



Frankford Township Fire Department
P.O. Box 419; Augusta, NJ 07822
Department Membership Application



Fire & Rescue Division	Circle One Yes No	Fire Police	Circle One Yes No	EMR Division	Circle One Yes No	Junior Division	Circle One Yes	Today's Date:
Last Name:				First				Middle
Mailing Address:							How Long:	
City:				State:		Zip Code:		
If different from mailing address. Physical Address:					Township or Boro:			
Previous Address:								
City:		State:					Zip Code:	
Home Phone:				E-Mail:				
Cell Phone:				Work Phone:				
Date of Birth:		Place of Birth:			Social Security No.:			
Drivers License #:			Class	Expiration Date		State Issued		
Beneficiary:								
Current Employer:							How Long:	
Employer Address:								
Previous Employer:							How Long:	
Reference Name / Phone Number:								
Reference Name / Phone Number:								
Are you currently or have you ever belonged to another volunteer or social organization? Yes No								
If yes, what organization?						Membership Status		
<i>All applicants for fire department membership shall be subject to fingerprinting and a criminal background check to determine the presence of any felony convictions for the protection of the public's safety & welfare. Applicable convictions are to include New Jersey 1st Degree, 2nd Degree, 3rd Degree and 4th Degree crimes or out-of-state equivalent. Other offenses such as New Jersey Disorderly Person Offenses, Petty Disorderly Person Offenses, DUI/DWI & Non-Indictable Offenses or out-of-state equivalent will be determined on a case-by-case basis.</i>								
Have you ever been arrested and/or convicted of a crime? Circle one Yes No								
If yes please explain:								

I am an applicant for the Frankford Township Fire Department and I authorize the Frankford Township Fire Department to conduct any background checks that the Frankford Township Fire Department deems necessary, including Drivers License, Employment, Arrest, Etc.

Signature:	Date:
Witness:	Date:

For Department use only:	
Date Proposed	Date Accepted Probationary
Date Accepted full member	
Beneficiary	Blood Type