



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