

# **FRENCHTOWN FIRE DEPARTMENT**

EST. 1867

## **APPLICATION INSTRUCTIONS**

- 1. CONTACT THE FRENCHTOWN POLICE DEPT. FOR A BACKGROUND CHECK. 908 996 2341 / 27 2<sup>ND</sup> STREET**
- 2. UPON NOTIFICATION OF PASSING THE BACKGROUND CHECK, COMPLETE THE PERSONAL INFORMATION ON FIRST PAGE.**  
***\*\*DO NOT SIGN APPLICATION UNLESS IN FRONT OF NOTARY\*\****
- 3. HAVE APPLICATION NOTORIZED**
- 4. MAKE AN APPOINTMENT WITH YOUR DOCTOR FOR A PHYSICAL EXAMINATION LISTED ON THE SECOND PAGE OF THE APPLICATION.**
- 5. RETURN THE APPLICATION TO THE FIRE DEPT.. HAND IN THE APPLICATION ON A WEDNESDAY NIGHT 7:30 PM.**

# JUNIOR MEMBERSHIP APPLICATION

Frenchtown fire dept.

**UNION FIRE CO. 1**

31 SECOND STREET  
FRENCHTOWN NJ 08825

NAME \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
STREET MUNICIPALITY ZIP

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MONTH DAY YEAR 0000

OCCUPATION \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

EMERGENCY CONTACT PHONE # \_\_\_\_\_

APPLICANT  
SIGNATURE \_\_\_\_\_

PARENT/GAURDIAN  
SIGNATURE \_\_\_\_\_

## MUNICIPAL APPROVAL

WE HEREBY CERTIFY THAT THIS APPLICANT WAS ADMITTED TO ACTIVE MEMBERSHIP IN THE  
FRENCHTOWN FIRE DEPARTMENT AND APPROVED BY THE BOROUGH OF FRENCHTOWN ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MUNICIPAL CLERK

SIGNATURE OF FIRE CHIEF

# PHYSICAL TEST

NAME \_\_\_\_\_  
LAST FIRST MI

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ FT \_\_\_\_\_ IN

BLOOD PRESSURE \_\_\_\_\_ / \_\_\_\_\_ EYESIGHT L \_\_\_\_\_ / \_\_\_\_\_ R \_\_\_\_\_ / \_\_\_\_\_

HAS THE APPLICANT ANY APPARENT DISABILITIES IN:

PULMONARY \_\_\_\_\_

CARDIO \_\_\_\_\_

VASCULAR \_\_\_\_\_

ABDOMEN \_\_\_\_\_

FACIAL \_\_\_\_\_

MUSCULO-SKELETAL \_\_\_\_\_

GENITOURINARY \_\_\_\_\_

OTHER \_\_\_\_\_

HAS THE APPLICANT EVER HAD A SERIOUS INJURY \_\_\_\_\_ IFSO, WHEN \_\_\_\_\_

IF YES, DESCRIBE

IS THE APPLICANT FREE OF ANY MEDICAL OR PHYSICAL CONDITION THAT  
WOULD PRECLUDE HIM/HER FROM PERFORMING THE DUTIES OF A  
FIREFIGHTER OR CAUSE HARM TO HIM/HER OR ANY OTHER FIREFIGHTER  
YES \_\_\_\_\_ NO \_\_\_\_\_

I CERTIFY THAT AS A PRACTICING PHYSICIAN IN THE STATE OF NEW JERSEY, THE APPLICANT IS FREE  
FROM ANY ACUTE OR CRONIC DISEASE AND HAS NO PHYSICAL DEFECTS THAT WOULD HINDER  
HIS/HER ABILITY TO PERFORM THE DUTIES OF A FIREFIGHTER

EXAMINATION DATE \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ LOCATION \_\_\_\_\_

LIC No. \_\_\_\_\_ PHONE No. \_\_\_\_\_

PRINT PHYSICIAN'S NAME

PHYSICIAN'S SIGNATURE