



# Chesterfield Township Fire Department

## Station 261

Phone (609) 298-3111

Phone (609) 298-1024

[www.CTFD1.org](http://www.CTFD1.org)

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

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

\_\_\_\_\_ City State Zip Code

Please attach to this application a list of any other addresses you have resided at for the past five years

Is your mailing address the same? Yes No

Mailing Address (If different): \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

Type of Membership: Active Junior Social

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

1) Has your driver's license ever been suspended or revoked?      Yes      No

If yes please explain on a separate paper and attach.

2) Have you ever been involved in a motor vehicle accident?      Yes      No

If yes please explain on a separate paper and attach.

3) Have you ever been arrested and/or convicted of a felony?      Yes      No

If yes please explain on a separate paper and attach.

4) Have you ever been charged with a crime as a juvenile?      Yes      No

If yes please explain on a separate paper and attach.

5) Are you currently or ever have been a member of another emergency service organization?      Yes      No

If yes please list all organizations on a separate paper complete with addresses and contact numbers.

6) Have you ever been expelled or suspended from any fire company or emergency service organization?      Yes      No

If yes please explain on a separate paper and attach.

7) Do you have a New Jersey Firefighter certification number?      Yes      No

If yes list: \_\_\_\_\_

8) Please list and attach copies of any certifications you possess that relate to the fire service:

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9) Please list two character references that are not related nor reside with you:

1)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

2)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that inaccurate or falsified statements on this application will be grounds for rejection of my application for membership or termination of the membership. I authorize the investigation of the statements contained herein. I give the Chesterfield Township Fire Department and the Board of Fire Commissioners District #1 of Chesterfield and Hamilton permission to contact my character references, employers past and present, and any previous fire and emergency service organizations regarding this application. My character references, employers, and previous fire or emergency service organization may release any and all pertinent information, personal or otherwise related to my membership application. I also release all parties from any liability or damage that may result from the release of this information. I understand that a criminal background investigation will be conducted and the validity of my driver's license will be checked. I understand that I may be required to submit to a medical evaluation or provide a licensed physician's statement as to my medical eligibility depending on the type of membership for which I am applying.

I have read and understand the above statement: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Number of attached pages: \_\_\_\_\_

After completion email, mail or deliver in person to:

Email: [newmembers@crosswicksfire.org](mailto:newmembers@crosswicksfire.org)

Building Address:  
Chesterfield Township Fire Department  
C/O Membership Coordinator  
296 Bordentown-Chesterfield Rd  
Chesterfield, NJ 08515