



# JACKSONVILLE FIRE COMPANY

Volunteering Since 1954

1793 Jacksonville-Jobstown Road, Bordentown, NJ 08505

Phone: (609) 261-1139 Fax (609) 261-1339

[www.jacksonvillefirecompany212.org](http://www.jacksonvillefirecompany212.org)



Prospective Applicant:

Enclosed you will find paperwork to apply for membership in the Jacksonville Fire Department.

Our department is an organization which provides Fire Suppression and Assistants to the residents of Springfield Township and surrounding communities. Our Organization is made up of Firefighters, Fire Police and Junior Firefighters.

Please submit the following items together in order for us to speed up the application process:

- Membership Application
- Completed Fingerprint cards from the Springfield Township Police Department
- A letter on department stationary from any prior Fire Department of which you are/were a member, detailing that you are in good standings or left in good standings.
- Photocopies of Drivers License and any certifications or training records that show past experience relating to membership in this organization.
- A check for dues(\$20.00)

We look forward to having you join our department. If there are any questions, please contact us at 609.261.1139 and leave a message. Please return completed applications to our station on Jobstown-Jacksonville Road, Attn: Membership Committee.

Sincerely,

Jacksonville Fire Company



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## Membership Application

<b>Position Applying for:</b>			
<input type="checkbox"/> Active Firefighter	<input type="checkbox"/> Fire police	<input type="checkbox"/> Junior Firefighter	<input type="checkbox"/> Other _____

<b>Name:</b> _____ (Last Name) (First Name) (MI)	<b>Social Security Number:</b> _____-_____-____
<b>Address:</b> _____ Street _____ (Township) (State) (Zip Code)	<b>Date of Birth:</b> ____/____/____ (Month) (Day) (Year)
<b>Previous Address</b> (if at current address less then 2 years): _____ Street _____ (Township) (State) (Zip Code)	<b>Citizenship:</b> <input type="checkbox"/> US <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
<b>Phone Numbers:</b> _____ (Home) (Mobile) (Work)	<b>Email:</b> _____
<b>Driver's License:</b> _____ (Number) (State) Are there restrictions to your license: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have points against your license: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Occupation:</b> _____
<b>Emergency Contact:</b> _____ (Name) _____ (Address) _____ Relationship) (Phone)	<b>Questions:</b> <input type="checkbox"/> Have previously applied <input type="checkbox"/> Convicted of a crime

### Policy Statement

The Jacksonville Fire Company is not a social club. Members shall be required to give freely of their time to attend incidents, training sessions and participate in community activities as determined by the Department.

All applicants must present a signed certificate of physical eligibility from a licensed physician before any application will be considered. Applicants can use their own physician or one provide by the township.

*I attest to the best of my ability, that all the information provided is accurate and true without falsification.*

\_\_\_\_\_  
Signature of Applicant



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## Physical Eligibility

<b>Name:</b> _____		<b>Date of Birth:</b> _____	
(Last Name)	(First Name)	(Middle)	(Month) (Day) (Year)
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Height:</b> _____ ft _____ in		<b>Weight:</b> _____ lbs
<b>Eyesight:</b> _____	<b>Hearing:</b> _____		<b>Blood Pressure:</b> _____
<b>Has applicant any apparent disabilities in:</b>			
<input type="checkbox"/> Heart		<input type="checkbox"/> Lungs	
<input type="checkbox"/> Joints		<input type="checkbox"/> Veins	
<input type="checkbox"/> Feet & Legs		<input type="checkbox"/> Hands & Arms	
<input type="checkbox"/> Spine		<input type="checkbox"/> Hernia	
<b>Has Applicant ever suffered from dizzy or fainting spells?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please explain _____			
<b>Has Applicant ever suffered from injury?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please explain _____			
<b>Remarks:</b> _____ _____ _____			
<b>Certification:</b>			
I certify that as a practicing Physician in the State of New Jersey, the Applicant is free from any Acute or Chronic Disease and has NO Physical Defects that would hinder his/her ability to perform the duties of a Firefighter.			
Date Examined: _____		Place of Examination: _____	
Print Physician's Name: _____			
Signature: _____			



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## Please Read Carefully Authorization for Release of Information

To assist in evaluating my employment qualifications, I authorize Jacksonville Fire Company No 212 of Springfield Township of Burlington County to request and receive any information concerning me including, but not limited to, reports from any person, doctors, schools, licensing agencies, law enforcement agencies and from any of my previous employers.

I also authorize any of the aforementioned parties to furnish the Company with all information. I further release all parties and the Representative of the Jacksonville Fire Company from any and all liability and responsibility arising out of such information.

A photo static copy of this Authorization will be considered as effective and valid as the original.

Signed: \_\_\_\_\_

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

Soc. Sec. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sworn and subscribed to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public of the State of New Jersey