, Jurisdiction Issuing License, and Expiration Date.

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Have you ever had any license, permit, or vehicle registration denied, suspended, or revoked by any agency in New Jersey or any other state?

Yes / No \_\_\_\_\_

If yes, explain. Include the type of license or permit, the state in which it is denied, suspended, or revoked, the date and length of suspension and reason for suspension.

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List all motor vehicle moving violations for which you have been issued a summons.

Date of Summons	Summons Type	Issuing Agency	Name and Address of Municipal Court	Reason(s)

**HOPEWELL TOWNSHIP FIRE DISTRICT NO.1**  
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**EDUCATION**

Name & Location		Years Attended	Did you Graduate?	Subjects Studied
High School				
College or University				
Other Education				

Other schools or training (i.e. trade, business, vocation) attended:

Name and Address of Institution	Years Attended	Did you Graduate?	Major / Program	Number of Credits

# **HOPEWELL TOWNSHIP FIRE DISTRICT NO.1**

## **BOARD OF FIRE COMMISSIONERS**

### **MILITARY SERVICE**

Please list all military service (including branch, type and length):

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List date and condition(s) of military discharge:

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### **REFERENCES**

List the names and occupation of at least four (4) individuals who are willing to provide professional or character references:

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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## RELEASE AUTHORIZATION

To all Courts, Probation Departments, Police Departments, Employers, and Educational Institutions:

I have authorized the Hopewell Township Fire District No.1 to conduct a full and thorough investigation into my background activities.

Therefore you are hereby authorized to release any information relation to my convictions, my employment history, and academic performance to an employee or agent of the Hopewell Township Fire District No.1

This authorization shall supersede and countermand any prior request or authorization.

A photo static copy, or PDF version will be considered as effective and as valid as the original.

Date \_\_\_\_\_

### Print Full Name

### Signature of Application

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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Notary Public State

New Jersey Administrative Code (N.J.A.C. 13:59-1) et seq. authorizes the dissemination of New Jersey **criminal history record information** (CHRI) by the New Jersey State Police (NJSP), Identification & Information Technology Section (I&ITS), State Bureau of Identification (SBI) for non-criminal justice purposes, including, but not limited to, employment, licensing, and the procurement of services; are authorized to obtain from the SBI all records of convictions in the New Jersey state courts and, regardless of their age, all records of pending arrests and charges for violations of New Jersey laws, unless such records have been expunged.

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**AUTHORIZATION OF RELEASE**

Hopewell Township Fire District No.1  
201 Washington Crossing Pennington Rd, Titusville, NJ 08560  
609-730-8156 office • 609-730-1563 fax

Date: \_\_\_\_\_

I, \_\_\_\_\_, give authorization for a review of my driving record which accurately reflects information contained in the records maintained by the New Jersey Motor Vehicle Commission (MVC) to be released to the agency listed above.

Driver's License  
Number: \_\_\_\_\_

Current Residence  
Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_