

Englishtown-Manalapan First Aid Squad, Inc.

P.O. Box 294, 11 Sanford Ave. Englishtown, N.J. 07726-0294



APPLICATION FOR MEMBERSHIP -- PLEASE USE OWN HANDWRITING DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL. #: \_\_\_\_\_

HOW LONG AT THIS ADDRESS: \_\_\_\_\_ HOW LONG IN STATE: \_\_\_\_\_

PRIOR RESIDENCE: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ARE YOU NOW EMPLOYED: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ARE YOU RELATED TO ANYONE ON A FIRST AID SQUAD: \_\_\_\_\_

HAVE YOU BEEN ACCEPTED PREVIOUSLY BY A FIRST AID SQUAD? (SQUAD NAME, DATES OF SERVICE, AND REASON FOR LEAVING) \_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED/TERMINATED FROM ANOTHER SQUAD? \_\_\_\_\_

WHY? \_\_\_\_\_

DATE: \_\_\_\_\_

HAVE YOU EVER PLED GUILTY TO, OR BEEN CONVICTED OF VIOLATIONS OF ANY LAW OR ORDINANCE IN ANY STATE? (INCLUDE TRAFFIC VIOLATIONS,): \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR VIOLATIONS OF ANY LAW OR ORDINANCE IN ANY STATE?: \_\_\_\_\_

DETAILS: \_\_\_\_\_

HAVE YOU EVER BEEN BONDED: \_\_\_\_\_ WERE YOU EVER REFUSED A BOND \_\_\_\_\_

DO YOU HAVE A VALID N.J. LICENSE: AUTO YES \_\_\_ NO \_\_\_ HOW LONG: \_\_\_\_\_ YRS.

CDL YES \_\_\_ NO \_\_\_ HOW LONG: \_\_\_\_\_ YRS.

ANY ACCIDENTS IN THE LAST THREE (3) YEARS: \_\_\_\_\_

TOTAL POINTS AGAINST LICENSE: \_\_\_\_\_ HAVE YOU EVER HAD LICENSE SUSPENDED: \_\_\_\_\_

DRIVERS LICENSE NO.: \_\_\_\_\_

EDUCATION

NAME & LOCATION \_\_\_\_\_ YRS. ATTENDED \_\_\_\_\_ YR. GR2  
GRAMMAR  
SCHOOL

HIGH  
SCHOOL

COLLEGE  
UNIVERSITY  
BUSINESS

MAJOR COURSES STUDIED: \_\_\_\_\_

FURTHER EDUCATION OR TRAINING DESIRED: \_\_\_\_\_

NOW STUDYING: \_\_\_\_\_ WHERE: \_\_\_\_\_

HAVE YOU ANY SPECIAL QUALIFICATIONS OR TECHNICAL TRAINING: \_\_\_\_\_

PRESENT OR LAST EMPLOYER: \_\_\_\_\_

DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

NEXT PREVIOUS EMPLOYER: \_\_\_\_\_

DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

HAVE YOU EVER HAD PARA MEDICAL TRAINING: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

EXPIRES: \_\_\_\_\_

WHEN ARE YOU AVAILABLE TO RIDE AS A PROBATIONARY MEMBER (SPECIFY DAY OR  
NIGHT CREW): \_\_\_\_\_

NAME OTHER ORGANIZATIONS TO WHICH YOU BELONG (IF ANY): \_\_\_\_\_

HAVE YOU EVER HAD FIRST AID TRAINING: \_\_\_\_\_ IF YES, WHAT KIND: \_\_\_\_\_

MEDICAL HISTORY OF: \_\_\_\_\_  
YOUR DOCTOR WILL FILL THIS FORM OUT  
\* CONFIDENTIAL REPORT \*

EPILEPSY/SEIZURES: \_\_\_\_\_ DIABETES: \_\_\_\_\_

HEART: \_\_\_\_\_ RUPTURE\HERNIA: \_\_\_\_\_

TUBERCULOSIS: \_\_\_\_\_ FAINTING: \_\_\_\_\_

KIDNEY: \_\_\_\_\_ RHEUMATISM: \_\_\_\_\_

BACK PROBLEMS: \_\_\_\_\_ OTHERS: \_\_\_\_\_

HABITS: ALCOHOL \_\_\_\_\_ DRUGS \_\_\_\_\_ CIGARETTES \_\_\_\_\_ OTHERS \_\_\_\_\_

HERNIA: \_\_\_\_\_ ABDOMEN: \_\_\_\_\_

COLOR VISION: \_\_\_\_\_ HEARING: \_\_\_\_\_

RESPIRATORY: \_\_\_\_\_ COMMUNICABLE: \_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_\_ EXTREMITIES: \_\_\_\_\_

VISION: \_\_\_\_\_ (MIN 20/40 WITH CORRECTIVE LENSES AS PER DR

HIV: \_\_\_\_\_ HEPATITIS: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

LABORATORY: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

DUE TO THE NATURE OF SQUAD DUTIES THE ABOVE NAMED, IS ABLE TO PERFORM THE FOLLOWING IN MY OPINION.

\_\_\_\_\_ LIFT AND CARRY AT LEAST 100 LBS.

\_\_\_\_\_ IN GOOD HEALTH IN MY PROFESSIONAL OPINION.

SIGNED: \_\_\_\_\_  
PHYSICIAN'S SIGNATURE &

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PERSONAL AND PHYSICAL DATA

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ PHYSICAL DEFECTS, IF ANY: \_\_\_\_\_

MILITARY SERVICE, IF ANY: \_\_\_\_\_ ENTERED: \_\_\_\_\_ RELEASED: \_\_\_\_\_

BRANCH: \_\_\_\_\_ RANK WHEN RELEASED: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

NAMES AND AGES OF CHILDREN: \_\_\_\_\_

HOBBIES AND SPECIAL INTERESTS: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

TO BE FILLED IN BY SECRETARY:

FIRST RECEIVED: \_\_\_\_\_

DATE ACTED ON: \_\_\_\_\_

DATE APPROVED BY INVESTIGATION COMMITTEE: \_\_\_\_\_

DATE OF PROBATION: \_\_\_\_\_

DATE OF SENIOR MEMBER: \_\_\_\_\_

DATE RETIRED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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**DECLINATION STATEMENT FOR HEPATITIS-B IMMUNIZATION**

I understand that due to occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign name

\_\_\_\_\_  
Date

## Background Check Information

(732) 446-4300

Go to Manalapan Police Headquarters

It is located on the corner of Taylors Mill Road and 522.

Officer Alan Hahn, is the only one who does background checks.

He is only there on Tuesdays and Thursdays from 5pm-10pm.

Call first to make an appointment.

Tell him that you are looking to join the Englishtown-Manalapan First Aid Squad and need a background check done.

It should only take a few minutes.