

# WILDWOOD CITY FIRE DEPARTMENT

## APPLICATION

*This application will be used to record information concerning volunteer/part-time/career applicants with the Wildwood Fire Department. Read every question carefully. Answer every question - leave no blank spaces - if a question does not apply to you, enter N/A (not applicable). The applicant will personally prepare this form. All entries, except signatures, must be printed legibly in block letters or typed. Use blue ink. If space is insufficient for answering a question, add an additional page.*

### CHECK ( ) POSITION APPLIED FOR:

FIREFIGHTER (SPECIFY VOLUNTEER, PART-TIME OR CAREER) \_\_\_\_\_

CIVILIAN EMPLOYEE (SPECIFY) \_\_\_\_\_

APPLICATION RETURN DATE \_\_\_\_\_ INITIALS OF APPLICANT \_\_\_\_\_

### PERSONAL DATA (Questions 1 to 4)

1.	WHAT IS YOUR FULL NAME?	Telephone No.:		
	_____	_____		
	Last Name	First Name	Middle Name	
	_____	_____	_____	

2.	GIVE ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY. ATTACH SEPARATE EXPLANATION AND REASON.			
	_____	_____	_____	
	Last Name	First Name	Middle Name	

3.	Where were you born?	City/Town	State	Country	Zip	
	_____	_____	_____	_____	_____	
	Birth Certificate	Number	City/Town	State	Country	Zip
	_____	_____	_____	_____	_____	_____
	If foreign born, are you naturalized?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Certificate No. _____

4.	Social Security:		
	_____	_____	_____
		Number	State Issued

Email Address: \_\_\_\_\_



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## SOCIAL STATUS (Questions 7 to 13)

<b>7.</b>	Give the following information regarding present marriage or former marriage(s).			
			(Name of spouse – maiden name if female)	
When	Where	By Whom	Last Name	First Name

<b>8.</b>	If presently separated or divorced, what is the present address of your estranged or former spouse(s)?
a.	
b.	

<b>9.</b>	List below all children that are born to you, children adopted by you, or children related to you as a stepchild.				
N a m e			Child resides with:		
Last	First	Date of Birth	Place of Birth	Whom	Address

<b>10.</b>	Are you now supporting all of these children listed in #9?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO, explain: _____			

<b>11.</b>	List below any persons residing in your household not listed in proceeding sections #12 or #13.		
Name	Relationship	Date of Birth	Occupation/Employer

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<b>12.</b>	<b>List below your FAMILY information. Include: Spouse, Civil Partner, Father, Mother, Sisters, Brothers, Stepparents, Stepbrothers and Stepsisters. (If additional space is needed, photostat form)</b>		
	Name:		Relationship:
	Date of Birth: / /		Home Phone No.: ( )
	Street Address:		Cell Phone No.: ( )
	City / State / Zip:		Occupation:
	Employer's Name:		Work Phone No.: ( )
	Name:		Relationship:
	Date of Birth: / /		Home Phone No.: ( )
	Street Address:		Cell Phone No.: ( )
	City / State / Zip:		Occupation:
	Employer's Name:		Work Phone No.: ( )
	Name:		Relationship:
	Date of Birth: / /		Home Phone No. : ( )
	Street Address:		Cell Phone No.: ( )
	City / State / Zip:		Occupation:
	Employer's Name:		Work Phone No.: ( )
	Name:		Relationship:
	Date of Birth: / /		Home Phone No.: ( )
	Street Address:		Cell Phone No. : ( )
	City / State / Zip:		Occupation:
	Employer's Name:		Work Phone No.: ( )
	Name:		Relationship:
	Date of Birth: / /		Home Phone No.: ( )
	Street Address:		Cell Phone No. : ( )
	City / State / Zip:		Occupation:
	Employer's Name:		Work Phone No.: ( )

