



LOPATCONG TOWNSHIP FIRE DEPARTMENT MEMBERSHIP REQUIREMENTS



1. Applicant must be at least 18 years of age and a U.S. citizen or legal resident (16 for Junior members).
2. For safety purposes, applicant must be able to speak and understand the English language due to the job requiring efficient communication.
3. Medical Examination: Applicants will be required to pass a thorough medical examination from a licensed physician. Any medical or physical condition or defect which would prevent efficient performance of the duties of this position and/or cause the applicant to be a hazard to himself/herself or others as a result of the performance of those duties will be cause for rejection. Specific Physical Qualifications: Normal function of limbs, hands and feet.
4. Authorization of Driver's Abstracts must be completed. Due to the possibility of operating Lopatcong Township Fire Department's apparatus, a driver's abstract must be obtained which permits future random abstracts.
5. Applicant will be under a one-year probation period after being accepted for membership. (Attendance, participation and performance of duties will be evaluated.)
6. Applicant will be required to attend recommended training (Firefighter I, etc.) and pass within one (1) year of the probation period (if required).
7. Application will be reviewed by the Membership Committee of Fire Company which you are applying at.
8. Application may be filed by personal delivery to the Fire Company, electronically (submit button at end of document) or sending them in the mail to:

Delaware Park Chemical Engine Co. 1
112 Park Ave
Phillipsburg, NJ 08865

Lopatcong Fire Co. 2
224 Strykers Road
Phillipsburg, NJ 08865

9. Full Criminal Background Investigation must be performed. If you have been convicted of a serious crime you are not eligible for membership. Convictions for lesser offenses may also disqualify you if they meet Township Ordinance Chapter 63-2c. Frequently volunteer firefighters work with local and State police on crime scenes and other emergencies, as well as, enter private homes and businesses and interact with citizens of all ages; therefore, trust is needed.
10. Membership Committee will submit Application with all approvals to the Department Chief (i.e., Fire Department Signed-Off Approval, physical, consent of driver's abstract, completed Background Check performed by the police department). The Department Chief will submit Application to Township Clerk. Application placed on Township Committee Agenda for approval at Township Committee Meeting. (Must be received at least seven (7) days prior to meeting date.)

9/2023



LOPATCONG TOWNSHIP FIRE DEPARTMENT MEMBERSHIP APPLICATION



Apply at:

Delaware Park Chemical
Engine Company No. 1

Lopatcong Fire Co. 2

Position of:

Firefighter

Fire Police

Please Print Clearly in Ink

Full Name:		Birth Date:	
Full Address:	E-mail Address:	Social Security Number:	
Home Phone:	Work Phone:	Cell Phone:	
Occupation:		Employed By:	
Driver's License # & State:	Is License Current? Yes No		
Have you ever been a Firefighter/Fire Police? Yes No	Have you ever received training in:		Is your certification current?
	First Aid Yes No		First Aid Yes No
	CPR Yes No		CPR Yes No
Defibrillator Yes No		Defibrillator Yes No	
If previously a Firefighter/Fire Police, list departments, dates of membership and reason for leaving.			
If previously Firefighter/Fire Police, list training courses completed.			
Are you currently a member of the NJ Firemen's Association Yes No If yes, line No. _____ ____ No, but I wish to be a member of NJ Firemen's Assoc.		Are you or have you been a member of other related organizations that may be at interest, e.g., rescue/ambulance squad Yes No If yes, explain.	
Have you ever been convicted of a moving motor vehicle violation in this state or any other state? Yes No		If yes, provide details.	
Do you have any pending motor vehicle charges in this state or any other state? Yes No		If yes, provide details.	

