

MORRIS TOWNSHIP FIRE DEPARTMENT
PRELIMINARY APPLICATION FOR MEMBERSHIP

- ___ MT. KEMBLE FIRE COMPANY – MT. KEMBLE & SPRINGBROOK RD.
- ___ COLLINSVILLE FIRE COMPANY – 77 WHIPPANY RD.
- ___ HILLSIDE FIRE COMPANY – 132 WESTERN AVE.
- ___ FAIRCHILD FIRE COMPANY – BURNHAM & WEST HANOVER AVE.
- ___ WOODLAND FIRE COMPANY – DWYER LA.

I _____ hereby apply for membership to the Morris Township Fire Department.

(Name: Last, First, MI)

Age: _____

(Street Address)

Date of Birth: _____

(Town, State, Zip Code)

(Home Phone Number)

(Work Phone Number)

Attached is a request for background check and consent for criminal records search.
Please fill out and return to one of the above listed Fire Stations or Fire Headquarters on Dwyer Lane.
This form must be sealed by a Notary Public, which can be obtained at no charge at the Morris Township Municipal Building at 50 Woodland Ave.

TOWNSHIP OF MORRIS FIRE DEPARTMENT

REQUEST FOR BACKGROUND CHECK

VOLUNTEER DIVISION _____ AUTHORIZED BY _____
PAID DIVISION _____ DATE _____
FIRE COMPANY _____

APPLICANT'S NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____

DATE OF BIRTH: _____ TELEPHONE NO: _____

SOCIAL SECURITY NO: _____ DRIVER'S LICENSE NO: _____

LIST ALL PREVIOUS ADDRESSES FOR THE PAST TEN (10) YEARS, LISTING THE MOST RECENT FIRST

1. PREVIOUS ADDRESS: _____
LENGTH OF TIME AT THIS ADDRESS: _____ YEARS _____ MONTHS
 2. PREVIOUS ADDRESS: _____
LENGTH OF TIME AT THIS ADDRESS: _____ YEARS _____ MONTHS
 3. PREVIOUS ADDRESS: _____
LENGTH OF TIME AT THIS ADDRESS: _____ YEARS _____ MONTHS
- (If additional space is needed, attach a separate sheet of paper.)

CONSENT FOR CRIMINAL RECORDS SEARCH

I, _____, the Fire Department applicant, do hereby consent to the disclosure and release to the Morris Township Police Department of any and all criminal records pertaining to me, whether same are located in New Jersey or any other jurisdiction. I sign this consent freely, acknowledging that such information is necessary to verify my fitness to be a member of the Morris Township Fire Department.

Witness Date Signature of Applicant

STATE OF NEW JERSEY:
: SS:
COUNTY OF MORRIS

_____ being duly sworn, upon oath, deposes and stated that (he) (she) is the applicant above named, and that all of the information contained on this form and on any attachments hereto is complete, true and correct in every particular.

Sworn and Subscribed to
before me this _____ day
of _____, _____

Signature of Applicant

Notary Public of New Jersey