<b>13.</b>	<b>List below names of THREE FRIENDS and/or ASSOCIATES: Boyfriend, Girlfriend, or Significant Other FIRST</b>		
	Name:		Relationship:
	Date of Birth: / /		Home Phone No.: ( )
	Street Address:		Cell Phone No. : ( )
	City / State / Zip:		Occupation:
	Employer's Name:		Work Phone No.: ( )
	Name:		Relationship:
	Date of Birth: / /		Cell Phone No. : ( )
	Street Address:		Home Phone No.: ( )
	City / State / Zip:		Occupation:
	Employer's Name:		Work Phone No.: ( )
	Name:		Relationship:
	Date of Birth: / /		Cell Phone No. : ( )
	Street Address:		Home Phone No.: ( )
	City / State / Zip:		Occupation:
	Employer's Name:		Work Phone No.: ( )

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## EDUCATION (Questions 14 to 16)

<b>14.</b>	In chronological order (earliest dates first), all high schools and colleges that you have attended.						
<b>From</b>		<b>To</b>		<b>Name of HIGH SCHOOL(S)</b>	<b>EXACT Address / Apt. #</b>		<b>Last Grade</b>
Month	Year	Month	Year		Street	Zip	
					City		
					State		
					Street		
					City		
					State		
					Street		
					City		
					State		
					Street		
					City		
					State		
<b>From</b>		<b>To</b>		<b>Name of COLLEGE(S) or UNIVERSITY(S)</b>	<b>EXACT Address / Apt. #</b>		<b>Degree or # of Credits</b>
Month	Year	Month	Year		Street	Zip	
					City		
					State		
					Street		
					City		
					State		
					Street		
					City		
					State		

<b>15.</b>	List any training and/or certification you have or are currently taking a course in. (You must have proof of certification/training i.e. certificate)	
	<b>Name of Certification / Training / Course</b>	<b>Date</b>

<b>16.</b>	List any problems with school or college. Include but do not limit to: absenteeism, tardiness, poor grades, and other discipline problems.	
	<b>Date</b>	<b>Names of School or College</b>

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## EMPLOYMENT (Questions 17 to 18)

**17.** List your PRESENT employer/place(s) of employment. Include ALL jobs you currently hold – self employed, part-time, full-time, military service, and any volunteer work.

	Name of Company:				
	Street Address:				
	City:		State:	Zip:	
	Date Hired:		Position / Title:		
	Duties:				
	Supervisor Name:		Work Phone No.	(     )	

	Name of Company:				
	Street Address:				
	City:		State:	Zip:	
	Date Hired:		Position / Title:		
	Duties:				
	Supervisor Name:		Work Phone No.	(     )	

	Name of Company:				
	Street Address:				
	City:		State:	Zip:	
	Date Hired:		Position / Title:		
	Duties:				
	Supervisor Name:		Work Phone No.	(     )	

**18.** Are you now engaged in any business as an owner (either active or silent), partner, stockholder or corporate member?      Yes       No

If YES, explain: \_\_\_\_\_

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## EMPLOYMENT / MILITARY SERVICE HISTORY (Questions 19 to 24)

<b>19.</b>	Chronologically list each and every place you were PREVIOUSLY employed (BEGIN WITH MOST RECENT EMPLOYMENT FIRST). Omit NONE since AGE 18. Include all part-time, full-time, military service, and volunteer work. Give correct and full addresses. Give dates of idleness between employment, including any leaves of absence. If you had more than one supervisor at any employment location, list them as well. <i><u>If you require more pages than provided to complete your employment history; please make copies of page 8 and attach to this section.</u></i>					
Name of Company:						
Street Address:						
City:		State:		Zip:		
Dates of Employment:		Position / Title:				
						From
Immediate Supervisor:		Phone No.		(    )		
Reason for Leaving:						
Name of Company:						
Street Address:						
City:		State:		Zip:		
Dates of Employment:		Position / Title:				
						From
Immediate Supervisor:		Phone No.		(    )		
Reason for Leaving:						
Name of Company:						
Street Address:						
City:		State:		Zip:		
Dates of Employment:		Position / Title:				
						From
Immediate Supervisor:		Phone No.		(    )		
Reason for Leaving:						

