



# Pennsauken Fire Department

Member Application

## Application Instructions

1. Applicants to the Pennsauken Fire Department must meet the following qualification as of the date of having an application released for completion:
  - a. Be at least eighteen (18) years of age and have completed High School/GED.
  - b. Possess a Valid New Jersey ID.
  - c. Be a United States citizen.
2. **Fire Department ONLY:** Applicants affiliated with another fire department may apply for Associate Membership and must have a letter of recommendation on a fire department letterhead, signed by the Fire Chief of the department making said recommendation.
3. All applicants must submit the following documentation:

### ENITRE APPLICATION MUST BE COMPLETED IN BLUE INK

- a. Completed application; and
  - b. Completed and signed authorization/release form; and
  - c. All service training records (if applicable) to include all certifications and licenses related to application; and
  - d. Certification of completion of criminal history check through IntelliCorp. IntelliCorp will provide criminal history check and driving record/abstract from State of New Jersey Motor Vehicle Commission.
4. The review of your completed application shall be maintained as a confidential process from start through completion. Recommendations for approval/denial of your application will be at the discretion of the Pennsauken Fire Department, who will base each application on an individual basis.
  5. The applicant, at the discretion of the Pennsauken Fire Department, will be notified of the date, time, and place of a potential interview.
  6. During the interview, the Pennsauken Fire Department will advise the applicant of ALL probationary membership requirements that shall be complied with.
  7. The applicant shall comply with all date/submission requirements of this application to be considered for an interview and approval. Failure to complete any part of the application, forms, date/submission requirements will constitute termination of the application.

The Pennsauken Fire Department is an equal opportunity organization, acting in compliance with the personnel policies and procedures of the Township of Pennsauken. The Pennsauken Fire Department offers membership to all applicants regardless of race, color, religion, sex, age, orientation, or national origin. The Pennsauken Fire Department does not discriminate against physically or mentally disabled persons capable of performing the material duties of administrative, fire suppression, emergency medical, inspections and/or other emergency duties and preparatory efforts as required by all members/employees of the Pennsauken Fire Department.

The Pennsauken Fire Department, in accordance with the personnel policies and procedures of the Township of Pennsauken, is committed to providing a drug-free environment for the protection of members/employees and the community that we serve. The Pennsauken Fire Department reserves the right to require admission, incident based and random drug screening tests without advance notice.



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## **NEW APPLICANTS ARE REQUIRED TO SUPPLY A CRIMINAL HISTORY REPORT AND DRIVING RECORD**

All fees associated with this process are the responsibility of the applicant. Once you are successfully appointed, the criminal history and driving record report costs will be refunded. **You must provide proof of payment in order for the Pennsauken Fire Department to reimburse your expenses.**

### **PROCEDURE TO OBTAIN A CRIMINAL HISTORY/DRIVING RECORD REPORT**

1. Once you comply with the time sensitive submission period of the application, you will be emailed a web link from the Fire Chief.
2. The web link must be accessed by you within a specific time period to complete the criminal history/driving record background inquiry.
3. A third-party provider, IntelliCorp, has been contracted to complete the criminal history/driving record inquiry. You will be required to enter and submit payment for this inquiry.
4. You must enter all required fields of information to complete this inquiry in full.
5. You must complete this process within the time period specified, once you receive the web link to access the on-line, self-pay portal.
6. All records will automatically be submitted to the department. There is no additional action required on your behalf, unless otherwise advised.
7. Once the criminal history/driving record inquiry is received and reviewed, you will be notified of the next step in the application process.
8. You must provide proof of payment in order for the Pennsauken Fire Department to reimburse your expenses.



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Applicant #: \_\_\_\_\_

## Applicant Information

Please Select all that apply:

Firefighter

Emergency Medical Technician

Fire Inspector

NJ FF ID: \_\_\_\_\_  
If applicable

NJ EMT: \_\_\_\_\_  
If applicable

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State Zip Code

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a citizen of the United States? YES NO

## Driver's Information

DL State: \_\_\_\_\_ DL Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had a traffic offense, other than a parking violation, in the past 5 years? YES NO  
  Has your drivers license ever been revoked or suspended? YES NO

If you answered "YES" to either question above, please explain in detail (dates, location, etc.)

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## Criminal Record

Have you ever been convicted of a felony or misdemeanor?    YES     NO     Are you a registered sex offender?    YES     NO

If you answered "YES" to either question above, please explain in detail (dates, location, etc.)

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## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES     NO     Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES     NO     Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES     NO     Degree: \_\_\_\_\_



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## References

*Please list three references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May we contact reference?      YES      NO  
     

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May we contact reference?      YES      NO  
     

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May we contact reference?      YES      NO



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## Employment

Please begin with most recent/current employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO



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## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable,  
explain: \_\_\_\_\_

## Fire / EMT / Inspector Experience

Department: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Reason for leaving, explain: \_\_\_\_\_

Department: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Reason for leaving, explain: \_\_\_\_\_

**\*\*Please provide copies of all Fire Service, EMS, and Inspector  
Certifications\*\***



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Why do you wish to become a member of the Pennsauken Fire Department?

