



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)? Yes No

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

Are you a citizen of the United States? Yes No

Please choose a Fire Company:

Atlantic  Independent  Oliver Byron  Branchport  Neptune   
Phil Daly  Elberor  Oceanic  West End

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE EMAIL SGT. TRACEY WIDDIS OF THE LONG BRANCH POLICE DEPARTMENT TO  
SCHEDULE AN APPOINTMENT FOR FINGERPRINTING (twiddis@longbranch.org)  
MUST BRING GOVERNMENT I.D.**

Approve  Company Officer: \_\_\_\_\_ For official use only Date: \_\_\_\_\_

Denied  Fire Chief : \_\_\_\_\_ Date: \_\_\_\_\_

Director of Public Safety: \_\_\_\_\_ Date: \_\_\_\_\_

Municipal Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

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



# City of Long Branch

## Records Release Authorization Form



To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I, \_\_\_\_\_, am making application for appointment to the City of Long Branch Fire Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Long Branch Police Department or its representatives any and all information, documents or other records pertaining to me that they may request.

I do hereby release, discharge and exonerate the Long Branch Police Department, its agents and representatives, any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Long Branch Police Department.

A photo static copy of this authorization will be considered as effective and valid as the original.

APPLICANT NAME: \_\_\_\_\_

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

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

Signed and Sealed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
[Notary Public]



# City of Long Branch

## Criminal History Release Authorization



I, \_\_\_\_\_, hereby authorize that my fingerprints and name be checked by your department and the New Jersey State Police. I further authorize that a copy of my fingerprint record, if any, be forwarded to the Long Branch Police Department.

I hereby release and forgo any and all rights, remedies and or causes of action which I may have against the New Jersey State Police, the New Jersey Department of Law and Public Safety, their respective agents, officers and representatives, the City of Long Branch, the Long Branch Police Department and their respective agents, officers and representatives which may result from the searches and checks performed by any of these law enforcement agencies.

APPLICANT NAME: **FIRST** \_\_\_\_\_ **MI** \_\_\_\_\_ **LAST** \_\_\_\_\_

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

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_

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

Signed and Sealed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
[Notary Public]