

Instructions and Procedure for New Firefighters (Revised 4/12/16)

For Firefighters (over 18 years old):

- Firefighter Application Form – *Complete application, have Chief sign, and return to Fire Commissioner's Office*
 - Police Department Volunteer Background Investigation Form - *Applicant fills out Police Background Form and submits it to Police Department for Police Check. Form & Fingerprint card must be left at Police Department. (*No further action should be taken until background check is completed and approved.) The Police Check takes approximately 2-3 weeks. The Fire Commissioner will be notified by the Police Department regarding each Applicant.*
 - Upon an acceptable background check, the Applicant will be contacted and told he/she can go for physical.
 - A physical is required. The applicant and Chief will be notified to schedule a physical at HIGHLANDER HEALTH, LLC located at 1900 Union Valley Road, Suite 303, phone 973-706-8535 and should be given a N.J. State Firemen's Association Membership Application for Highlander Health to complete the back side-Physical Test Record. The front of the Application *must be notarized*, and returned to the Fire Commissioner's office, together with the Beneficiary Designation Form. Forms are available at Fire Commissioner's Office.
 - Fire Commissioner receives notice physical has been completed and is acceptable.
 - Fire Commissioner's Office generates - Memo to Township Administrator asking for appointment
 - Fire Commissioner's Office receives - Receipt of Memo of Appointment from Clerk's Office
 - Fire Commissioner's Office generates - Welcome Letter to firefighter
 - New firefighter's name and information - are added to Roster by Fire Commissioner's Office
- Any questions, please call Carol at the Fire Bureau 973-728-2840

WEST MILFORD TOWNSHIP FIRE DEPARTMENT

MEMBERSHIP APPLICATION

APSHAWA Co#1 ☐ COMMUNITY Co#2 ☐ GREENWOOD FOREST Co#3 ☐
MACOPIN Co#4 ☐ UPPER GREENWOOD LAKE Co#5 ☐ WEST MILFORD Co#6 ☐

NAME _____ HOME PHONE _____

 Last First Initial

AGE _____ DATE OF BIRTH _____ S.S. # _____

MAILING ADDRESS

Street _____ Town (Postal) _____ State _____ Zip Code _____

EMAIL ADDRESS _____

CELL PHONE # _____ CELL PHONE CARRIER _____

OCCUPATION _____ WORK HOURS _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____ PHONE# _____

CURRENT NJ LICENSE # _____ EXP. DATE _____

Do you have any points or violations on your driver's license? YES \ NO If yes, give details

Do you wear glasses? YES \ NO

Are you a U.S. citizen? YES \ NO

Firefighting experience? YES \ NO If yes explain: _____

Military Service YES \ NO If yes Branch: _____ Years served: _____

Do you have any medical Conditions? YES \ NO If yes please explain below:

I, the undersigned, have been advised of the company's rules and regulations and agree to follow them to the best of my ability. I certify that all answers to the foregoing questions are true to the best of my knowledge. For the purpose of this application, I hereby authorize the release of any Criminal History Record, information maintained by any Law Enforcement Agency. Any such information released as a result of this authorization shall be used only the express purpose for membership in the Volunteer Fire Services of the Township of West Milford. Any falsification of information shall be sufficient cause for dismissal from this company.

DATE PROPOSED _____

DATE ACCEPTED

Proposed By _____

Signature of Applicant

Volunteer Firemen's Insurance Services, Inc.®
Beneficiary Designation for Accident & Sickness Policy
Complete this block each time this form is used –Please Print

Name of Organization Township of West Milford Fire Department

Member's/Employee's Name _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said Policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary
Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent
Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made to my estate. I reserve the right to revoke or change this designation.

Signature _____ Date _____
This form should be retained in the files of your department or organization.

Volunteer Firemen's Insurance Services, Inc.®
Beneficiary Designation for Accident & Sickness Policy
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Name of Organization Township of West Milford Fire Department

Member's/Employee's Name _____

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Primary
Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent
Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made to my estate. I reserve the right to revoke or change this designation.

Signature _____ Date _____
This form should be retained in the files of your department or organization.

TOWNSHIP OF WEST MILFORD
PASSAIC County, New Jersey

RELEASE AND CONSENT FORM

**MOTOR VEHICLE RECORD CHECK
FOR USE OF
BOROUGH-OWNED/INSURED VEHICLES
(Volunteer)**

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 service to the TOWNSHIP OF WEST MILFORD, County of PASSAIC, State
of New Jersey, as an Emergency Service Volunteer.

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 _____
(Applicant)

Date: _____

Drivers' License	
Number: _____	State: _____
License Expiration Date: _____	

West Milford Township Police Department

Volunteer Background Investigation

To Be Completed By Applicant:

Name of Volunteer Organization: (Firefighter Application Must Include Company # In This Space)							Dept. Call Number:	
Name of Applicant:							Date of Birth:	
Address:							Telephone: Day Night Cell	
How Long at Current Address:		Prior Address:				Social Security #:		Drivers License #:
Sex:	Place of Birth:	US Citizen?:	Race:	Height:	Weight:	Hair Color:	Eye Color:	E-mail :
Occupation:			Employer and Address:					

Have you ever been arrested for a crime or disorderly persons offense?	Yes	No
Have you ever been convicted of a crime or disorderly persons offense?	Yes	No
Have you ever been convicted of a crime or disorderly persons offense in another state?	Yes	No
Have you ever been confined in an institution for treatment of mental illness in this or another state?	Yes	No
Have you ever been an alcoholic, or a drug dependent person?	Yes	No
Has your driver license ever been revoked or suspended in this or any other state?	Yes	No
If you answered Yes to any of the above questions, please explain here:		

I am voluntarily requesting a background check in order to participate in the volunteer program named above. I hereby authorize the West Milford Township Police Department and the New Jersey State Police to verify all statements made herein and in the accompanying application and to make sure investigation as is necessary to determine my fitness for this position. I authorize all courts, probation departments, military authorities, medical personnel, employers, personal references, educational institutions and other agencies and institutions, *without exception*, to release to the West Milford Township Police Department or the New Jersey State Police, any and all information pertaining to me that they may request. I release, discharge and exonerate the West Milford Township Police Department, the New Jersey State Police, their agents and representatives, and any person so furnishing information from any and all liability of every kind arising out of furnishing such information.

I certify that all statements made in this application are true. I understand that it is a crime under NJSA 2C:28-3 to make false statements in this application.

Signature of Applicant: _____ Date: _____

Agency Use Only:

Type of Check	Date Started	Date Completed	Initials
State Fingerprint Check			
AOC Name Check			
DMV Check			
Local Records Check			
JV Central Registry Check			

Comments:

☐ Approved ☐ Disapproved Supervisor: _____ Date: _____

Revised 10/28/13