

**Lincoln Park  
First Aid Squad, Inc.**  
34 Chapel Hill Rd.  
Lincoln Park, N.J. 07035



**Application Package**

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Applicant's Name

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Applicant's E-mail address

Dear Candidate:

I want to thank you for your interest in our organization. All candidates will undergo a background check as part of the application process. We feel it is important to provide you with the information as to what to expect during this process.

We undertake our background process very seriously in order to ensure we recruit the best possible candidates for the Lincoln Park First Aid Squad in our ongoing effort to ensure the public safety and quality medical care.

All candidates must fill out the application completely and accurately. This application initiates the selection process, which includes the following:

- Background Investigation into the application
- Drug Screening upon acceptance into the probationary period
- Oral Review Boards
- Medical Examination (upon completion of background check process)
- Fingerprinting

The Lincoln Park First Aid Squad expects the process to be completed within 30-45 days of receipt of this application.

The Lincoln Park First Aid Squad will not reject you for any omission or deficiency in the application that can be corrected prior to the interview process.

A Detective from the Lincoln Park Police Department or other Borough Designee who is trained in gathering information and conducting investigations will normally be assigned to conduct your background investigation. A member of the Membership Committee will serve as your point of contact and liaison with the department throughout the application process.

In closing, I want to thank you for your interest in becoming a member of the Lincoln Park First Aid Squad and wish you all the best of luck during this process.

Respectfully,

The Lincoln Park First Aid Squad

# INSTRUCTIONS

## PLEASE READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THE APPLICATION

These instructions are provided as a guide to assist you in properly completing your application. It is **essential** that the information contained in the Application Package be accurate in all respects. This application will be used as the basis for determining your eligibility as a member of the Lincoln Park First Aid Squad.

- ✓ This application must be completed by the applicant. Print must be clear and legible in blue or black ink. All questions must be answered to the best of your ability.
- ✓ If a question is not applicable to you, please indicate this by the notation of N/A in the appropriate space.
- ✓ Avoid errors by reading the question and directions carefully before making any entry on the form. Be sure your information is correct and in proper sequence before you begin. All time periods in your application must be accounted for.
- ✓ You are responsible for obtaining correct addresses. If you are unsure of an address, check it by personal verification. Your public library may have a directory service or copies of local telephone directories.
- ✓ An accurate and complete form will effect your consideration into the Lincoln Park First Aid Squad. Consequently, deliberate omissions or falsifications may result in disqualification. Failure to supply a completed application may result in your removal from further consideration.
- ✓ Where sufficient space to provide a complete answer has not been provided or the question requires additional information to be submitted, please attach plain sheets of 8 1/2" x 11" white paper to the application listing the additional information. (Extra page added for Additional Information). Please remember to indicate the question, by number, for which you are submitting the additional information.
- ✓ The following materials must be submitted with the completed application. You may be requested to supply further documentation, should the investigating bureau require it:

Photo copies of:

1. Official Birth Certificate	2. Naturalization Papers [if applicable]
3. Proof of Residence, i.e. Motor Vehicle Driver's License or Voter's Registration Card	4. New Jersey Driver's License abstract

The applicant is encouraged to supply any additional documentation which he/she feels would support acceptance into the Lincoln Park First Aid Squad [e.g., Fire, Rescue, or EMS certificates or diplomas from any professional or technical training program, certificates of memberships to any related Fire/Rescue/EMS organizations, awards, commendations received, etc].

**NOTE:** *The above materials must be submitted as part of the application package. If you cannot obtain all or part of the requested material, you must explain in writing what material is missing and the reason[s] why. Attach this statement to the application form.*

*Please do not delay submitting the application package. If you cannot find or had to send away for any of the above material, submit it at a later date. This is provided that all of the material is received prior to the Background Investigation.*

**The application package along with requested materials must be returned to the Lincoln Park First Aid Squad.**

By my signature affixed below, I attest that I have read and fully understand the above instructions.

