



CHEWS LANDING FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP (Version 5 – December 2025)

The Chews Landing Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information.

INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature. **Incomplete or illegible applications will not be processed.**
2. Applications must be returned in person to the Fire District Administrator between the hours of 8 a.m. and 4 p.m., Monday through Friday. Photocopier services are available at the station.
3. Resumes will only be accepted as a supplement to the application. Use additional blank paper if you do not have enough room on this application.
4. Applications without signed Affidavit and Disclosure / Authorization pages will not be accepted.

P E R S O N A L	Last Name	First	Middle	Today's Date	Date of Birth	
	Street Address			Home Telephone ()		
	City, State, Zip			E-Mail Address		
	Cell Phone Number ()			Social Security No.		
	Have you previously applied for membership with the Chews Landing Fire Department? If Yes, Month and Year _____ Department _____				<input type="radio"/> Yes	<input type="radio"/> No
	Do you have any relatives affiliated with the Department now? If yes, give name and department: _____				<input type="radio"/> Yes	<input type="radio"/> No
	Are you 18 years of age or older? If not, attach Junior Membership Consent Form <input type="radio"/> Yes <input type="radio"/> No			How did you hear about membership opportunities?		

E D U C A T I O N	School	Name and Location of School	Course of Study	# Years Completed	Did you Graduate?	Degree or Diploma	
	Graduate						
	College						
	Business/Trade/Tech						
High School or GED							

Please give accurate, complete full-time and part-time employment history, including military service. Start with your present or most recent employer FIRST. If self-employed, give firm name and business references. If necessary, attach additional sheets using the same format. Membership may be contingent on acceptable references from current and former employers.

EMPLOYMENT INFORMATION

EMPLOYER #1	Company Name	Telephone ()
	Address	Employed (Month and Year) From: To:
	Name of Supervisor (must be filled in)	Reason for Leaving
	Job Title and Description	

EMPLOYER #2	Company Name	Telephone ()
	Address	Employed (Month and Year) From: To:
	Name of Supervisor (must be filled in)	Reason for Leaving
	Job Title and Description	

EMPLOYER #3	Company Name	Telephone ()
	Address	Employed (Month and Year) From: To:
	Name of Supervisor (must be filled in)	Reason for Leaving
	Job title and Description	

Please give accurate, complete full-time and part-time organizational membership history, including military and emergency services (Fire, EMS, etc.). Start with your present or most recent memberships FIRST. **Include any organizations to which you applied and either withdrew your application or were denied membership for any reason.**

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#1

Organization Name	Telephone ()
Address	Dates of Membership From: To:
Name of Organization Leader (must be filled in)	Reason for Leaving
Organization Activity Description	

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Organization Name	Telephone ()
Address	Dates of Membership From: To:
Name of Organization Leader (must be filled in)	Reason for Leaving
Organization Activity Description	

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Organization Name	Telephone ()
Address	Dates of Membership From: To:
Name of Organization Leader (must be filled in)	Reason for Leaving
Organization Activity Description	

A D D I T I O N A L	T R A I N I N G	<p>Please list any specialized training in the fire or life safety field. Submit copies of Certifications</p>
	S P E C I A L S K I L L S	<p>List proficiency with any heavy machinery, industrial equipment, or specialized training you may have.</p>
		<p>List any computer skills you may possess, i.e., hardware, software applications, programming skills, etc.</p>
I N F O R M A T I O N	B A C K G R O U N D	<p>Have you been fired from a job or organization or asked to resign?</p> <p><input type="radio"/> Yes <input type="radio"/> No If Yes, please explain:</p>
		<p>Have you ever been convicted of any law violation, excluding minor traffic offenses, which have not been annulled, expunged or sealed by the court? Include any "guilty" or "no contest" pleas. (A conviction will not necessarily disqualify an applicant for membership.)</p> <p><input type="radio"/> Yes <input type="radio"/> No If Yes, describe in full:</p>
		<p>Do you have a valid drivers' license?</p> <p><input type="radio"/> Yes <input type="radio"/> No License number: _____ State: _____ Class: _____</p> <p style="text-align: center;">A PHOTOCOPY OF YOUR DRIVERS' LICENSE MUST BE ATTACHED TO THIS APPLICATION</p> <p>Have you ever had your license suspended or revoked within the last three years?</p> <p><input type="radio"/> Yes <input type="radio"/> No If Yes, give details:</p>

