



P.O. Box 306, Blackwood, New Jersey 08012  
[www.blackwoodfire.org](http://www.blackwoodfire.org)

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Dear Applicant,

We thank you for taking the time to apply to our organization. We here at Blackwood Fire Company have a long and distinguished history of community service dating back to 1893, and look forward to continuing that proud tradition with the help of prospective members like you!

I would like to take a moment to outline the application process for you and give you an idea of what you can expect over the course of the next few weeks. The process, of course, starts with you. A complete and truthful application is paramount as our organization is built on a foundation of honor and integrity. With that being said, our application requires you sign in the presence of a Notary Public. Please ensure that you do not sign the application without the seal of a Notary as that may unnecessarily delay your acceptance.

As soon as your application has been returned, it will be thoroughly scrutinized by members of our Investigating Committee. References and employers will be contacted as well. Please keep in mind that a mistake in your past will not automatically disqualify you for membership, but a deliberate omission of truth or falsification will be grounds for immediate termination both prior to acceptance or once you have become a member.

Thank you again for your interest in the Blackwood Fire Company. Keep in mind that although our process may be rigorous, it is done in an effort to provide the citizens of Gloucester Township with individuals who will uphold the excellent reputation of the Blackwood Fire Company.

Sincerely,

John D. Vannoni  
Chief

Michael D. Jones  
President



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## **Application Process**

Attached herewith you will find a Welcome Letter, an application for membership (three pages), an Authority to Release Information form and a Condition of Membership form. Applicants must provide ALL requested information on these forms.

After completing the application, two of the forms must be signed in the presence of a Notary Public of the State of New Jersey. For your convenience, the Administrative Clerk to the Board of Fire Commissioners is a Notary Public and will assist you with this if you return your application Monday – Friday between 0830 hours and 1530 hours. If you choose to have the application notarized on your own you might try your financial institution, but keep in mind that you need a witness with you as well.

After your application has been submitted, it will be subject to review by the Investigating Committee who will contact previous employers, references and any emergency service organizations to which you previously belonged. For this reason it is imperative that you provide complete and correct contact information for all references, employers and former emergency service organizations. Failure to do so may result in unnecessary delays or even termination of your application process. If additional space is needed for any explanations, please utilize the back of the application.

Once your application has been reviewed, the Chief or his designee will contact you to set up an interview.

After the interview, you will be notified of the status of your application. If you have been accepted you will be instructed to report for a medical evaluation, which is provided at no cost to you and which you will be allowed schedule at your convenience.

Provided you are cleared medically, your application will be forwarded to the Board of Fire Commissioners for their approval at their next regularly scheduled meeting (third Wednesday of each month).

Once the Board of Fire Commissioners has accepted your application, you will be contacted once again by the Chief or his designee to set up an appointment to outfit you with equipment and register you for basic training.



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### Application for Membership

#### Personal Information

Application Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cellular Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

#### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cellular Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

#### Personal History

Have your driving privileges ever been suspended or revoked in this or any other state?

**Yes**, explain \_\_\_\_\_  **No**  
\_\_\_\_\_

Have you ever been convicted of a crime?

**Yes**, explain \_\_\_\_\_  **No**  
\_\_\_\_\_

Have you ever been convicted of arson, or criminal mischief involving arson?

**Yes**, explain \_\_\_\_\_  **No**  
\_\_\_\_\_



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### Previous Affiliations

Have you ever been a member of another fire company, ambulance squad, etc.?

**Yes**, explain \_\_\_\_\_  **No**

\_\_\_\_\_

### Employment (current)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_

### Employment (two previous, if applicable)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_



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**Personal References (not immediate family or fire company members)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Cellular Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Cellular Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Cellular Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

Were you recommended by any of our current members?

**Yes**, explain \_\_\_\_\_  
\_\_\_\_\_

**No**

State of New Jersey, County of:

\_\_\_\_\_  
County

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signing



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### Authority to Release Information

To Whom It May Concern:

I, \_\_\_\_\_, as a candidate for the position of firefighter with the Blackwood Fire Company #1, hereby authorize any individual within this institution with whom I have been associated, to furnish the Blackwood Fire Company #1 with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from all liability for damages incurred in furnishing such information. A photocopy of this release bearing my signature shall be considered as valid as the original. This form also authorizes this institution to obtain a five-year driver history abstract through Motor Vehicles. I hereby give permission to the Blackwood Fire Company #1 and their authorized agents to obtain my driving record on an annual basis from this date forward as long as I am a member of the company.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

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

DL State \_\_\_\_\_

Driver's License Number \_\_\_\_\_



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### Condition of Membership

In applying for membership to the Blackwood Fire Company, you will be required to undergo a medical examination, which is provided at no cost to you. Included as part of this examination is a process to detect the presence of drugs in your system. By way of this waiver, you are duly notified that your submission and subsequent negative results to this drug/alcohol testing shall be a condition of membership to the Blackwood Fire Company.

Through your signature, you indicate your understanding that refusal to submit to this test shall cause the immediate termination of your application process and you shall not become a member of the Blackwood Fire Company.

Through your signature, you indicate your understanding that any presence of drug/alcohol shall cause the immediate termination of your application process and you shall not become a member of the Blackwood Fire Company.

Through your signature, you indicate your understanding that any application process for membership to the Blackwood Fire Company shall not be reinstated for a minimum of one year from the date of your refusal or examination and agree to make restitution to the Board of Fire Commissioners, Gloucester Township Fire District #4 for the full cost of the physical in the event of a refusal or positive test.

With full knowledge of the forgoing statements, I hereby agree to submit to a pre-entrance medical examination and the drug/alcohol testing process included in same examination, as determined by the contracted medical service provider to the Board of Fire Commissioners, Gloucester Township Fire District #4.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Witness (shall not be the Notary Public)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

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

\_\_\_\_\_  
Date