

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

Social Security Number: \_\_\_\_\_

### Application for Membership

**Applicant\* and sponsors must be residents of Salem City for at least one continuous year prior to date of application. (\*Except Associate FireFighter)**

**Important: Application must be filled out and channeled in the following order:**

1. Application should be filled out by applicant with typewriter or printed. (Do not write.)
2. Application must be notarized. Applicant must then present him/herself before a doctor for a physical examination.
3. Application must be returned by applicant with completed physical test record.
4. Release form must be given to the Police Chief who will forward to the City Fire Chief.

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

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

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

Phone Number: \_\_\_\_\_ Present residence in \_\_\_\_\_ for \_\_\_\_\_ years.

If not born in The United States, date naturalized: \_\_\_\_\_ Place: \_\_\_\_\_

Have you ever been indicted? \_\_\_\_\_ Have you ever been convicted? \_\_\_\_\_

If yes to either question, when and where? \_\_\_\_\_

What is your regular occupation? \_\_\_\_\_

Have you ever been a firefighter? \_\_\_\_\_ If so, when? \_\_\_\_\_ and where? \_\_\_\_\_

Sponsor 1 \_\_\_\_\_  
Name Signature Address Phone

Sponsor 2 \_\_\_\_\_  
Name Signature Address Phone

Sponsor 3 \_\_\_\_\_  
Name Signature Address Phone

Sponsors must personally sign application.

**If accepted, I promise to obey all orders from the proper officers and the Constitution and By-laws of the company and the Salem Fire Department.**

STATE OF NEW JERSEY COUNTY OF \_\_\_\_\_

ss:

\_\_\_\_\_ being duly sworn, doth depose and says that the above statements are true to the best of his/her knowledge and belief.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
City Chief  
 Battalion Chief  
 Battalion Chief

\_\_\_\_\_  
 Signature of Notary Public



# Salem City Fire Department Release Form

I hereby authorize the Salem Fire Department and Salem Police Department to investigate my character and background including police records to ascertain any information concerning my past and present status, knowing full well that all pertinent information will be turned over to the New Jersey State Firemen's Association, Fire Company and Fire Chiefs for their evaluation. I understand that I must present myself to the Salem Police Department for fingerprinting and the background investigation may indicate arrest information from any of the United States.

Further, I release all persons and agencies from any damages because of furnishing such information to the Salem Fire Department.

This form must be signed in the presence of a witness who is a Salem City Resident and has been for at least one year prior to the date this release is submitted.

\_\_\_\_\_  
(Witness Printed Name)

\_\_\_\_\_  
(Applicant Printed Name)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Applicant Driver's License Number)

\_\_\_\_\_  
(Applicant Date of Birth)

Police remarks concerning background:

\_\_\_\_\_  
(Applicant Social Security Number)