R E F E R E N C E S	Give three references not related to you, who have definite knowledge of your business or professional qualifications for the position of volunteer firefighter. Do not repeat names of supervisors listed under employment or organizational membership history.		
	Name	Address	Phone

A F F I D A V I T	I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may; disqualify me from further consideration for membership, result in my dismissal if discovered at a later date, subject me to punishment as provided by law.	
	I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements.	
	I understand that if I am extended an offer of membership, it may be conditioned upon successful completion of a pre-employment physical examination to confirm my ability to perform the work for which I am applying, and I consent to the release of any medical information deemed necessary to judge my capacity to perform said work.	
	I understand I may be required to successfully pass a drug screening examination, and hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.	
	I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.	
	I have read, understand, and by my signature, consent to these statements.	
	Signature: _____	Date: _____

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

As a condition of your employment as a volunteer or career firefighter (full or part time), the Chews Landing Fire Department will conduct a background investigation. During the background investigation, we may request and rely upon one or more reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc., or from the New Jersey Motor Vehicle Commission.

The information sought by the Chews Landing Fire Department for purposes of your application will include, but may not be limited to, verification of your social security number, address history, criminal history, government sanctions (records on persons associated with fraud, terrorism, drug trafficking or weapons of mass destruction), driver's license violations and status. We may also contact past employers, references, or any other persons with information that would assist us in making an informed decision regarding your application.

Under the FCRA, before the Company can obtain the listed reports about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

You have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on you at the time of the request, including sources of information, and the recipients of any reports on you which IntelliCorp Records, Inc has previously furnished within the two year period preceding your request.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

The New Jersey Motor Vehicle Commission can be contacted by mail at PO Box 160, Trenton, New Jersey 08666, or phone:609-292-5100; or website: www.nj.gov/mvc.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Chews Landing Fire Department to conduct a background investigation as a condition of my employment, to include seeking information from Intellicorp Records, Inc, the New Jersey Motor Vehicle Commission, past employers, references, and any other persons with information that would assist the Chews Landing Fire Department in making an informed decision regarding my application. By my signature below, I authorize the Chews Landing Fire Department to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any of the described reports or information that may be requested about me by or on behalf of the Chews Landing Fire Department.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date

Board of Fire Commissioners

Gloucester Township Fire District # 2
43 Somerdale Road, Blackwood, NJ 08012
Phone: 856-282-3370 Fax: 856-545-7485
www.gtfd2.org

Drug Testing Consent Form for Volunteer Firefighter Applicants

Applicant Name: _____

Purpose

The purpose of this Drug Testing Consent Form is to ensure that all volunteer firefighter applicants meet the safety and performance standards required by the department. Due to the high-risk nature of emergency response activities, maintaining a drug-free environment is essential for the safety of the public, department personnel, and the applicant.

Consent to Drug Testing

I, the undersigned applicant, understand that as part of the application process to become a volunteer firefighter, I am required to undergo drug testing. This may include, but is not limited to, testing for illegal substances, controlled substances, and the misuse of prescription or over-the-counter medications.

I hereby consent to:

- Pre-employment drug testing,
- Any required follow-up testing as determined by the department's policies, and
- The release of test results to authorized department representatives for the purpose of evaluating my eligibility.

Acknowledgment of Disqualification for Non-Compliance

I understand that failure to consent to drug testing, refusal to submit a sample, tampering with or attempting to tamper with any drug test, or failure to complete the testing process will result in my automatic disqualification from consideration for a volunteer firefighter position.

Confidentiality

I acknowledge that all drug testing records will be maintained in accordance with applicable laws and department policies regarding confidentiality and privacy.

Applicant Certification

By signing below, I confirm that I have read and fully understand the information provided in this Drug Testing Consent Form. I agree to comply with all testing requirements as a condition of my application.

Applicant Signature: _____ **Date:** _____

Witness/Department Representative: _____ **Date:** _____