

WEST DEPTFORD FIRE DEPARTMENT INTEREST FORM

Please mail back to Rick Harris, Fire Administrator 400 Crown Point Rd, West Deptford, NJ, 08086 or email to rharris@westdeptford.com

PERSONAL INFORMATION

Name:

Date of birth:

DL#

Phone:

Current address:

City:

State:

ZIP Code:

Position Applying For: (Circle one)

Firefighter

Junior

REFERENCES

Please list 3 references, not related (name, phone #, years known)

Name

Phone Number

Years Known

EMERGENCY CONTACT

Name of Emergency Contact :

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

PREVIOUS EXPIERNCE

Certifications:

Previous Fire Company:

Years:

Previous Fire Company:

Years:

Previous Fire Company:

Years:

SIGNATURES

I authorize the verification of the information provided on this form is true to the best of my knowledge. I also acknowledge and understand that the West Deptford Fire Department and the Township of West Deptford will conduct background investigations.

Signature of applicant:

Date:

Parent Signature (if under 18)

Date:

If under 18 have parent write a letter of consent

PLEASE NOTE: THIS IS FOR A VOLUNTEER POSITION ONLY