Have you ever been indicated or convicted of a criminal offense that has not been expunged or sealed in this state or any other state? Yes No	If yes, provide details.
Do you have any pending criminal charges in this state or any other state? Yes No	If yes, provide details.
Do you have any existing physical/medical or other conditions which may restrict your ability to perform the duties of an active firefighter? (i.e., inhalation/asthma, physical exertion, back problems, etc.) Yes No	If yes, explain.
Do you suffer from any psychiatric disorder that would make it difficult to fulfill the duties of an emergency responder? (i.e., fear of close spaces, fear of accidents, fear of heights) Yes No	If yes, explain.
Have you ever been treated for alcohol abuse? Yes No	Have you ever been treated for drug and/or alcohol abuse? Yes No
Level of education completed:	Provide name and state of institution.

List three (3) references. References may NOT be relatives

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Briefly state the reason(s) you wish to be a volunteer firefighter.

PLEASE READ CAREFULLY

I certify that I have answered all questions truthfully and in good faith. I will submit to a physical exam and other evaluations as required by the State of New Jersey. If accepted into membership, I agree to comply with the company by-laws; the Standard Operating Procedures/Guidelines of the Fire Company and Lopatcong Township Fire Department; and the ordinances, rules and regulations as established by Lopatcong Township. I agree to complete all required training and to actively participate in fire company activities (meetings, drills, work details, fundraising, etc.) to the best of my ability.

Signature: _____ Date: _____

Applicant's Name:

FIRE COMPANY USE ONLY

Physical Obtained: _____ Eligible Physically to Become a Member Confirmed: Yes No

Date of Interview by Membership Committee: _____

Remarks / Recommendations: _____

Date of Recommended: _____

Documents Provided to New Member:

Company By-Laws

Respiratory Protection Questionnaire

New Jersey Firemen's Association Application/Physical Exam

Firefighter I Dates / Information

Photocopies Provided by New Member:

Valid New Jersey Driver's License

First Aid, CPR Cards, as applicable

Other Training Certs. as applicable

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TOWNSHIP USE ONLY

Date Application Received: _____

Date Forward to Department Chief: _____

Date Fingerprint Findings Reported from Police Department: _____ Outcome: Approved Denied

Date Approved at Regularly Scheduled Township Committee Meeting: _____
Township Clerk

Input Member into computer system: _____

Date Forwarded to Fire Company: _____

NJ Firemen's Association Application: _____

NJ Firemen's Application Forwarded to State: _____

LOPATCONG TOWNSHIP FIRE DEPARTMENT

A Department of the Following Companies:

~ *DELAWARE PARK CHEMICAL ENGINE CO. 1* ~

~ *LOPAT. FIRE CO. 2* ~

I, _____, authorize Lopatcong Township to obtain my Driver's License Abstract. The possibility of me operating Lopatcong Township Fire Department's Apparatus makes this relative to me becoming a Lopatcong Township Volunteer Firefighter. Periodically thru my membership with the Fire Department random abstracts may be obtained.

Name: _____

Address: _____

Numbers of years residing at above address: _____

Previous Address: _____

Driver's License Number: _____ Age: _____ Date of Birth: _____
(Please provide photocopy of license)

Social Security Number: _____

Telephone Number: _____ home _____ cell

Printed Name: _____

Applicant's Signature

Date

*Township of Lopatcong: 232 S. Third Street, Phillipsburg NJ 08865
Telephone (908)859-3355
www.lopatcongtwp.com*

***LOPATCONG TOWNSHIP FIRE DEPARTMENT
PHYSICAL TEST RECORD
(Completed only if relief association medical evaluation not performed)***

Name: _____

Age: _____ years **Height:** _____ feet _____ inches **Weight:** _____ lbs.

Hair Color: _____ **Eye Color:** _____ **Complexion:** _____

Normal Eyesight: _____ **Normal Hearing:** _____

Has the applicant ever suffered from an injury? _____

If so, what and when _____

Has the applicant ever had any dizzy or fainting spells? _____

Physician's Remarks: _____

I hereby certify that as a participating physician in the State of New Jersey, the applicant is physically fit to become a firefighter.

Examined at: _____

Printed Name of Physician: _____ **Date:** _____

Signature of Physician: _____