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## Emergency Contact Information

### Contact 1

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State Zip Code

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Contact 2

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State Zip Code

Cell: \_\_\_\_\_ Email: \_\_\_\_\_



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## Medical History

Condition/History	Medications	Drug Allergies

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do not write below this line.

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*I have reviewed the application and do hereby **approve** \_\_\_\_\_ **do not approve** \_\_\_\_\_ of said applicant ability to move forward with their interest in becoming a member of the Pennsauken Fire Department.*

Chief Johnathan B. Hutton \_\_\_\_\_ Date: \_\_\_\_\_



# Pennsauken Fire Department

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## Personnel Database Questionnaire

It is required that all field listed are completed.

All information is secured and for fire department administration only.

### Demographic Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

### Driver's Information

DL#: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Pennsauken Fire Department

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## Email Request Form

Full Name: \_\_\_\_\_

Date requested: \_\_\_\_\_

### **Acknowledgement of Rules and Regulations**

I have requested that a Pennsauken Fire Department (@pennsaukenfire.org) email address be assigned to me. In doing so, I acknowledge that my use of this email address is covered by Pennsauken Fire Department Standard Operating Procedure: Chapter 1 (Administration) Section 103 Communications. I further acknowledge that as this email address and access to the webmail system is provided by the Township of Pennsauken, I have no reasonable expectation of privacy when using this email account and the township reserves the right to inspect email being sent from and being received by this email address as outlined in Pennsauken Township Personnel Policies and Procedures Section 152: Computer, Internet and Electronic Mail Policy. A copy of this policy is attached as part of this form.

Signature: \_\_\_\_\_



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## Pre- Employment Consent and Release Form for Drug, Alcohol & Physical Exam Testing

I, \_\_\_\_\_ (Print Name), understand that pursuant to the Township of Pennsauken’s Policy for a Drug and Alcohol-free Workplace, I am being required to have a drug screening test and pre-employment physical exam.

I hereby consent to submit to urinalysis, breath, blood and/or other tests as shall be determined by the Township of Pennsauken, for the purpose of determining the presence of illegal drugs, alcohol or prescription medication taken without prescription.

I agree that Concentra Occupational Medicine may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Township for analysis. I further agree to and hereby authorize the release of the results of said test to the Township of Pennsauken.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from obtaining employment with the Township.

I hereby release, discharge, and exonerate the Township of Pennsauken, their agents and representatives and any person/clinic so furnishing information, from any and all liability of every nature and kind arising out of the collection of specimens, testing and use of the information from said testing.

I agree that reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this “Consent and Release” form is a voluntary act on my part and that I have not been coerced into signing this document.

\_\_\_\_\_ Home Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Cell Phone

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Signature

\_\_\_\_\_ Date



# Pennsauken Fire Department

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## DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSE

**Please read carefully before signing the Authorization**

### IntelliCorp DISCLOSURE

In considering you for employment and if you are employed in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Pennsauken Fire Department, ("the company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

#### **For explanation purposes:**

- a "consumer report" is a written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purposes of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report of investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



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## IntelliCorp DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSE

Please read carefully before signing the Authorization

### IntelliCorp AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Pennsauken Fire Department to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verification. (Checking "I do": will authorize inquiries to the Human Resources Department and to any listed supervisors.)

By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you, and you are exercising your right to obtain a copy of that report.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Signature: \_\_\_\_\_ :  
Applicant Signature

Signature: \_\_\_\_\_ :  
Parent or Legal Guardian Signature (for searches conducted on minors under the age of 18)



# Pennsauken Fire Department

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## IntelliCorp DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSE

### IntelliCorp Personal Data

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State Zip Code

Dates lived at current address: \_\_\_\_\_

Other names used  
(including maiden name): \_\_\_\_\_ Years used: \_\_\_\_\_

DL State: \_\_\_\_\_ DL Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

**I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.**

**I certify that all elements of the personal data I have provided are true, accurate and complete.**

Signature: \_\_\_\_\_:  
Applicant Signature

Signature: \_\_\_\_\_:  
Parent or Legal Guardian Signature (for searches conducted on minors under the age of 18)



# Pennsauken Fire Department

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## Application Administrative Guide

Application Number: \_\_\_\_\_

Date Release: \_\_\_\_\_

Released by: \_\_\_\_\_

Application Name: \_\_\_\_\_  
Last Name Middle First

Membership desired by applicant:  Township Resident  
 Non-Resident/Dual FD Member

<b>*Dual FD Member*</b>	
Department Name: _____	Chief: _____
Advised of required documentation noted on page 1, #2. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Process	Date	Notes
Membership Application received		
IntelliCorp portal issued		
IntelliCorp process completed		
Relief Association application		*Always needs Notary and to be completed
WorkNet release issued		
WorkNet release received		
Membership Committee review		
Certifications send to Training		* Must be copied or Firefighter 1 scheduled
<b>Once process is completed: Introduction email to Department officers</b>		
FD Identification number		
PPE issued		
Fit Test		
Radio Pager		
FOB		
Department ID		
Accountability Tags		
Department Email		
Target Solutions		
First Due		
Wi-Fi Passwords		
Probie Book		
T-Shirt size		*Have member meet with Stamm for uniform
Firefighter 1 scheduled		

