

**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: _____

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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

BOARD OF FIRE COMMISSIONERS

PERSONAL INFORMATION

Name _____ SS Number _____
 LAST FIRST MIDDLE

Address _____
 STREET CITY STATE ZIP

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? _____

Referred By _____

EMERGENCY CONTACTS

Name _____ Phone Number _____ Relationship _____

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 _____

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Has any employer, education or military establishment ever disciplined you for improper conduct?

(Yes / No) _____

If yes, explain: _____

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: _____

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:

Does the applicant have any limitations on availability?

(Yes / No) _____

If yes, explain: _____

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) _____

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Have you ever been convicted of circulating a report or warning of an impending 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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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.

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.

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)

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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

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MILITARY SERVICE

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

List date and condition(s) of military discharge:

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 _____

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: _____