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

\_\_\_\_\_  
Date

**PERSONAL DATA**

1. Name: \_\_\_\_\_  
Last First MI

a. List any other names you have used including nicknames; if married female, furnish maiden name. If you have used any other surname other than your true name, list those names and indicate what time period and under what circumstances you used those names. If you have ever legally changed your name, give date, place and court and affix appropriate documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3. Age: \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_

5. Sex: Male [ ] Female [ ]

6. Social Security Number: \_\_\_/\_\_\_/\_\_\_\_

a. List any other Social Security Numbers you may have used, dates of use and circumstances: \_\_\_\_\_

7. Citizenship: Are you a United States Citizen? Yes [ ] No [ ]

a. Citizenship acquired by: Birth [ ] Marriage [ ] Naturalization [ ]

b. If naturalized citizen list: Date \_\_\_\_\_ Court \_\_\_\_\_

Certificate # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

8. Are you a resident of Lincoln Park? Yes [ ] No [ ]

9. Marital Status: Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed [ ]

**RESIDENCE:**

10. Current Address: \_\_\_\_\_  
Street Address Apt.#

\_\_\_\_\_  
City State County Zip Code

a. If your mailing address is different, please list: \_\_\_\_\_

11. Telephone Number: Home [ ] \_\_\_\_\_ Cell [ ] \_\_\_\_\_

12. With whom do you reside? \_\_\_\_\_

13. **Using the chart**, chronologically list all places you have resided for the past ten [10] years, start with your present residence. Include addresses while attending school or military services.

<b>Dates From - To</b>		<b>Street Address</b>	<b>City</b>	<b>State</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**EDUCATION:**

**14. High School or Issuer of GED**

Name & Address of School	Dates Of Attendance	Graduated

**15. Specialized Schools**

Name & Address	Study or Specialization	Dates Of Attendance

16. Were you ever dismissed from a school, or was any disciplinary action ever taken against you during your scholastic career?      Yes [  ]      No [  ]

a. If yes, explain [detail school, date and action]; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. List any Honors, Awards or Scholarships received by you during your scholastic career: [detail school, date, and type]; \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT:**

18. List below, starting with your current employment, or unemployment, and working back, each employment and period of unemployment you have had. Account for all periods including casual employment and unemployment. Include within the sequence any period of active military service.

[ ] Please indicate by checking the box at left if you **DO NOT** wish us to contact your **PRESENT** employer regarding your character, qualifications, and record of employment, at this time.

<b>Name &amp; Address of Employer</b>	<b>Dates Employed From - To Present</b>	<b>Full/Part Time</b>
<b>Exact Title of Your Position</b>	<b>Name &amp; Telephone Number of Your Immediate Supervisor</b>	
<b>Description of Your Work</b>	<b>Reason for Leaving</b>	

<b>Name &amp; Address of Employer</b>	<b>Dates Employed From - To Present</b>	<b>Full/Part Time</b>
<b>Exact Title of Your Position</b>	<b>Name &amp; Telephone Number of Your Immediate Supervisor</b>	
<b>Description of Your Work</b>	<b>Reason for Leaving</b>	

<b>Name &amp; Address of Employer</b>	<b>Dates Employed From - To Present</b>	<b>Full/Part Time</b>
<b>Exact Title of Your Position</b>	<b>Name &amp; Telephone Number of Your Immediate Supervisor</b>	
<b>Description of Your Work</b>	<b>Reason for Leaving</b>	

<b>Name &amp; Address of Employer</b>	<b>Dates Employed From - To Present</b>	<b>Full/Part Time</b>
<b>Exact Title of Your Position</b>	<b>Name &amp; Telephone Number of Your Immediate Supervisor</b>	
<b>Description of Your Work</b>	<b>Reason for Leaving</b>	

