



Lafayette Township EMS
P.O. Box 108
Lafayette, NJ 07848-0108
(973) 579-5556

Membership Application Form

Personal Information

Name: _____

Address: _____

Previous Address (if different in the last two years):

Date of Birth: _____ SS#: _____ - _____ - _____

Home Phone (_____) _____ Work Phone (_____) _____

E-mail address _____

Sponsor Name (print): _____

Sponsor Signature: _____

Education and Employment History

List your last two employers:

Company: _____ Company: _____

Address: _____ Address: _____

Phone: (_____) _____ Phone: (_____) _____

List any High School or College Experience:

Have you ever been removed or dismissed from a fire company, first aid squad or rescue company?

Yes _____ No _____

If Yes, Please list the company and reasons for dismissal:

Have you ever filed a Workman's Compensation claim?

Yes: _____ No: _____

If Yes, explain:

Criminal/Driving History

Driver's License Number:

Motor Vehicle Insurance Policy Number:

Motor Vehicle Insurance Carrier:

In the past five years, have you received any moving violations or tickets, been involved in any auto related accidents or had your license suspended? Yes: _____ No: _____

If Yes, explain:

Have you ever been convicted of a crime other than a motor vehicle offense?

Yes: _____ No: _____.

If Yes, explain:

References

Please provide three references (other than relatives or roommates) that can vouch for your character or verify any statements made within this application:

Name:

Phone Number:

- 1) _____.
- 2) _____.
- 3) _____.

Medical History

Physician's Name: _____

Physician's Phone: _____

Do you have any allergies or outstanding medical or physical limitations that may affect your ability to perform the tasks appointed to you? Yes: _____ No: _____

If Yes, explain:

Some tasks of the Lafayette EMS Squad may involve strenuous physical activity. The last page of this form is a Doctor's Certification of your fitness to perform those tasks. Have your Physician complete that form and submit it with the rest of this form to Lafayette EMS.

First Aid Affiliations

Are you now, or have you ever been a member of a First Aid or Rescue company?

Yes: _____ No: _____

If Yes, list the company name and a contact person:

Do you have any training or certifications related to the Fire or First Aid Service?

Yes: _____ No: _____

If Yes, list the training and graduation dates:

Course: Date: _____ Expiration Date: _____

Proof of completion must be provided to complete your training file.

List any attachments or support documents included with the Application here:

Background, Criminal and Motor Vehicle Search

As part of the membership review process and probationary period of the Lafayette EMS Squad, routine criminal and motor vehicle background checks must be made in order to preserve the integrity of the Squad and to insure the safety and security of the lives and property entrusted to us.

I hereby agree to have a criminal and motor vehicle background search performed by an official representative of the Lafayette EMS Squad. I also understand that the results of these searches may be used to complete my membership review and can affect my membership or probationary status.

Social Security Number: ___ ___ - ___ - ___

Driver's License Number: _____

Print Full Name: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

DMV CHECK DATE: _____

Results received on: _____

CRIMINAL CHECK DATE: _____

Results received on: _____

Statement of Intent by Applicant

I hereby state that the above information is true and correct to the best of my knowledge. Any misstatements of misrepresentations of myself or my credentials will be grounds for immediate review of dismissal by the Investigating Committee. If accepted for membership, I agree to abide by the Constitution and By-laws set forth and promulgated by the Lafayette EMS Squad.

Print Name: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Received: _____

Date Reviewed: _____

Approved to Probationary Status: _____

Denied Membership: _____

Passed Over For Further Review: _____