**CONTINUE EMPLOYMENT HISTORY ON NEXT PAGE**

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<b>20.</b>	<b>Continuation of Employment History.</b>										
<b>Name of Company:</b>											
<b>Street Address:</b>											
<b>City:</b>					<b>State:</b>				<b>Zip:</b>		
<b>Dates of Employment:</b>				<b>Position / Title:</b>							
		<b>From</b>	<b>To</b>								
<b>Immediate Supervisor:</b>					<b>Phone No.</b>		(     )				
<b>Reason for Leaving:</b>											
<b>Name of Company:</b>											
<b>Street Address:</b>											
<b>City:</b>					<b>State:</b>				<b>Zip:</b>		
<b>Dates of Employment:</b>				<b>Position / Title:</b>							
		<b>From</b>	<b>To</b>								
<b>Immediate Supervisor:</b>					<b>Phone No.</b>		(     )				
<b>Reason for Leaving:</b>											
<b>Name of Company:</b>											
<b>Street Address:</b>											
<b>City:</b>					<b>State:</b>				<b>Zip:</b>		
<b>Dates of Employment:</b>				<b>Position / Title:</b>							
		<b>From</b>	<b>To</b>								
<b>Immediate Supervisor:</b>					<b>Phone No.</b>		(     )				
<b>Reason for Leaving:</b>											
<b>Name of Company:</b>											
<b>Street Address:</b>											
<b>City:</b>					<b>State:</b>				<b>Zip:</b>		
<b>Dates of Employment:</b>				<b>Position / Title:</b>							
		<b>From</b>	<b>To</b>								
<b>Immediate Supervisor:</b>					<b>Phone No.</b>		(     )				
<b>Reason for Leaving:</b>											

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<b>21.</b>	Did you ever serve in the military of any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If YES, what Country: _____					
Served From	Served To	Branch of Service	Highest Rank	Military Specialty	Service Serial No.

<b>22.</b>	Were you ever discharged or asked to resign from employment, military service, or volunteer organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, how many times: _____ (Give details of discharge or forced resignation below):			
Employer or Branch of Service	Date of Action	Supervisor Name	Type of Discharge and Reason

<b>23.</b>	Were you ever subjected to disciplinary action in connection with any employment, military service or volunteer organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, how many times: _____ (Give details of discipline below):			
Employer or Branch of Service	Date of Action	Supervisor Name	Type of Discharge and Reason

<b>24.</b>	Have you previously made application to the Wildwood Fire Department and/or any other municipal agencies within the City of Wildwood?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you previously made application to any other fire, department? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, for what position: _____ (Complete information below):			
Agency Name and State	Date(s) Applied	What is Status of Application	

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## ARRESTS / SUMMONSES / ILLEGAL DRUGS (Questions 25 to 27)

<b>25.</b>	Have you ever been convicted of Juvenile Delinquency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been convicted for a Criminal Violation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been convicted as a Disorderly Person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been convicted for violating a City Ordinance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been investigated by any Law Enforcement or Private Agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been held or detained by a Law Enforcement Agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been held as a Material Witness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever had issued/delivered to you in person or by mail, a summons to appear in court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date	Age	Violation, Charge or Reason	Location	Disposition <small>(convicted, not charged, etc.)</small>	Law Enforcement or Other Agency

<b>26.</b>	Have you ever been summoned, subpoenaed, requested or required to testify before any municipal, state, federal agency, committee, court or other investigative body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever had a restraining order filed against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date	Action or Proceeding	Reason	Name of Agency, Body, Etc.

<b>27.</b>	Have you ever or are you presently using illegal drugs or CDS without a prescription?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever inhaled, injected or ingested any substance to experience euphoria or a feeling of wellbeing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, explain: ➔			

*Drug screening through hair follicle, blood, and/or urine analysis is mandatory during the application process and at any time thereafter in accordance with department policy. A positive confirmation of the presence of illegal drugs will result in: 1) Rejection of membership/employment; and 2) Inclusion of applicant's positive testing in a central registry maintained by N.J.S.P. which information will be available through court order or should applicant again apply for future fire department employment.*

