



CITY OF LONG BRANCH

Fire Department Application



Active

Honorary

Fire Police

Name: _____

Address: _____

Birth Date: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Drivers License #: _____ Social Security#: _____

Home Phone: _____ Cell#: _____ E-mail: _____

Employer: _____ Occupation: _____

Have you ever been convicted of a crime as defined in N.J.S.A. Title 2C:1-4, or a felony or misdemeanor under Federal Law?: (If yes, explain) _____

Have you ever been convicted for a violation of N.J.S.A.2C:33-3 (False Public Alarms)? Yes No

Have you ever been convicted of a disorderly persons offense, petty disorderly persons offense or ordinance?: (If yes, explain) _____

Are you a citizen of the United States? Yes No

Please choose a Fire Company:

Atlantic Independent Oliver Byron Branchport Neptune
Phil Daly Elberor Oceanic West End

Signature: _____ Date: _____

**PLEASE EMAIL SGT. TRACEY WIDDIS OF THE LONG BRANCH POLICE DEPARTMENT TO
SCHEDULE AN APPOINTMENT FOR FINGERPRINTING (twiddis@longbranch.org)
MUST BRING GOVERNMENT I.D.**

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Approve Company Officer: _____ Date: _____

Denied Fire Chief: _____ Date: _____

Director of Public Safety: _____ Date: _____

Municipal Clerk: _____ Date: _____

Approved by the City Council at their regular meeting held on: _____



City of Long Branch

Records Release Authorization Form



To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I, _____, am making application for appointment to the City of Long Branch Fire Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Long Branch Police Department or its representatives any and all information, documents or other records pertaining to me that they may request.

I do hereby release, discharge and exonerate the Long Branch Police Department, its agents and representatives, any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Long Branch Police Department.

A photo static copy of this authorization will be considered as effective and valid as the original.

APPLICANT NAME: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

Signed and Sealed before me on this _____ day of _____ 20 _____

[Notary Public]



City of Long Branch

Criminal History Release Authorization



I, _____, hereby authorize that my fingerprints and name be checked by your department and the New Jersey State Police. I further authorize that a copy of my fingerprint record, if any, be forwarded to the Long Branch Police Department.

I hereby release and forgo any and all rights, remedies and or causes of action which I may have against the New Jersey State Police, the New Jersey Department of Law and Public Safety, their respective agents, officers and representatives, the City of Long Branch, the Long Branch Police Department and their respective agents, officers and representatives which may result from the searches and checks performed by any of these law enforcement agencies.

APPLICANT NAME: FIRST _____ MI _____ LAST _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NO.: _____

SIGNATURE: _____ DATE: _____

Signed and Sealed before me on this _____ day of _____ 20 _____

[Notary Public]