

Hackettstown Volunteer Fire Department

Cataract Hose Company No.1 Vigilant Hook & Ladder Company No.1

Application Process

Step 1: Fill out and return Preliminary Application and meet with Company's investigating Committee

Step 2: You will receive materials to have your fingerprints taken for a criminal background check.
(Note) If you have been arrested and convicted of a 4th degree crime or greater your application will be rejected.

Step 3: After your background check is complete, you will receive a State of New Jersey application. You will need to receive a doctor's physical and answer all questions on this application. When completed, forward this application to your company's Captain.

Step 4: After your application is in order, you will be approved by the Hackettstown Council and have to serve a 6 month probationary period.

Requirements For Active Membership

1. You must live in Hackettstown for 6 months prior to applying for membership.
2. You must be between the ages of 18-45
3. You must maintain a company required percentage for all calls, drills, and meetings totaled for the Calendar year.
4. You must complete Firefighter 1 (about 180hrs) or equivalent within 2 years of becoming an active member.
5. You will be required to purchase a dress uniform after your 6 months probationary period. The company will pay upfront cost. The member will have to pay the company back at the rate determined by your company.

Benefits For Becoming A Member

1. Helping your fellow citizens.
2. Life Insurance from the Town of Hackettstown while active member.
3. You may receive a Clothing Allowance at the end of each year while an active member.
4. After serving and maintaining the State required percentage for 7 years, you will receive a death benefit for life, from the Fireman's Association of New Jersey

By signing this I have read and understand everything on this page

Application signature

Date _____

HACKETTSTOWN FIRE DEPARTMENT

CATARACT HOSE #1

VIGILANT HOOK & LADDER #1

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	PHONE NUMBER
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HOME ADDRESS	CITY	TOWNSHIP	STATE	ZIP CODE
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DATE OF BIRTH	SEX	HEIGHT	WEIGHT	BLOOD TYPE (IF KNOWN)
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EMERGENCY CONTACT	RELATIONSHIP	ADDRESS CITY/STATE	PHONE #
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NJ DRIVERS LICENSE #	DATE APPLYING	COMPANY APPLYING FOR: check box	HOSE <input type="checkbox"/>	LADDER <input type="checkbox"/>
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If you answer any YES to any of the following questions please explain in the comments box.

1. Do you have any medical conditions or allergies that may limit your duties? Yes No
2. Has your driver's license ever been suspended or revoked? Yes No
3. Have you ever been convicted of a crime? Yes No
4. Have you ever been a member of another volunteer fire department or rescue squad? Yes No
5. Do you have any previous firefighting / training certifications? Yes No
(If YES please attach certifications)

COMMENTS:	SBI form on file: Yes No
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I certify that all statements made on this application are correct and complete to the best of my knowledge. I understand that any false or misleading information given, or information requested shall be enough for sufficient grounds of rejection of this application.

Signature of applicant: _____ accepted

Date: _____ Reviewed by: _____ rejected