



BOROUGH OF
WALLINGTON, NJ
Incorporated December 31, 1894

24 Union Boulevard
Wallington, NJ 07057
Tel: 973-777-0318

WALLINGTON FIRE DEPT/EMERGENCY SQUAD MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	How Long?	DL #/State:
Have you ever been ARRESTED OR CONVICTED of ANY Crime? YES/NO If Yes please explain:		
Have you accumulated any points or had any accidents while driving within the past five (5) years? YES/NO If Yes please explain:		

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

DESIRED MEMBERSHIP

Truck Company 201	Engine Company 202	Park Row Hose Company 203	Emergency Squad
-------------------	--------------------	---------------------------	-----------------

PREVIOUS FIREFIGHTING/EMS EXPERIENCE

Dept Name, Length of Service, Positions Held, Training Courses Completed

COMMUNITY SERVICE/EDUCATION/MILITARY EXPERIENCE

Last School Attended:	Years Attended:	Diploma/Degree:	Yes/No
Military Branch:	Years Enlisted:	Veteran Status:	Yes/No
List any other community service:			

SIGNATURE

I agree that the information listed on this application is correct. Any falsification will result in the immediate disqualification of membership to the Wallington Fire Dept and/or Emergency Squad. I authorize the Borough of Wallington to conduct the necessary background investigation into my records such as driving, employment, and criminal checks. This includes obtaining any and all information of confidential or privileged nature. I understand this information is to be used to assist the Borough of Wallington in determining my qualifications and fitness for the Wallington Fire Dept and/or Emergency Squad. I am also aware that at my own cost I may be required to provide a certified copy of my Driver Abstract from the NJ Division of Motor Vehicles to the Borough Of Wallington. I hereby release the Borough of Wallington from any liability or damage which may result from furnishing the information requested above.

Signature of applicant:	Date:
-------------------------	-------



BOROUGH OF
WALLINGTON, NJ
Incorporated December 31, 1894

24 Union Boulevard
Wallington, NJ 07057
Tel: 973-777-0318

RELEASE AND CONSENT FORM

MOTOR VEHICLE RECORD CHECK

I, _____ hereby provide express consent to the
(Print Name)

release of my Motor Vehicle Record (MVR) to the municipality for the purpose of
verifying the validity of my license.

I also consent to the review and evaluation of these records to determine my suitability
to fulfill driving duties that may be related to my position in conjunction with my
employment and/or volunteer service with the Borough of Wallington, County of Bergen,
State of New Jersey

This consent is given in satisfaction of Public Law 18 USC 2721 et. seq., "The Federal
Drivers Privacy Protection Act", and is intended to constitute "written consent" as
required by this Act.

Signed: _____

Driver License
Number: _____ State: _____

License Expiration Date: _____

(Print Legibly)