



Lawrenceville Fire Company

64 Phillips Avenue, Lawrenceville, NJ 08648
(609) 896-0966 • Fax (609) 896-3433 • station23@comcast.net • www.lawrencevillefire.org

Applicant,

Thank you for your interest in volunteering with the Lawrenceville Fire Company. Although at times membership can be demanding, volunteering with the Fire Company will be equally as exciting and rewarding. Please review the information below before you apply.

Please follow these steps to apply:

1. Speak with a LFC member and visit www.lawrencevillefire.org to learn more about the Fire Company and the expectations of a successful member.
2. Read the information below about the application process and the minimum requirements of Fire Company membership.
3. Complete the attached application.
4. Distribute the enclosed reference forms to three references who you know well (non-family members). The forms must be returned directly to the Fire Company by the reference.
5. Provide a copy of your driver's license, and applicable certificates.
6. Return the application to the Fire Company in person or via USPS along with an application fee of thirty (30) dollars.

The application process is as follows:

1. Once your application is complete, you will be contacted for an interview.
2. Your interviewer(s) will make a recommendation to the Fire Company Membership Committee, who will ultimately accept or reject the application and report their decision at the next Company meeting.
3. If accepted by the Membership Committee, your application will be read at two (2) consecutive Company meetings. Upon medical clearance, the second reading will officially begin your probationary period.
4. Upon beginning your probationary period, you will be sent to Professional Healthcare Services in Lawrenceville for a physical and urine drug screening. Please bring the attached State physical form with you to the exam.
5. You will be required to complete a recognized Firefighter I curriculum (usually two evenings per week and one Saturday per month for approximately four months) within one year from your acceptance into the Company, if applicable.
6. You will serve a probationary period between six and twelve months. You will be evaluated and expected to reach a certain performance level, which will include your first promotion. If this level is not reached after twelve months, it will result in the re-evaluation of your membership.
7. Once you have met the requirements of full membership, you will be promoted to full Active Membership status.

When considering membership, it is important for the applicant to consider both the fireline and administrative aspects of our organization. While our emergency operations are at the heart of our mission, those operations could not exist without significant administrative support. There are ample opportunities for our members to take part in the business functions of our non-profit corporation, as well as to hold various leadership positions.

If you have any questions about the application process or about membership in general, please contact us. We would like to thank you once again for your interest in the Lawrenceville Fire Company and for taking the time to complete our application. We look forward to meeting you soon.

Yours in the fire service,
The Lawrenceville Fire Company

The Lawrenceville Fire Company is committed to providing a work environment that is free of harassment, including harassment because of a person's age, disability, ethnicity, sex, marital status, military service, national origin, race, color, religion, and sexual orientation. Our commitment is outlined in a separate policy titled "Lawrenceville Fire Company Standard Operating Guideline: Workplace Diversity, Harassment, and Discrimination."



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APPLICATION CHECKLIST

(FOR USE BY MEMBERSHIP COMMITTEE ONLY. PLEASE RETURN WITH APPLICATION)

APPLICANT NAME: _____
LAST FIRST MIDDLE

DOCUMENTS RECEIVED

- Application
- Reference #1 _____
- Reference #2 _____
- Reference #3 _____
- Copies of Certifications (if applicable)
- Copy of Driver's License

Application complete on ____/____/20__

INTERVIEW AND ACCEPTANCE

Date of Interview: _____ Interviewed by: _____

Membership Committee: **ACCEPT / REJECT** Action: _____

Physical and Drug Test Results: + / - _____

Probationary Membership Begins at Company Meeting on: ____/____/20__

PROGRESSION OF PROBATIONARY MEMBERSHIP

Anticipated Completion of General Orientation: ____/____/20__

Anticipated Completion of SOP/Constitution Review: ____/____/20__

Anticipated Completion of Truck/Equipment Orientation: ____/____/20__

Anticipated Enrollment in Firefighter I curriculum: ____/____/20__

Anticipated Active Member (6 mo./12 mo. Expiration): ____/____/20__

Active Status Granted: ____/____/20__

EMPLOYMENT HISTORY

EMPLOYER #1 (MOST RECENT):	DATES:	SUPERVISOR:
ADDRESS:	PHONE: (FOR CONTACT IF NEEDED)	
POSITION:	REASON FOR LEAVING:	
EMPLOYER #2:	DATES:	SUPERVISOR:
ADDRESS:	PHONE: (FOR CONTACT IF NEEDED)	
POSITION:	REASON FOR LEAVING:	
EMPLOYER #3:	DATES:	SUPERVISOR:
ADDRESS:	PHONE: (FOR CONTACT IF NEEDED)	
POSITION:	REASON FOR LEAVING:	
NOTE: THE LAWRENCEVILLE FIRE COMPANY MAY CONTACT ANY OF THE ABOVE SUPERVISORS FOR REFERENCES. IF YOU DO NOT WISH FOR ANY OF THESE TO BE CONTACTED, PLEASE DO NOT LIST A PHONE NUMBER FOR THOSE SUPERVISORS.		