<b>Name &amp; Address of Employer</b>	<b>Dates Employed From - To Present</b>	<b>Full/Part Time</b>
<b>Exact Title of Your Position</b>	<b>Name &amp; Telephone Number of Your Immediate Supervisor</b>	
<b>Description of Your Work</b>	<b>Reason for Leaving</b>	

20. Were you ever discharged or asked to resign from any employment? If yes, list employer, date and reason: \_\_\_\_\_

\_\_\_\_\_



21. Were you ever subjected to any disciplinary action in connection with any employment? If yes, list date, employer and details: \_\_\_\_\_

\_\_\_\_\_

**PREVIOUS FIRE, EMS, POLICE AFFILIATIONS:**

22. Have you ever made application to any First Aid Squad, Fire Department or public safety agency?

If yes, detail date, name and address of agency: \_\_\_\_\_

\_\_\_\_\_

23. Were you ever, or are you now, a member of a First Aid Squad, Fire Department or public safety agency?

State Line Number: \_\_\_\_\_

24. If yes, please list the Department/Organization/Agency with the dates of service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Have you ever been rejected for membership by any First Aid Squad, Fire Department or public safety agency?

If yes, detail date, name and address of agency and reason for rejection: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COURT RECORDS:**

26. Have You Ever Been Arrested or Charged with Any Violation Including Traffic, Disorderly persons offenses, Borough, City or Township Ordinances but Excluding Parking Tickets?

Yes [ ] No [ ]

If you answered yes to question 30, list all such matters even if not formally charged; or no court appearance was required; or found not guilty; or matter settled by payment of fine; or forfeiture of collateral.

<b>Date:</b>	<b>Court &amp; Location:</b>
<b>Name [Relative]:</b>	<b>Charge:</b>
<b>Place &amp; Department:</b>	<b>Disposition:</b>
<b>Details:</b>	

<b>Date</b>	<b>Court &amp; Location</b>
<b>Name [Relative]:</b>	<b>Charge:</b>
<b>Place &amp; Department:</b>	<b>Disposition:</b>
<b>Details:</b>	

<b>Date:</b>	<b>Court &amp; Location:</b>
<b>Name [Relative]:</b>	<b>Charge:</b>
<b>Place &amp; Department:</b>	<b>Disposition:</b>
<b>Details:</b>	

27. Pursuant to the provisions of *N.J.S.A. 2C:52-27(c)*, have you ever filed a petition for the purpose of expunging or sealing court records? Yes [ ] No [ ]

If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

**MOTOR VEHICLE:**

28. Do you possess a valid N. J. Drivers License? Yes [ ] No [ ]  
If yes, complete the following: Type: \_\_\_\_\_  
Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

29. Have you ever been issued a drivers license from any other state? Yes [ ] No [ ]  
If yes, complete the following:  
Issuing State \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

30. Have your driving privileges or motor vehicle registration ever been revoked or suspended?  
Yes [ ] No [ ]  
If yes, explain: \_\_\_\_\_  
a. If you answered yes, has such registration or license been restored? Yes [ ] No [ ]

**REFERENCES:**

31. Give three [3] references [not relatives] who are responsible adults of reputable standing in their communities, who have definite knowledge of your background and qualifications, preferable those who have known you for the past five years.

<b>Name:</b>	<b>Telephone Numbers</b> <b>Home:</b> [ ] <b>Bus:</b> [ ]
<b>Address:</b>	<b>Years Acquainted:</b>
<b>Occupation:</b>	

<b>Name:</b>	<b>Telephone Numbers</b> <b>Home:</b> [ ] <b>Bus:</b> [ ]
<b>Address:</b>	<b>Years Acquainted:</b>
<b>Occupation:</b>	

<b>Name:</b>	<b>Telephone Numbers</b> <b>Home:</b> [ ] <b>Bus:</b> [ ]
<b>Address:</b>	<b>Years Acquainted:</b>
<b>Occupation:</b>	

**ADDITIONAL INFORMATION:**

32. Are you now, or have you ever been, a member of or supported any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  
Yes [ ] No [ ]