**FAILURE TO PROVIDE THE HAIR FOLLICLE, BLOOD, AND/OR URINE ANALYSIS WILL RESULT IN REJECTION OF MEMBERSHIP/EMPLOYMENT:**  
 "I have read and understand the consequence of refusing to provide the sample" – Applicant's Initials Here \_\_\_\_\_

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## MOTOR VEHICLE HISTORY (Questions 28 to 31)

<b>28. If you possess any of the following items, complete the information below:</b>					
Item	Number	State	Date Issued	Date Expires	
Motor Vehicle Registration:	Plate Number		Year, Make, Model, Color		
2 <sup>nd</sup> Motor Vehicle Registration:	Plate Numbers		Year, Make, Model, Color		
Motor Vehicle Driver's License:	D/L Number		Restriction Codes		
Operator's License for Any Other Vehicle:	Number		D/L Type		

<b>29.</b>	Have you ever received a summons for violating any motor vehicle laws in NJ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever received a summons for violating any motor vehicle laws in any other state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Has your motor vehicle registration ever been revoked or suspended in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Has your driver's license ever been revoked or suspended in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered YES, provide details below. (Attach additional sheet, if necessary)			

Date	Age	Violation, Charge or Reason	Location	Disposition <small>(guilty, dismissed, revoked, etc)</small>	Law Enforcement or Other Agency

<b>30.</b>	Have you ever been involved in a motor vehicle accident as a registered owner or operator whether reported or not reported to police, regardless of fault?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, how many times? _____ (Give details of each accident below):			
Date	Location	Name and Address of Investigating Law Enforcement Agency	

<b>31.</b>	Has your motor vehicle insurance ever been revoked or issuance refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, explain: _____			
Insurance company who dropped or refused coverage	Policy Number	Name of Agency	Phone Number
Insurance company you are CURRENTLY covered by	Policy Number	Name of Agency	Phone Number

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## GENERAL (Questions 32 to 35)

<b>32.</b>	Have you any garnishment, wage assignment, lien, or judgement pending against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, give details below.			
TYPE (garnishment, judgement, etc.):		WHEN Incurred:	
With WHOM (Name):		Street Address:	
City:		State:	Zip: <input style="width: 50px;" type="text"/>
Original Amount:	\$ <input style="width: 100px;" type="text"/>	Present Amount:	\$ <input style="width: 100px;" type="text"/>
Monthly Payment:	\$ <input style="width: 100px;" type="text"/>	Amount in Arrears:	\$ <input style="width: 100px;" type="text"/>
TYPE (garnishment, judgement, etc.):		WHEN Incurred:	
With WHOM (Name):		Street Address:	
City:		State:	Zip: <input style="width: 50px;" type="text"/>
Original Amount:	\$ <input style="width: 100px;" type="text"/>	Present Amount:	\$ <input style="width: 100px;" type="text"/>
Monthly Payment:	\$ <input style="width: 100px;" type="text"/>	Amount in Arrears:	\$ <input style="width: 100px;" type="text"/>

<b>33.</b>	Are all tax payments required to be made by you current?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are all payments on all loans, including student loans, current?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are all charge accounts or other monthly installment obligations current?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered NO to any of the above questions, please explain below:			

<b>34.</b>	Have you ever been bonded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been refused a bond?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered YES to any of the above questions, please explain below:			

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**GENERAL CONTINUED**

<b>35.</b>	Were you or your spouse every summoned or subpoenaed to court in a civil action    Yes <input type="checkbox"/> No <input type="checkbox"/> or proceeding in this state or elsewhere, or could such a possibility ensue as a result of any recent transaction or occurrence?
Indicate below, every civil action or proceeding in which you or your spouse were summoned or subpoenaed, or in which you or your spouse were a party and also the contingent possibilities as described above.	
Date:	
Action or Proceeding:	
As Plaintiff, Defendant, Petitioner or Witness:	
Court Disposition (Judgement for, against, amount, etc.):	
Date:	
Action or Proceeding:	
As Plaintiff, Defendant, Petitioner or Witness:	
Court Disposition (Judgement for, against, amount, etc.):	
Date:	
Action or Proceeding:	
As Plaintiff, Defendant, Petitioner or Witness:	
Court Disposition (Judgement for, against, amount, etc.):	

**FIRE DEPARTMENT ACQUAINTANCES (Question 36 to 37)**

<b>36.</b>	List the names of any federal, state or local fire official with whom you are personally acquainted with.		
	Name	Phone Number	Name of Fire Department
	How are you acquainted with them?		

