



**MANCHESTER TOWNSHIP
EMERGENCY SERVICES**
1 Colonial Drive
Manchester, NJ 08759-6501



3. Date of Arrest: _____ Place Arrested: _____

Charge(s) _____

Disposition: _____

Have you ever been convicted of a crime? _____ YES _____ NO

Date: _____ Place of Conviction: _____

Offense(s): _____

Penalty Imposed: _____

Have you ever been expelled from a fire company or first aid squad? _____ YES _____ NO

If YES, why? _____

Do you have any physical disabilities that may interfere with your ability to perform any fire fighting tasks or functions, or any first aid squad tasks or functions? _____ YES _____ NO

SKILLS AND QUALIFICATION(S)

Summarize any special skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.



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REFERENCES

List names and telephone number of three (3) business/work references who are *not related* to you and are not previous supervisors. If not applicable, list three (3) school or personal references that are not related to you.

<i>NAME</i>	<i>TELEPHONE</i>	<i>YRS KNOWN</i>

ADDITIONAL INFORMATION

List any additional information that you would like us to consider.

To what job related organizations (professional, trade, etc.) do you belong?

<i>ORGANIZATIONS</i>	<i>OFFICE(S) HELD</i>

List special accomplishments, publications, awards, etc. _____



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I, _____ am applying for membership in the _____
_____ and do hereby understand that a criminal background check will
be completed as part of the application process, and will be a condition of membership as outlined in
Township ordinance #2012-027.

Signature Date

(For Internal Use only)

Date Application Received: _____ Date Applicant Fingerprinted: _____

Criminal History Report Received: _____ Reviewed By: _____

Results of Background Check: _____

If negative results on background check applicant was notified on _____ of the results
via telephone _____, via registered mail _____, in person _____ by _____

Is the applicant challenging the report? YES / NO.

Review Committee meeting scheduled for _____.

Results of review committee meeting _____

Date review committee met with applicant _____ Results _____

Driver License check performed on _____ by _____

Results of driver license check _____

Applicant Approved for membership on _____ Denied: _____

Organization notified on _____ by : _____



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AUTHORIZATION FOR THE RELEASE OF RECORDS

I, _____, do hereby authorize a review of, and full disclosure of all personal records to include: criminal history, driving history, or any part thereof, whether said records are public, private, or confidential in nature, concerning myself, an applicant for membership in a Manchester Township Emergency Services organization.

I understand that any information obtained during a review of my records, will be used in determining my suitability for appointment as a Manchester Township Emergency Services Volunteer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date of Birth

Print Full Name

Social Security Number

Applicant's Signature

Date Signed

Notary Public

Notary

Expiration Date

Seal

Initials _____