If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. Do you have any knowledge or information in addition to that specifically called for in this application which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for participation in the Lincoln Park First Aid Squad, including but not limited to your character, physical or mental condition, temperance, habits, employment, education, subversive affiliations, family, associations, criminal records, traffic violations, residence or otherwise?  
Yes [ ] No [ ]

If yes, please attach a separate piece of paper, appropriately numbered, giving your version of this/these incident[s]. (See last page to include additional information)

34. Will you obey all lawful orders from your superior officer? Yes [ ] No [ ]

35. Will you attend all meetings, drills or any other activity or emergency that may arise?  
Yes [ ] No [ ]

36. Will you at all times do all in your power to elevate to a high standard, the efficiency of the Lincoln Park First Aid Squad? Yes [ ] No [ ]

37. Will you abide by the by-laws, Standard Operating Guidelines (SOGs) and the Code of Conduct of the Lincoln Park First Aid Squad?  
Yes [ ] No [ ]

\_\_\_\_\_  
Applicant Name – Printed                      Applicant Signature                      Date

If under the age of 18, a parent or guardian must sign

\_\_\_\_\_  
Parent/Guardian Name – Printed                      Parent/Guardian Signature                      Date

For Squad Purposes Only:  
Received By (Membership Committee Member):

\_\_\_\_\_  
Member – Print                      Signature                      Date

# **VOUCHERS**

**(NOT TO BE SWORN MEMBERS OF THIS DEPARTMENT OR PERSONS LISTED  
IN ANY OTHER SECTION OF THIS APPLICATION)**

Upon completion of this form, the applicant must obtain three reputable citizens who will vouch for the honesty, reputation and ability of the applicant.

The voucher should read carefully all statements made by the applicant **BEFORE SIGNING**. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

## **ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL**

I, the undersigned, declare that I am over eighteen (18) years of age, I have **PERSONALLY** known the applicant for at least one year, and I am not related in any way to the applicant. Please write a brief statement about your knowledge of the applicants' character and qualifications as a member of the First Aid Squad

I will, upon request, give further facts concerning the applicant as I may possess.

**VOUCHER ONE**

(please print)

I, the undersigned, declare that I am over eighteen (18) years of age, I have PERSONALLY known the applicant for at least one year, and I am not related in any way to the applicant. Please write a brief statement about your knowledge of the applicants' character and qualifications as a member of the First Aid Squad.

I will, upon request, give further facts concerning the applicant as I may possess.

Name:	Business Address:	
Address:		Date of birth:
City, State:	Social Security # (Optional)	
Occupation: (Optional)	Telephone #	
How long have you known the applicant?		
Is the applicant of good character and reputation?		

Narrative:

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Date:

Signature:

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**VOUCHER TWO**

(please print)

I, the undersigned, declare that I am over eighteen (18) years of age, I have PERSONALLY known the applicant for at least one year, and I am not related in any way to the applicant. Please write a brief statement about your knowledge of the applicants' character and qualifications as a member of the First Aid Squad.

I will, upon request, give further facts concerning the applicant as I may possess.

Name:	Business Address:		
Address:		Date of birth:	
City, State:		Social Security # (Optional)	
Occupation: (Optional)		Telephone #	
How long have you known the applicant?			
Is the applicant of good character and reputation?			

Narrative:

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Date:

Signature:

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## VOUCHER THREE

(please print)

I, the undersigned, declare that I am over eighteen (18) years of age, I have PERSONALLY known the applicant for at least one year, and I am not related in any way to the applicant. Please write a brief statement about your knowledge of the applicants' character and qualifications as a member of the First Aid Squad.

I will, upon request, give further facts concerning the applicant as I may possess.

Name:	Business Address:
Address:	Date of birth:
City, State:	Social Security # (Optional)
Occupation: (Optional)	Telephone #
How long have you known the applicant?	
Is the applicant of good character and reputation?	

Narrative:

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## **Additional Information**