BOGOTA FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

LAST NAME:	FIRST NAME:		INITIAL:	
CURRENT ADDRESS:	TOV			
HOME PHONE:	OTHER PHON			
IF LESS THAN TWO (2) YEARS AT	CURRENT ADDRESS LIST PRIC	R ADDRE	ESS BELC	DW:
STREET ADDRESS:	TOWN			
S.S.N	EMPLOYER:			
OCCUPATION:				
EMPLOYER ADDRESS:				
EMPLOYER TELEPHONE:	NORMAL W	VORK HO	URS	
LIST ANY PREVIOUS FIREFIGHTIN	NG EXPERIENCE:			
F.D. NAME:ATTACH COPIES OF ANY FIREMA	F.D. PHO TIC TRAINING CERTIFICATES	ONE #		
PROVIDE NAME, ADDRESS AND TRELATIVES OR EMPLOYERS:	ΓELEPHONE OF TWO (2) PERSO	NAL REF	ERENCES	3 WHO ARE NOT
1				
2				
HAVE YOU EVER BEEN CONVICT	ED OF A CRIME? YES NO			
FIRE COMPANY PREFERENCE (C	IRCLE ONE) E-1 H-2	E-3	L-1	
ARE YOU AVAILABLE TO RESPON	ND DURING THE DAY TIME?	YES	NO	
NAME OF SPONSOR AND COMPA	NY:			
I,	HE BOGOTA POLICE DEPARTME BACKGROUND CHECK, IN ACCO ILL REQUIRED SCHOOLS AND TO THAT I MAY BE SUBJECT TO DIS I AGREE TO RETURN ALL DEPA EREBY CERTIFY THAT I AM AT L E TRUE. I UNDERSTAND THAT A IISSAL OR DISQUALIFICATION FO HAT I WILL ABIDE BY RULES AND	MENTS CO NT TO CO DRDANCE RAINING MISSAL F RTMENT EAST 18 ' ANY FALS OR MEME	ONTAINED ONDUCT / E WITH N FOR PRC FOR BRE/ ISSUED I YEARS O E INFORM BERSHIP	O IN THIS APPLICATION AN INVESTIGATION, J.A.C. 13:59-1.1. BATIONARY ACH OF ANY OF ITS EQUIPMENT UPON F AGE AND THAT ALL MATION OR STATE- IN THE BOGOTA FIRE
SIGNATURE OF APPLICANT/DATE	SIGN	IATURE A	ND SEAL	OF NOTARY *

DO NOT WRITE BELOW THIS LINE									
COMPANY ASSIGNED:	E-1	H-2	E-3	L-1	DATE OF PHYSICAL:				
COMPANY PRESIDENT SIGNATURE & DATE:									
COMPANY CAPTAIN SIGNATURE & DATE:									
FIRE CHIEF SIGNATURE & DATE:									
FIRE COMM. OR BOROUGH CLERK SIGNATURE & DATE:									
BACKGROUND CHECK COMPLETED BY P.D.:									
NOTES:									

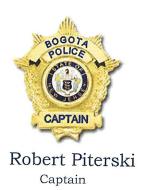


POLICE SIGNATURE: __

DEPARTMENT OF POLICE BOROUGH OF BOGOTA

375 Larch Avenue · Bogota, New Jersey 07603 201-487-2400 · (Fax) 201-487-3426

www.bogotapolice.org



REQUEST FOR POLICE BACKGROUND CHECK Borough Public Safety Volunteers

Please be advised that the following individual applied and has been conditionally approved for membership with the (circle one) **Bogota Fire Department**, **Bogota Volunteer Auxiliary Police**, or **Bogota Rescue Squad** as per our bylaws. I, the Chief of my respective Department, am requesting that the Bogota Police Department conduct a background check to determine his/her eligibility for membership as per applicable Federal, State and Local ordinance or other applicable law.

NAME:	DOB:	
ADDRESS:		
TELEPHONE: ()		
DRIVERS LICENSE NUMBER:		
SIGNATURE OF CHIEF OFFICER OF DI	EPARTMENT	DATE
APPLICANT INSTRUCTIONS: The appointment to have fingerprints tal fingerprints are taken.	oplicant must contact the ken and provide a form	Police Department to set up of photo identification wher
This document constitutes a Consent, Release background check entered on the date provide position of	ed below and signed by the appearance for the Borough of Bory background investigation. I upper false statement	olicant. As an applicant for the gota, I hereby authorize the Bogota nderstand that I must fully cooperate
Applicant Signature	 Date	
POLICE USE ONLY: Based on background check comp NOT RECOMMENDED 1. Criminal Disqualification 2. Residency Requirement 3. Other	pleted by the Police Department this a	oplicant is RECOMMENDED OR