



CITY OF LONG BRANCH
Fire Department Application



Active Honorary Fire Police

Name: _____

Address: _____

Birth Date: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Drivers License #: _____ Social Security#: _____

Home Phone: _____ Cell#: _____ E-mail: _____

Employer: _____ Occupation: _____

Have you ever been convicted of a crime as defined in N.J.S.A. Title 2C:1-4, or a felony or misdemeanor under Federal Law?: (If yes, explain) _____

Have you ever been convicted for a violation of N.J.S.A.2C:33-3 (False Public Alarms)? _____

Have you ever been convicted of a disorderly persons offense, petty disorderly persons offense or ordinance?: (If yes, explain) _____

Please choose a Fire Company:

Atlantic Independent Oliver Byron Branchport Neptune

Phil Daly Elberon Oceanic West End

Signature: _____ Date: _____

PLEASE CONTACT THE LONG BRANCH POLICE RECORDS BUREAU FOR AN APPOINTMENT FOR FINGERPRINTING 732-571-5670 – MUST BRING GOVERNMENT I.D.

For official use only

Approve Company Officer: _____ Date: _____

Denied Fire Chief: _____ Date: _____

Director of Public Safety: _____ Date: _____

Municipal Clerk: _____ Date: _____

Approved by the City Council at their regular meeting held on: _____