



## APPLICATION FOR MEMBERSHIP

### Application Information:

\_\_\_\_\_ Date of Application: \_\_\_\_\_

\_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

\_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Number of Years Residing at this Address: \_\_\_\_\_

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

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

\_\_\_\_\_ Prior Service to a Fire Department? YES NO

\_\_\_\_\_ If So Where? \_\_\_\_\_

\_\_\_\_\_ Dates (From-To): \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Blood Type: \_\_\_\_\_ S.S.N. #: \_\_\_\_\_

\_\_\_\_\_ License #: \_\_\_\_\_ License State: \_\_\_\_\_

\_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Emergency Contact Information:

\_\_\_\_\_ Name (LAST, FIRST MI.): \_\_\_\_\_

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

\_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

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

\_\_\_\_\_ Relationship: \_\_\_\_\_

**Background Questionnaire:**

Are you a United States Citizen?	YES	NO
Do you have a valid NJ Drivers License?	YES	NO
Is your license presently suspended or revoked?	YES	NO
Are you currently employed?	YES	NO
Have you ever been convicted of a crime?	YES	NO

**Employer Information:**

**Business Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **Apartment:** \_\_\_\_\_  
**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_

**References:**

**Name** (LAST, FIRST MI.): \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **Apartment:** \_\_\_\_\_  
**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name** (LAST, FIRST MI.): \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **Apartment:** \_\_\_\_\_  
**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name** (LAST, FIRST MI.): \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **Apartment:** \_\_\_\_\_  
**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

I certify that the answers given are true and complete. I understand that false or misleading information given on my application or in my interview may result in the rejection of my application. I understand the Madison Police Department, Bureau of Investigation will be conducting a complete background investigation.

\_\_\_\_\_  
*Applicants Signature*

\_\_\_\_\_  
*Date*