

FRENCHTOWN FIRE DEPARTMENT

EST. 1867

APPLICATION INSTRUCTIONS

- 1. CONTACT THE FRENCHTOWN POLICE DEPT. FOR A BACKGROUND CHECK. 908 996 2341 / 27 2ND 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.**

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 _____ IF SO, 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