



Independence Fire Company # 1  
Palmyra Fire Department – Station 801  
115 W. Broad Street  
Palmyra, New Jersey 08065

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Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Social Sec. No: \_\_\_\_\_  
Last First Middle Initial

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

Telephone: ( ) \_\_\_\_\_ How long at present address: \_\_\_\_\_

Previous address, if less than one year: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of birth: \_\_\_\_\_  
City State

Marital status: \_\_\_\_\_

Drivers License: \_\_\_\_\_  
State License number Exp. Date

Any special driver licenses? Yes \_\_\_\_\_ No \_\_\_\_\_

List any fire companies or rescue squads of which you are presently or have been a member:

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

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

President or Chief: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Have you had any rescue training? Yes \_\_\_\_ No \_\_\_\_ (If yes attach copies of all diplomas.)

Military service: Yes \_\_\_\_ No \_\_\_\_ Branch: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Can you perform all of the job functions of the job for which you have applied?  
\_\_\_\_\_.

Have you ever been arrested, convicted, or charged with any criminal or disorderly offense as an adult or juvenile? If yes please explain. \_\_\_\_\_

\_\_\_\_\_

Why do you wish to become a member of this department? \_\_\_\_\_

\_\_\_\_\_

How were you referred to this department? \_\_\_\_\_

In case of an emergency, who should we notify:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

I agree that by signing this application to the Palmyra Fire Department, I will abide by the Constitution and Bylaws of Independence Fire Co. # 1. I understand that any failure to do so may result in dismissal from the Fire Company. I understand that any department property must be returned should I leave the Company

I understand that once my application has been accepted, I will need to take and pass a physical examination including drug testing for unauthorized controlled substances (paid by the Department).

All answers and statements are true in every detail to the best of my knowledge and belief. I understand that by signing this application. I further authorize the Independence Fire Company # 1 and Palmyra Police Departments to obtain, do a complete background investigation of my person.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Do Not Write Below This Line

Membership: Active: \_\_\_ Junior: \_\_\_ Special: \_\_\_

Committee review: \_\_\_\_\_ Date of Review \_\_\_ / \_\_\_ / \_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Accepted on \_\_\_ / \_\_\_ / \_\_\_ Rejected on: \_\_\_ / \_\_\_ / \_\_\_ Reason: \_\_\_\_\_