



# **MCAFEE FIRE DEPARTMENT**

## **New Member Application**



### **Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First M Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name and Phone #: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you here legally? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐ Are you transferring from another Dept.? YES ☐ NO ☐

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

### **Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

## Training

List any skills or training that you feel relate to this position:

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First Aid Training? \_\_\_\_ Yes \_\_\_\_ No      Date last certified \_\_\_\_\_

Type of First Aid Training \_\_\_\_\_ (example; CPR, First Responder, etc.)

Are you in good health? \_\_\_\_ Yes \_\_\_\_ No

If no, explain: \_\_\_\_\_

Truck Driving Experience? \_\_\_\_ Yes \_\_\_\_ No

Type of Vehicle \_\_\_\_\_

Driver's License Classification \_\_\_\_\_

What hours are you available to respond to emergency calls? \_\_\_\_\_

## References

*Please list three references:*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Reason for Joining

What is your reason for joining the fire department?

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### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to membership acceptance, I understand that false or misleading information in my application or interview may result in my release. I authorize the schools, references, and my prior employers listed above to provide my record, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.*

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

**\*\*If you are transferring from another department, please include all paperwork\*\***

### FIRE DEPT USE ONLY

Date of application return-	
PD Approval-	
Department Approval-	
Start Date-	
Chief Signature-	

## Medical Examination

**\*To be filled out by a physician in the state of New Jersey and returned to the Department Chief\***

**Name:** \_\_\_\_\_  
First Middle Last

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Height:** \_\_\_\_ Ft. \_\_\_\_ In.

**Eyesight:** \_\_\_\_\_ **Hearing:** \_\_\_\_\_

**Blood Pressure:** \_\_\_\_\_

**-Does applicant have any apparent disabilities in:**

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Joints: \_\_\_\_\_ Veins: \_\_\_\_\_

Feet and Legs: \_\_\_\_\_ Hands and Arms: \_\_\_\_\_

Spine: \_\_\_\_\_ Hernia: \_\_\_\_\_

**-Has applicant ever suffered from dizziness or fainting spells?**

Yes, describe: \_\_\_\_\_

No: \_\_\_\_\_

**-Has applicant ever suffered from notable injury?**

Yes, describe: \_\_\_\_\_

No: \_\_\_\_\_

**-Use of narcotics?**

Yes, describe: \_\_\_\_\_

No: \_\_\_\_\_

**Additional remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Examination (continued)**

**\*Applicants will be required to pass a thorough medical examination in order to be placed on the eligible list. Any medical or physical condition or disability which would prevent efficient performance of the duties required for the firefighter position, cause the applicant to be a hazard to themselves or others.**

I hereby certify that as a practicing physician in the state of New Jersey the applicant is physically:

Fit: \_\_\_\_\_ Temporarily rejected: \_\_\_\_\_ Rejected: \_\_\_\_\_

Temporary or direct rejection is based on the following:

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**Date examined:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician's office address:** \_\_\_\_\_

**Physician's phone number:** \_\_\_\_\_

**Physician's signature:** \_\_\_\_\_