<b>37.</b>	List the names of any Fire Department personnel with whom you are personally acquainted:

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## SUBVERSIVE ACTIVITY (Questions 38 and 39)

<b>38.</b>	<p>Are you now or have you ever been, a member, associated with, or affiliated with any subversive organization, association, movement, or group; or have you associated with any individuals, including relatives whom you have reason to believe are or have been members of any such organization or group which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the state or federal government by unconstitutional or unlawful means?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<p>Are you now, or have you ever been a member, associated with, or affiliated with any organized crime group or family, association; or have you associated with any individuals, including relatives whom you have reason to believe are or have been members of any such organization or group?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<p>If you answered YES to any of the above questions, please explain below:</p>		

<b>39.</b>	<p>Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for this position, including but not limited to, knowledge or information concerning your character, temperament, habits, employment, education, family, association, criminal records, traffic violations, residence or otherwise?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<p>If you answered YES to any of the above questions, please explain below:</p>		

**IF YOU HAVE READ AND UNDERSTAND ITEMS 38 and 39, INITIAL HERE: \_\_\_\_\_**

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## PERSONAL REFERENCES

*Applicant must provide 3 personal references. References must NOT be a sworn member of the Wildwood Fire Department or persons listed in any other section of this formal employment application. These references shall be reputable citizens (NO relatives) who will vouch for the honesty, reputation and ability of this applicant.*

Personal Reference #1			
<p>I, the undersigned, declare that I am over eighteen years of age, have personally known the applicant for at least one year. I am not related in any way to the applicant.</p> <p>I will, upon request, give further facts concerning the applicant as I may possess.</p>			
<p><b>ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL</b> (PLEASE PRINT OR TYPE)</p>			
Name:		Business Name:	
Home Address:		Business Address:	
Home City/State/Zip:		Business City/State/Zip:	
Home Phone No.:		Business Phone No.:	
Your Date of Birth:		E-Mail Address:	
Is the Applicant of Good Character and Reputation?		How Long Have you Personally Known the Applicant?	
REFERENCE SIGNATURE (ON ABOVE LINE)		DATE (ON ABOVE LINE)	

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Personal Reference #2			
<p>I, the undersigned, declare that I am over eighteen years of age, have personally known the applicant for at least one year. I am not related in any way to the applicant.</p> <p>I will, upon request, give further facts concerning the applicant as I may possess.</p>			
<p><b>ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL</b> (PLEASE PRINT OR TYPE)</p>			
Name:		Business Name:	
Home Address:		Business Address:	
Home City/State/Zip:		Business City/State/Zip:	
Home Phone No.:		Business Phone No.:	
Your Date of Birth:		E-Mail Address:	
Is the Applicant of Good Character and Reputation?		How Long Have you Personally Known the Applicant?	
REFERENCE SIGNATURE (ON ABOVE LINE)		DATE (ON ABOVE LINE)	

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Personal Reference #3			
<p>I, the undersigned, declare that I am over eighteen years of age, have personally known the applicant for at least one year. I am not related in any way to the applicant.</p> <p>I will, upon request, give further facts concerning the applicant as I may possess.</p>			
<p><b><i>ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL</i></b>            (PLEASE PRINT OR TYPE)</p>			
Name:		Business Name:	
Home Address:		Business Address:	
Home City/State/Zip:		Business City/State/Zip:	
Home Phone No.:		Business Phone No.:	
Your Date of Birth:		E-Mail Address:	
Is the Applicant of Good Character and Reputation?		How Long Have you Personally Known the Applicant?	
REFERENCE SIGNATURE (ON ABOVE LINE)		DATE (ON ABOVE LINE)	

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## CERTIFICATION

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Further, I understand if any false information, misrepresentations, inconsistencies or omission in this application are found; I will be disqualified from the application process and from further consideration for membership/employment without appeal and may result in my dismissal if discovered at a later date.

