



Willingboro FIRE & EMS  
 398 Charleston Road  
 Willingboro, New Jersey 08046

Phone: (609) 871-7476  
 Fax: (609) 871-4463

- FULL-TIME EMT** (Age of 18 and above)  
 **PER-DIEM EMT** (Age of 18 and above)

## E.M.T. CANDIDATE APPLICATION QUESTIONNAIRE

### READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT APPLICATION

**INSTRUCTIONS:** Read every question carefully. **Answer every question - leave no question unanswered – if a question does not apply to you, so state: D.N.A. (Does Not Apply)**

**A candidate will be rejected who has intentionally made a false statement of a material fact or practiced, or attempted to practice, any deception or fraud in this application, in any examination, or in securing eligibility for appointment. Any misstatement of fact, omissions or attempt to mislead this agency, its investigators or the appointing authority, deliberate or in error, may lead to your disqualification. If you move, change your name, get married, or get arrested, get pulled over by the police, are questioned in any investigation, or otherwise have a change in your personal or criminal status, you must notify the department immediately. Failure to do so may lead to your disqualification.**

The candidate will personally prepare this form. All entries, except the signature, **must be printed legibly in BLOCK LETTERS.** Entries must be made in black or blue ink.

Your initials will be required at the bottom of the page when the application is reviewed with the investigating officer.

The application must be notarized on Page 8 prior to submission.

**I have read and understand the above paragraph.**

Signature: X \_\_\_\_\_

## A. PERSONAL DATA / CITIZENSHIP

1. Full name: \_\_\_\_\_  
Last First Middle

2. Give any other names you have used or been known by, e.g., Maiden Name, Legal Name Change, etc. and attach a statement giving reason(s). None

3. Current Address: \_\_\_\_\_  
No. Street City/Town County State/Zip

4. Phone number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ SS#: \_\_\_\_\_  
Month / Day / Year

6. Place of Birth: \_\_\_\_\_  
City State

7. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

8. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

9. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

10. Are you a citizen?  Yes  No If Yes: Native Born  Naturalized

11. If you are of foreign birth, or are a naturalized citizen, fill in the following:

Country of Birth: \_\_\_\_\_

Port or place of departure for the United States: \_\_\_\_\_ Date \_\_\_\_\_

Port or place of entry into the United States: \_\_\_\_\_ Date \_\_\_\_\_

If a naturalized citizen, name and address of person who sponsored you on arrival:

12. How did you obtain citizenship? \_\_\_\_\_

13. Petition Number: \_\_\_\_\_ Date: \_\_\_\_\_ Court: \_\_\_\_\_

State: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

## B. EDUCATION

1. List chronologically (MOST RECENT DATES FIRST) all schools.

School:	From (mo/yr):	Last Grade Term:	<input type="checkbox"/> Day
	To (mo/yr):		<input type="checkbox"/> Evening
Exact Address:	No. & Street	City/Town	County State Zip Code
School:	From (mo/yr):	Last Grade Term:	<input type="checkbox"/> Day
	To (mo/yr):		<input type="checkbox"/> Evening
Exact Address:	No. & Street	City/Town	County State Zip Code
School:	From (mo/yr):	Last Grade Term:	<input type="checkbox"/> Day
	To (mo/yr):		<input type="checkbox"/> Evening
Exact Address:	No. & Street	City/Town	County State Zip Code
School:	From (mo/yr):	Last Grade Term:	<input type="checkbox"/> Day
	To (mo/yr):		<input type="checkbox"/> Evening
Exact Address:	No. & Street	City/Town	County State Zip Code

## COLLEGES AND UNIVERSITIES ATTENDED

(List most recent attended first)

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

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

Street Address                      City                      County                      State                      Zip

Dates Attended: From: \_\_\_/\_\_\_/\_\_\_                      To: \_\_\_/\_\_\_/\_\_\_

Final G.P.A. \_\_\_\_\_                      Number of credits earned: \_\_\_\_\_

Degree earned: \_\_\_\_\_                      Date: \_\_\_/\_\_\_/\_\_\_

2. Do you have a college / university degree?  Yes  No
3. Type:    Certificate  AA  AS  BA  BS  MA  MS  Other  \_\_\_\_\_
4. If not, how many college credits have you earned? \_\_\_\_\_
5. If you earned quarter hours, how many earned? \_\_\_\_\_
6. What is/was your major field of study? \_\_\_\_\_
7. What is/was your minor field of study? \_\_\_\_\_

## C. MOTOR VEHICLE HISTORY

1. Have you ever received a summons or ticket for a violation of the Motor Vehicle Laws in this or any other state?  Yes  No If yes, insert information below:

Date:	Violation/Reason:	Location:	
Court Disposition:		Age at Time:	Police Agency Concerned:
Date:	Violation/Reason:	Location:	
Court Disposition:		Age at Time:	Police Agency Concerned:
Date:	Violation/Reason:	Location:	
Court Disposition:		Age at Time:	Police Agency Concerned:
Date:	Violation/Reason:	Location:	
Court Disposition:		Age at Time:	Police Agency Concerned:
Date:	Violation/Reason:	Location:	
Court Disposition:		Age at Time:	Police Agency Concerned:

2. Has your Driver's License or other vehicle operator's license ever been suspended?  Yes  No Revoked?  Yes  No If yes, which license? \_\_\_\_\_

Date/s: \_\_\_\_\_ Location: \_\_\_\_\_  
Reason for suspension/revocation: \_\_\_\_\_

3. Was your Motor Vehicle Registration suspended?  Yes  No Revoked?  Yes  No

Date/s: \_\_\_\_\_ Location: \_\_\_\_\_  
Reason for suspension/revocation: \_\_\_\_\_

4. If answer to previous questions was "Yes", was such Registration or Driver's License ever restored?  Yes  No Date/s: \_\_\_\_\_ Location: \_\_\_\_\_

5. Have you ever been detained, arrested or charged, with Driving While Intoxicated (DWI) or Driving While Under the Influence (DUI)?  Yes  No If yes, explain in detail supplying, date, location, arresting agency, disposition, etc.: \_\_\_\_\_

6. Have you ever applied for a driver's license in this state or any other state under your present name or any different name?  Yes  No If yes, provide full name, address, agency or state, date if issued. \_\_\_\_\_

7. To the best of your knowledge, how many points are currently on your driver's license? Please indicate: \_\_\_\_\_

### D. EMPLOYMENT

**1. Present Employer:**

Name/Company:		Phone No:	
Address:	No./Street	City/Town	State    Zip Code
Date Hired:	Supervisor:		
Duties:			

2. List below, chronologically, **THE MOST RECENT DATES FIRST**, each and every place you were previously employed (including part time). Give correct, full address. **GIVE DATES OF IDLENESS BETWEEN PERIODS OF EMPLOYMENT IN PROPER SEQUENCE:**

From (mo/yr): To (mo/yr):	Name/Address of Employer (include zip code):	Phone No: Occupation:
Immediate Supervisor:	Reason for Leaving:	
From (mo/yr): To (mo/yr):	Name/Address of Employer (include zip code):	Phone No: Occupation:
Immediate Supervisor:	Reason for Leaving:	
From (mo/yr): To (mo/yr):	Name/Address of Employer (include zip code):	Phone No: Occupation:
Immediate Supervisor:	Reason for Leaving:	

3. Were you ever terminated, laid off, fired or asked to resign from employment?

Yes    No   How many times? \_\_\_\_\_

## E. APPLICANT'S CRIMINAL HISTORY

1. Have you ever been (check all applicable boxes) by any police / law enforcement agency, college / university or campus police or security agency:  Yes  No to all.

- a. Arrested     b. Indicted     c. Convicted     d. Received a Criminal Summons   
 e. Received a Civil Citation

If checked, explain in detail below giving date, reason, agency and disposition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. On probation or parole of any type?  Yes  No If yes, explain in detail: \_\_\_\_\_  
 \_\_\_\_\_

3. Are you aware of any outstanding criminal / civil summons or warrants for your arrest?  
 Yes  No If yes, explain in detail: \_\_\_\_\_  
 \_\_\_\_\_

4. Have you ever assaulted anyone (i.e. fights, domestic violence etc.)?  Yes  No

## F. PUBLIC SAFETY EXPERIENCE

1. Do you have experience as an intern, volunteer, or cadet with this agency, or any other E.M.T./emergency medical service/public safety agency?  Yes  No If yes, provide agency, dates, and position: \_\_\_\_\_

2. Do you have experience as a member, paid or volunteer, or any other emergency medical service/public safety agency or rescue squad?  Yes  No If yes, provide agency, dates, and position: \_\_\_\_\_

3. Do you personally know any Willingboro Township E.M.T.'s?  Yes  No  
 If yes, list names below and length of time you have known them:  
 \_\_\_\_\_

4. Do you have skills or training in the following areas?

Training	No	Yes	Course Certification/Level
Emergency Driving/CEVO			
Incident Command System I-100			
National Incident Management System I-700; I-800			
Hazmat Awareness			

**G. PERSONAL REFERENCES**

(NOT TO BE SWORN MEMBERS OF THE WILLINGBORO TOWNSHIP EMS DEPARTMENT  
OR ANY OTHER PERSON LISTED IN THIS APPLICATION)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone No:(    ) \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Occupation \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone No:(    ) \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Occupation \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone No:(    ) \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Occupation \_\_\_\_\_

## H. CERTIFICATION

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that any misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Willingboro Township Fire & EMS Department to verify any and all information contained herein and to review my employment, education, and criminal history, disciplinary and other records and information from any source as noted in the duly executed Authorization and Release Form.

I have read this Certification and I understand and agree to the conditions imposed herein.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Signature – (Sign in Ink)

\_\_\_\_\_  
(Print Name)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to and subscribed before me this:

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
(Signature – Sign in Ink)

Notary Public, my Commission Expires:

\_\_\_\_\_

***DO NOT WRITE BELOW THIS LINE***

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**Signature of applicant when packet is turned in**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer receiving packet

Willingboro Township E.M.T Candidate Application page 8 of 8

Investigator's Initials: \_\_\_\_\_ Applicant's Initials: \_\_\_\_\_ WEMS Initials: \_\_\_\_\_ Rev 2/2026  
*These blocks will be initialed when the application is reviewed with the investigating officer.*