



CENTRAL JERSEY TECHNICAL RESCUE, INC.

Application for Membership

Personal Data:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Length of residence at current address (years) : _____

Previous address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Business Phone #: _____

DOB: ____ / ____ / ____

SS: _____ - _____ - _____

Driver's License Number and State : _____

Number of years driving : _____ Driving emergency vehicles : _____

Current number of points : _____ Number of reportable accidents : _____

Education:

High School: _____ Location: _____

Date of graduation: _____

College or University: _____ Degree: _____

PO Box 106 Fanwood, New Jersey 07023-0106

A volunteer, non-profit organization, tax-exempt, 501c3 organization and registered charity.

Qualifications:

Emergency Medical Service Education:

New Jersey Dept. of Health Certification:

Level of certification: _____

Expires: _____

Original course location: _____

Date: _____

Other related certifications or courses taken:

Certification/Class	Given by	Dates	Exp. date

Experience:

Squad or Fire Dept. Affiliation: _____

Mailing address: _____

Your rank (member, FF, Lt., Capt., etc.) : _____

Immediate Supervisor (name and title): _____

Phone number of Supervisor (include area code) : _____

Years of membership : _____

Highest rank held : _____

Employment:

Current Employer:

Company Name: _____

Address: _____

Phone number (include area code) : _____

Title: _____ Schedule: _____

Dates employed : From _____ To _____

May we contact your current employer for a reference? _____

References:

Name of Team member(s) sponsoring application: _____

Other Professional References

Name	Phone	Relationship

I certify the information I have given on this application and on any resume I have submitted is true and complete: and understand, should I be given membership, any misrepresentation or concealment of information may result in revocation of my membership and its privileges at any time. Also I agree to follow the rules and regulations of Central Jersey Technical Rescue Team, Inc. as outlined in the by-laws, policies and standard operating guidelines. Also, I give permission for CJTR to do a complete criminal background check, and it must be satisfactory, prior to my acceptance to the team.

Signature: _____

Date: _____

Witness: _____

Date: _____