



Sea Bright Fire / Rescue

1099 Ocean Avenue
Sea Bright, NJ 07760

firedepartment@seabrightnj.org

Application for Seasonal Membership

Please Type or Print:

Last Name: _____ Suffix: _____

First Name: _____ M.I.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Carrier: _____

Drivers License Number / State: _____

Social Security Number: _____

Email Address: _____

Current Active Fire Department: _____

Chief / Point of Contact: _____ Phone: _____

Fire / Medical Service Training:

Course \ Completion Date

_____	\	_____
_____	\	_____
_____	\	_____
_____	\	_____

NJDFS ID#: _____ NJDOH EMT#: _____



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Annual Compliance Training:

Check all that apply

_____ Bloodborne Pathogens _____ Right to Know _____ HazComm _____ Face Fit

HAVE YOU EVER BEEN SUSPENDED OR REMOVED FROM A PRIOR EMERGENCY SERVICES ORGANIZATION? NO ___ YES (EXPLAIN) _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR OFFENSE?

NO _____ YES _____

IF YES PLEASE DESCRIBE BELOW:

DATE \ JURISDICTION \ CRIME, OFEENSE

_____\ _____\
_____\ _____\
_____\ _____\
_____\ _____\
_____\ _____\



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HAVE YOU EVER BEEN A DEFENDANT OR PLAINTIFF OF A DOMESTIC VIOLENCE INCIDENT? NO ___ YES ___

IF YES PLEASE DESCRIBE BELOW:

DATE \ JURISDICTION \ CRIME, OFFENSE

_____ \ _____ \ _____

_____ \ _____ \ _____

SIGNATURE OF APPLICANT: _____

DATE: _____



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CERTIFICATION

I certify that the statements made within 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. Furthermore, I authorize the Sea Bright Police Department to verify any and all information contained herein and to review my employment, education and criminal history, disciplinary records, and any other records and information from any source as noted in the duly executed Authority and Release form. I have read this Certification and I understand and agree to the conditions imposed herein.

DATE: _____

APPLICANTS NAME (PRINT): _____

APPLICANTS SIGNATURE: _____