MILITARY SERVICE

BRANCH:	DATES:	RANK:
TYPE OF DISCHARGE:	SERVICE NUMBER:	
JOB DESCRIPTION AND TRAINING:		

PERSONAL REFERENCES*

NAME	ADDRESS	OCCUPATION/RELATION

*A REFERENCE FORM SHOULD BE GIVEN TO EACH INDIVIDUAL LISTED. THESE PEOPLE CANNOT BE RELATED TO YOU, BUT SHOULD BE ABLE TO COMMENT ON YOUR EDUCATION, WORK EXPERIENCE, COMMUNITY INVOLVEMENT, AND/OR CHARACTER.

GENERAL INFORMATION

HAVE YOU EVER BEEN ARRESTED, PLACED ON PROBATION, OR IMPRISONED FOR ANY CRIMINAL OFFENSE? IF YES, EXPLAIN:	YES	NO	
HAVE YOU EVER BEEN ASKED TO RESIGN FROM ANY POSITION? IF YES, EXPLAIN:	YES	NO	
HAVE YOU EVER BEEN A MEMBER OF ANY EMERGENCY SERVICES AGENCY? IF YES, PLEASE LIST BELOW.	YES	NO	
NAME	PHONE	DATES	CHIEF/SUPERVISOR

PERSONAL STATEMENTS

WHAT PROMPTED YOU TO CONSIDER JOINING THE LAWRENCEVILLE FIRE COMPANY? _____

WHAT DO **YOU** EXPECT TO GAIN IF YOU ARE GRANTED MEMBERSHIP? _____

HOW WILL THE **FIRE COMPANY** BENEFIT FROM HAVING YOU AS A MEMBER? _____

WHAT (IF ANY) CONCERNS YOU ABOUT BECOMING A MEMBER OF THE FIRE COMPANY? _____

ADDITIONAL INFORMATION

PLEASE FEEL FREE TO PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL IN DETERMINING THE ACCEPTABILITY OF YOUR APPLICATION

FURTHER ANSWERS

PLEASE USE THIS SPACE TO ANSWER ANY QUESTIONS IN PREVIOUS SECTIONS OF THE APPLICATIONS OR TO CONTINUE WITH PARTIAL RESPONSES: _____

SIGNATURE AND RELEASE

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge from the Lawrenceville Fire Company, Inc.

By signing below, I hereby authorize the Lawrenceville Fire Company and its Membership Committee to conduct any background investigation or motor vehicle driving record investigation necessary to verify the above information. I understand that any offer of membership is contingent upon successfully passing a medical and respiratory examination and urine drug screen administered by an approved medical testing agency, and by signing below I give my consent for that examination.

I further agree that, if granted membership, I will uphold the rules, regulations, constitution and by-laws of the Lawrenceville Fire Company, Inc.

SIGNATURE OF APPLICANT, DATE: _____

PRINT NAME: _____

I am the parent/legal guardian of the applicant. My signature below signifies my consent to the above on behalf of the applicant. I take full responsibility for the applicant's actions on the Fire Company until s/he reaches his/her eighteenth birthday. I bear full responsibility for any and all Fire Company uniforms and/or equipment that may be issued to the applicant upon granting membership.

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF UNDER 18), DATE: _____

PRINT NAME: _____

PLEASE RATE THE APPLICANT ON THE FOLLOWING SCALE (1 BEING LOWEST) OR INDICATE NO OPINION				
Trustworthiness	Uncomfortable leaving valuables around him/her	low.....avg.....high 1 2 3 4 5 6 7	Entrusted with keys to residence, use of vehicle	No opinion
Reliability	Always late; unable to finish tasks, keep appointments	low.....avg.....high 1 2 3 4 5 6 7	Finishes tasks; keeps appointments without fail	No opinion
Interpersonal Skills	Uncomfortable around all but a few friends; very shy	low.....avg.....high 1 2 3 4 5 6 7	At ease with most people, can communicate easily	No opinion
Ability to maintain confidential information	Constantly spreading rumors; always gossiping	low.....avg.....high 1 2 3 4 5 6 7	Does not gossip; Can be trusted with personal information	No opinion
Ability to remain calm in stressful situations	Gets excited easily; is outwardly emotional	low.....avg.....high 1 2 3 4 5 6 7	Thrives under stress; able to act calmly when others panic	No opinion
Ability to receive constructive feedback	Has never been wrong; Gets agitated and hostile	low.....avg.....high 1 2 3 4 5 6 7	Continually seeks to improve; invites suggestions	No opinion

List two of the applicant's strengths: _____

Provide an example of the applicant acting as a leader: _____

List any other comments that you feel are pertinent (special skills, talents, or concerns)

REFERENCE SIGNATURE: _____

DATE

THANK YOU FOR TAKING THE TIME TO HELP US EVALUATE THIS APPLICANT.
 YOUR CANDOR IS VERY MUCH APPRECIATED.

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