

WILLINGBORO FIRE DEPARTMENT

398 Charleston Road, Willingboro, NJ 08046



CITIZEN FIRE ACADEMY APPLICATION

Please Read the Following Instructions Prior to Filling Out the Application

Instructions: Read every question carefully. Answer every question, leave no question unanswered. If a question is not applicable, please put N/A for the answer. An applicant who intentionally makes a false statement of a material fact or practiced or attempted to practice, any deception or fraud in this application will be rejected.

			Personal Data	<u>l</u>		
I. Full Name: First			Middle		Last	
2. Current Home A	Address:_	No.		Town		State
3. Phone Number:	Cell					
4. Email Address:						
5. Date of Birth:	/	/	Age:		Sex:	
6. Driver's License	e Number	:				State
7. (a) Do you live in	n the Tov	vnship of W	Villingboro? Yes	:	No:	
(Note: If you	answer '	"No" above	, then fill out next s	ection)		
(b) Do you work	t in the T	ownship of	Willingboro? Ye	s:	No:	
Name of Er	nployer:					
Occupation	1:					
Employer A	Address:					

8. Will you be able to commit to an eight-week class (April 25 – June 20) every Monday, from 6:30 to 9:30 pm? (Note: No class on Memorial Day, Monday, May 30)

Yes: _____ No: _____

9: There will be activities that involve physical exertion. Will you be able to participate in these activities?

Yes: _____ No: _____

10: Are you afraid of small spaces?

Yes: _____ No: _____

- **11.** Are you afraid of heights?
 - Yes: _____ No: _____
- 12. Will you have problems with wearing an air mask?
 - Yes: _____ No: _____
- **13.** Have you ever been arrested for an Indictable Crime, Disorderly Persons Offense, or Petty Disorderly Persons Offense?

Yes: _____ No: _____

13a. If Yes, Explain: ______

- 14. Have your driving privileges ever been suspended in New Jersey or any other State?
 - Yes: _____ No: _____

14a. If Yes, Explain:

15. Have you ever been arrested for Driving While Intoxicated?

Yes: _____ No: _____

15a. If Yes, Explain: ______

APPLICATION VALIDITY:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application will be cause for rejection for enrollment or dismissal from the Willingboro Fire Department Citizen Fire Academy. I understand that a rejection of enrollment may occur if I have any charges filed against me that are currently being tried or are pending in any criminal court.

BACKGROUND CHECK:

I understand that Willingboro Fire Department will run a background check as part of the application process.

MINIMUM AGE AGREEMENT:

I, the undersigned, certify that I am at least TWENTY-ONE (21) years old. I understand that falsification of any information on this form may disqualify me from the program.

Signature

Date