If and when I receive a conditional offer of employment (if applicable) from the Wildwood Fire Department, I will withdraw my candidacy from any other potential employer at the time that the conditional offer is sustained and I further certify that I will not be on a leave of absence.

I have read this Certification and I understand and agree to the conditions imposed herein.

Applicant: \_\_\_\_\_  
(Applicant's Signature)

DATE: \_\_\_\_\_

*(The signature of a Parent or Legal Guardian is required for all applicants under the age of 18)*

Parent or Legal Guardian: \_\_\_\_\_  
(Signature)

DATE: \_\_\_\_\_

(AFFIDAVIT)

State of New Jersey County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn, doth depose and says that the above statements are  
(Applicant's Name)

true to the best of their knowledge and belief. Sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Notary Public

SEAL

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## Authority to Release Information Form (page 1 of 2)

As the Applicant, I hereby authorize any duly authorized official of the Wildwood Fire Department bearing a copy of this release, to conduct background checks on the Applicant. I understand this will include any information held in personnel files from current and previous organizations, schools, employers and public social media sites. I hereby authorize the Wildwood Police Department, Cape May County Prosecutor's Office, and/or another appropriate authority to also conduct criminal history background checks including juvenile criminal history.

All information discovered as a result of a juvenile criminal history background check conducted by the Wildwood Police Department, Cape May County Prosecutor's Office, and/or another appropriate authority will be released solely to the **Applicant:** ( \_\_\_\_\_ ) and if applicable, the **Attorney or Guardian named here:** ( \_\_\_\_\_ ).

I understand that in order for the application to be accepted for review, a complete criminal history background check, including juvenile criminal history, must be completed in its entirety. I further understand that all information obtained by the Wildwood Police Department, Cape May County Prosecutor's Office, and/or another appropriate authority will be solely utilized to help the Wildwood Fire Department determine if the Applicant is qualified or disqualified for employment/membership with the Wildwood Fire Department.

After receiving and reviewing the juvenile criminal history background check, the Applicant will choose to both continue with the application process and provide the juvenile criminal history background check to the Wildwood Fire Department or withdraw from the application process.

Electing to continue with the application process does not guarantee employment/membership. It allows the investigating official to conduct a complete background check. Applicants who choose to continue with the application process will need to disclose all information received from the Wildwood Police Department, Cape May County Prosecutor's Office, and/or another appropriate authority to the duly authorized official of the Wildwood Fire Department that is reviewing the application. Electing to withdraw from the application process, does not prohibit any applicant from applying at a later date.

I authorize the Wildwood Fire Department to verify any and all information contained herein and to review my: employment, education, financial, motor vehicle, criminal history, military, medical, disciplinary, and other records and information from any source as noted in the duly executed Authorization and Release Information Form. Furthermore, I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employers, past employers, and organizations named in the application to provide relevant information and opinions that may be useful in making an employment/membership decision. I release such persons and organizations from any legal liability in making such statement(s).

(Authority to Release Information Form is continued on next page)

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## Authority to Release Information Form (page 2 of 2)

All information received shall be released solely to the applicant listed below or any duly authorized official of the Wildwood Fire Department bearing a copy of this release to conduct background checks on the applicant.

Applicants full name: \_\_\_\_\_

(Print Applicants Full Name)

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Contact Information:

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I have read this Authority to Release Information and I understand and agree to the conditions imposed herein.

Applicant: \_\_\_\_\_  
(Applicant's Signature)

DATE: \_\_\_\_\_

**(The signature of a Parent or Legal Guardian is required for all applicants under the age of 18)**

Parent or Legal Guardian: \_\_\_\_\_  
(Signature)

DATE: \_\_\_\_\_

State of New Jersey County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn, doth depose and says that the above statements are  
(Applicant's Name)

true to the best of their knowledge and belief. Sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Notary Public

SEAL