



**BOROUGH OF CRESSKILL
FIRE/EMS
FORMAL EMPLOYMENT APPLICATION**

DATE: _____

CHECK POSITION APPLIED FOR:

FIRE DEPARTMENT POSITION (CAREER)

FIRE DEPARTMENT (VOLUNTEER)

EMS

APPLICANT INFORMATION:

NAME: (LAST, FIRST, MIDDLE) _____

ADDRESS: _____

CITY/TOWN: _____

PHONE (HOME): _____ PHONE (CELL): _____

EMAIL: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DO YOU POSSESS A CURRENT DRIVER'S LICENSE: ___ YES ___ NO

DRIVER LICENSE NUMBER: _____ EXPIRATION DATE: _____

ARE YOU OVER THE AGE OF 21? _____

HAVE YOU EVER BEEN CHARGED WITH A FELONY? ___ YES ___ NO

IF YES, EXPLAIN: _____

ARE YOU LEGALLY A U.S. CITIZEN? ___ YES ___ NO

ARE YOU A N.J. STATE OR NATIONALLY REGISTERED EMT? ___ YES ___ NO

ARE YOU A N.J. STATE CERTIFIED FIREFIGHTER? ___ YES ___ NO

The Borough of Cresskill is an Equal Opportunity Employer.

EMPLOYMENT HISTORY:

NAME OF COMPANY:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
POSITION/TITLE:	HIRE DATE:	
DUTIES:		
SUPERVISORS NAME:	SUPERVISORS CONTACT #:	
MAY WE CONTACT THEM AS A REFERENCE? __ YES __ NO		
ARE YOU STILL EMPLOYED THERE? __ YES __ NO		

NAME OF COMPANY:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
POSITION/TITLE:	HIRE DATE:	
DUTIES:		
SUPERVISORS NAME:	SUPERVISORS CONTACT #:	
MAY WE CONTACT THEM AS A REFERENCE? __ YES __ NO		
ARE YOU STILL EMPLOYED THERE? __ YES __ NO		

NAME OF COMPANY:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
POSITION/TITLE:	HIRE DATE:	
DUTIES:		
SUPERVISORS NAME:	SUPERVISORS CONTACT #:	
MAY WE CONTACT THEM AS A REFERENCE? __ YES __ NO		
ARE YOU STILL EMPLOYED THERE? __ YES __ NO		

EDUCATION:

SCHOOL:	YEARS COMPLETED (CIRCLE)	GRADUATED (CIRCLE)	MAJOR FIELD:
HIGH SCHOOL:	1 2 3 4	YES NO	
COLLEGE:	1 2 3 4	YES NO	
OTHER:	1 2 3 4	YES NO	

SPECIAL SKILLS & EXPERIENCE: State any special skills, experience, training, license certifications or other factors that make you especially qualified for the position for which you are applying.

GENERAL

LIST THE NAMES OF ANY FIRE DEPARTMENT PERSONNEL WITH WHOM YOU ARE PERSONALLY ACQUAINTED:

Have you ever applied to the Cresskill Fire Department before? ___YES ___NO

If yes, give date _____

References: Provide the names, addresses, and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

<u>NAME & ADDRESS</u>	<u>PHONE NUMBER</u>	<u>YEARS KNOWN</u>
1.		
2.		
3.		

CERTIFICATION

I certify that all the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that if it is determined that I have made any misrepresentations, omissions, or if there are any other inconsistencies in any facts in this application, that I will be disqualified from the selection process, without appeal. Further, I authorize the Cresskill Fire Department to verify any and all information contained herein and to review my employment, education, financial and criminal history, military, medical, disciplinary, and other records and information from any source as noted in the duty executed Authorization and Release Form.

I have read this certification and I understand and agree to the conditions imposed herein.

APPLICANT SIGNATURE: _____ **DATE:** _____

Official Use Only

AFFIDAVIT

STATE OF:

COUNTY OF:

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore.

Sworn to and subscribed before me this _____ day of _____, 20_____

My Commission Expires _____ Notary Public _____
Printed Name

SEAL: Notary Public _____
Signature