

Lakewood First Aid & Emergency Squad

1555 Pine Street

P.O Box 644

Lakewood, N.J 08701

732-905-3014 fax: 732-905-3068

Please complete all information before returning application.

Include copies of New Jersey State Drivers License and any certifications relevant to application.

Any incomplete application will be returned.

Please understand the application process as follows:

1. Application read to the membership the first Tuesday of the month at the monthly business meeting.
(ex: you apply on 4/12 application will be read at May's meeting)
2. Interview scheduled within that same month.
3. 2nd month application reread to membership along with any findings from the interview committee and a decision is made.
4. If accepted you will be required to go to Police Headquarters to be fingerprinted for criminal background check.
5. If not accepted you will receive a letter by the end of the second month.
6. After we receive a clear criminal background check the Captain of the squad will contact you.

Please understand these are all necessary steps and we so everything we can to move the process along.

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Date of Application: _____

Full Name: _____

Home Address: _____

City: _____

Date of Birth: _____

Home Phone # _____

Cell Phone # _____

Pager # _____

Length of Residency: _____

Place of Birth: _____

Are you a U.S. Citizen? Yes No (circle one)

Social Security Number _____ - _____ - _____

New Jersey Drivers License

Number _____

Current Employer: _____

Address _____

Contact Person: _____

Previous Employer: _____

Reason for leaving: _____

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Hours available for squad duties/activities:

Please circle preferred night for duty crew and indicate first and second choice:

Monday_____ Tuesday_____ Wednesday_____

Thursday_____ Friday_____ Saturday_____

Sunday_____

Please list all First Aid related certifications and expiration dates:
(Please include copies if possible)

Personal References (References may not be related to you):

Name: _____

Address: _____

Home Phone Number: _____

Name: _____

Address: _____

Home Phone Number: _____

Name: _____

Address: _____

Home Phone Number: _____

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Are you currently under a physicians care? No Yes (circle one)

If yes, please explain:

Do you have any physical impairment? No Yes (circle one)

If yes, please explain:

Please provide your medical history, including past injuries;

Have you ever or do you currently suffer from drug or alcohol abuse?

The following information need not be furnished but is requested on a voluntary basis. Hair Color _____ Complexion _____

Height _____ Weight _____ Eye Color _____

Distinguishing Characteristics (significant scars, birth marks etc.)

Have you ever been indicted or convicted of a criminal offense?

No Yes (circle one) If yes, please explain

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I _____ do hereby agree to all city, county, state and federal laws and requirements in regard to criminal background checks. I do understand that at any point in time I may be requested to update my criminal background check with no fees incurred to me and may be dismissed immediately if any changes have occurred since prior criminal background check .

Signature _____

I _____ do hereby agree to submit to a voluntary physical examination by the squad's physician and will abide by the physician findings and recommendations. I do understand that at any point in time I may be requested to update my physical with the squad's physician with no expense incurred to me.

Signature _____

I _____ do hereby agree to submit to random drug and alcohol testing to be performed at the squad's request without notice. I do understand that failure to comply or if found to be under the use of drugs or alcohol it will be grounds for immediate dismissal.

Signature _____

I _____ am aware that I may be involved with and exposed to Hazardous and/or Toxic Materials and I

_____ hereby agree to hold harmless and indemnify the Lakewood First Aid & Emergency Squad, and any of its officers, agents, or representatives from any damage or injury which may be associated with such involvement or exposure.

Signature _____

I _____ certify that all of the information provided within this application is true to the best of my knowledge and recognize that the submission of false information is sufficient cause for immediate dismissal from the Lakewood First Aid & Emergency Squad.

Signature _____

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Application received on _____

Application received by _____

Application read at meeting on _____

Applicant interviewed on _____

Applicant interviewed by (minimum of 3 people)

We hereby certify, that the Active Membership of the Lakewood First Aid & Emergency Squad elected this applicant to membership as a _____ member on

_____.

Squad President _____

Squad Captain _____

Squad Secretary _____

Chairperson of Membership _____

I _____ do accept that on

_____ I was accepted as a _____

Member of the Lakewood First Aid & Squad and agree to schedule within the next 30 days to complete the required criminal background check. I am aware that if criminal backgrounds check form has not been completed within 30 days it will be grounds for immediate dismissal. I have also been informed that I am unable to participate in activities outside of schooling until the State of New Jersey Department of Police has cleared my criminal background and drivers' license checks.

Signature _____

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Date: _____

New Jersey Division of Motor Vehicles

137 East State Street

Trenton, N.J 08666

Attn: Abstract Section

Dear Sir/Madam:

Please send a copy of my New Jersey Drivers Abstract. I understand that since this abstract is for membership in a non-profit organization (Lakewood First Aid & Emergency Squad), there will be no fee for it.

Thank you,

My NJ Drivers License Number is:

Name: _____

Address: _____

Enclosed please find a copy of my NJ Drivers License.