

Englishtown-Manalapan First Aid Squad, Inc.

P.O. Box 294, 11 Sanford Ave. Englishtown, N.J. 07726-0294



APPLICATION FOR MEMBERSHIP -- PLEASE USE OWN HANDWRITING DATE: _____

NAME: _____ SSN: _____

ADDRESS: _____ TEL. #: _____

HOW LONG AT THIS ADDRESS: _____ HOW LONG IN STATE: _____

PRIOR RESIDENCE: _____ HOW LONG: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____ AGE: _____

ARE YOU NOW EMPLOYED: _____ OCCUPATION: _____

ARE YOU RELATED TO ANYONE ON A FIRST AID SQUAD: _____

HAVE YOU BEEN ACCEPTED PREVIOUSLY BY A FIRST AID SQUAD? (SQUAD NAME, DATES OF SERVICE, AND REASON FOR LEAVING) _____

HAVE YOU EVER BEEN SUSPENDED/TERMINATED FROM ANOTHER SQUAD? _____

WHY? _____

DATE: _____

HAVE YOU EVER PLED GUILTY TO, OR BEEN CONVICTED OF VIOLATIONS OF ANY LAW OR ORDINANCE IN ANY STATE? (INCLUDE TRAFFIC VIOLATIONS,): _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR VIOLATIONS OF ANY LAW OR ORDINANCE IN ANY STATE?: _____

DETAILS: _____

HAVE YOU EVER BEEN BONDED: _____ WERE YOU EVER REFUSED A BOND _____

DO YOU HAVE A VALID N.J. LICENSE: AUTO YES ___ NO ___ HOW LONG: _____ YRS.

CDL YES ___ NO ___ HOW LONG: _____ YRS.

ANY ACCIDENTS IN THE LAST THREE (3) YEARS: _____

TOTAL POINTS AGAINST LICENSE: _____ HAVE YOU EVER HAD LICENSE SUSPENDED: _____

DRIVERS LICENSE NO.: _____

EDUCATION

NAME & LOCATION _____ YRS. ATTENDED _____ YR. GR2
GRAMMAR
SCHOOL

HIGH
SCHOOL

COLLEGE
UNIVERSITY
BUSINESS

MAJOR COURSES STUDIED: _____

FURTHER EDUCATION OR TRAINING DESIRED: _____

NOW STUDYING: _____ WHERE: _____

HAVE YOU ANY SPECIAL QUALIFICATIONS OR TECHNICAL TRAINING: _____

PRESENT OR LAST EMPLOYER: _____

DATES: FROM: _____ TO: _____ POSITION HELD: _____

IMMEDIATE SUPERVISOR: _____

NEXT PREVIOUS EMPLOYER: _____

DATES FROM: _____ TO: _____ POSITION HELD: _____

IMMEDIATE SUPERVISOR: _____

REASON FOR LEAVING: _____

HAVE YOU EVER HAD PARA MEDICAL TRAINING: _____ DATE RECEIVED: _____

EXPIRES: _____

WHEN ARE YOU AVAILABLE TO RIDE AS A PROBATIONARY MEMBER (SPECIFY DAY OR
NIGHT CREW): _____

NAME OTHER ORGANIZATIONS TO WHICH YOU BELONG (IF ANY): _____

HAVE YOU EVER HAD FIRST AID TRAINING: _____ IF YES, WHAT KIND: _____

MEDICAL HISTORY OF: _____
YOUR DOCTOR WILL FILL THIS FORM OUT
* CONFIDENTIAL REPORT *

EPILEPSY/SEIZURES: _____ DIABETES: _____

HEART: _____ RUPTURE\HERNIA: _____

TUBERCULOSIS: _____ FAINTING: _____

KIDNEY: _____ RHEUMATISM: _____

BACK PROBLEMS: _____ OTHERS: _____

HABITS: ALCOHOL _____ DRUGS _____ CIGARETTES _____ OTHERS _____

HERNIA: _____ ABDOMEN: _____

COLOR VISION: _____ HEARING: _____

RESPIRATORY: _____ COMMUNICABLE: _____

BLOOD PRESSURE: _____ EXTREMITIES: _____

VISION: _____ (MIN 20/40 WITH CORRECTIVE LENSES AS PER DR

HIV: _____ HEPATITIS: _____

CURRENT MEDICATIONS: _____

LABORATORY: _____

RECOMMENDATIONS: _____

DUE TO THE NATURE OF SQUAD DUTIES THE ABOVE NAMED, IS ABLE TO PERFORM THE FOLLOWING IN MY OPINION.

_____ LIFT AND CARRY AT LEAST 100 LBS.

_____ IN GOOD HEALTH IN MY PROFESSIONAL OPINION.

SIGNED: _____
PHYSICIAN'S SIGNATURE &

ADDRESS: _____

PERSONAL AND PHYSICAL DATA

HEIGHT: _____ WEIGHT: _____ PHYSICAL DEFECTS, IF ANY: _____

MILITARY SERVICE, IF ANY: _____ ENTERED: _____ RELEASED: _____

BRANCH: _____ RANK WHEN RELEASED: _____ TYPE OF DISCHARGE: _____

NAMES AND AGES OF CHILDREN: _____

HOBBIES AND SPECIAL INTERESTS: _____

DO NOT WRITE BELOW THIS LINE

TO BE FILLED IN BY SECRETARY:

FIRST RECEIVED: _____

DATE ACTED ON: _____

DATE APPROVED BY INVESTIGATION COMMITTEE: _____

DATE OF PROBATION: _____

DATE OF SENIOR MEMBER: _____

DATE RETIRED: _____

COMMENTS: _____

Recommendation to the Englishtown - Manalapan Township First Aid Squad
in support of the membership application of: _____

SUBMITTED BY: NAME: _____

ADDRESS: _____

PHONE: _____

I know that _____ has applied for membership
of your squad. I recommend him/her to you based on my knowledge of this
person's character and integrity. I offer the following statement in
support of this membership application.

I have known Applicant for _____ years.
Applicant is a (neighbor, co-worker, student, etc.) _____

I make the above statement knowing that the members of the Englishtown
Manalapan Township First Aid Squad, Inc., will rely upon it.

DATE: _____ SIGNATURE: _____

IF YOU NEED MORE ROOM PLEASE USE OTHER SIDE

REVISED 8/94

DECLINATION STATEMENT FOR HEPATITIS-B IMMUNIZATION

I understand that due to occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name

Sign name

Date

Background Check Information

(732) 446-4300

Go to Manalapan Police Headquarters

It is located on the corner of Taylors Mill Road and 522.

Officer Alan Hahn, is the only one who does background checks.

He is only there on Tuesdays and Thursdays from 5pm-10pm.

Call first to make an appointment.

Tell him that you are looking to join the Englishtown-Manalapan First Aid Squad and need a background check done.

It should only take a few minutes.