



Vineland

FIRE DEPARTMENT

Richard G. Franchetta
Director of Fire

Luigi Tramontana Jr.
Chief of Department

Dear Applicant,

Thank you for your interest in becoming a member of the Vineland Fire Department. We are committed to recruiting talented and motivated individuals, who possess a high level of integrity to serve our community.

The Vineland Fire Department's core mission is to serve the community by protecting life, property, and the environment through prevention and response. The Department protects approximately 69 square miles including residential, commercial, high rise, and industrial areas.

Our goal is to maintain Vineland's heritage of excellence by recruiting candidates that reflect the rich makeup of our diverse population. We appreciate your interest and have provided information which will guide you through the steps required to become a member of our elite firefighter team. It is important to fill out each portion of the application completely and truthfully. The application, to be complete, must be signed in the presence of a Notary Public of New Jersey. The completed application will be thoroughly scrutinized in an effort to provide our City with individuals of integrity who will serve the public with the highest fidelity and undivided loyalty while maintaining the excellent reputation of the Vineland Fire Department.

We look forward to hearing from you.

All the best,

A handwritten signature in black ink, appearing to read "R. G. Franchetta".

Richard G. Franchetta
Director of Fire





CITY OF VINELAND FIRE DEPARTMENT VOLUNTEER FIREFIGHTER RECRUIT APPLICATION

IMPORTANT: Please read the following instructions before completing this application.

1. The information on this form is being collected to process your application to be a volunteer firefighter.
2. All questions must be answered truthfully and to the best of your ability. Copies of the applicant's Driver's License, Birth Certificate, and Social Security card **must** accompany this application. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
3. Please print when completing this application form.
4. Submit the completed application to ONE of the following:

FIRE HEADQUARTERS
Vineland Fire Department
110 N. Fourth Street
Vineland, NJ 08360
M-F 8am – 6pm

FIRE PREVENTION BUREAU
Vineland City Hall, 2nd Floor
640 E. Wood Street
PO Box 1508
Vineland, NJ 08360
M-F 8am – 430pm

FIRE STATION RECRUITER

Recruiter

Station #

PERSONAL INFORMATION	
Last Name	First Name
Address	City/State/Zip
Date of Birth	Social Security Number
Daytime Phone	Evening Phone
Cell Phone	E-Mail Address
Driver's License #	Check all that apply: Recruit <input type="checkbox"/> FF1 <input type="checkbox"/> FF2 <input type="checkbox"/> EMT <input type="checkbox"/> First Responder <input type="checkbox"/>

Were you ever a member of the City of Vineland Fire Department? Yes No If Yes, when _____

How were you referred to the City of Vineland Fire Department?

Recruiter / Open House Friend Relative Website
 Advertisement Other _____

EDUCATION			
	HIGH SCHOOL	COLLEGE	PROFESSIONAL
SCHOOL NAME			
YEARS COMPLETED Circle highest completed	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE			

Please list any specialized training and/or skills: _____

EMPLOYMENT EXPERIENCE		
Employer	Dates of Employment From To	Work Performed
Address		
Job Title		
Supervisor		
Employer	Dates of Employment From To	Work Performed
Address		
Job Title		
Supervisor		
Employer	Dates of Employment From To	Work Performed
Address		
Job Title		
Supervisor		

CERTIFICATION

I hereby certify the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment (including volunteer status), I understand that false or misleading information given in the application process may result in discharge.

NOTARY PUBLIC:

Signature of Applicant

Date



CITY OF VINELAND FIRE DEPARTMENT VOLUNTEER FIREFIGHTER RELEASE AUTHORIZATION FORM

You are being offered a position as a volunteer firefighter with the City of Vineland Fire Department. Please complete the following portion of the application and return to your recruiter.

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY AND EMPLOYMENT RECORDS

I, _____, as a candidate for the position of firefighter with the City of Vineland Fire Department, hereby authorize any individual within this institution with whom I have been associated, to furnish the City of Vineland Fire Department with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from all liability for damages incurred in furnishing such information. A photocopy of this release bearing my signature shall be considered as valid as the original. This form also authorizes this institution to obtain a five year driver history abstract through the Division of Motor Vehicles. I hereby give permission to the City of Vineland Fire Department and their authorized agents to obtain my driving record on an annual basis from this date forward as long as I am a member of the department.

Print Name

Date

Signature

Date of Birth

Street Address

Social Security #

City, State & Zip Code

Drivers' License # and State

NOTARY PUBLIC:



City of Vineland Fire Department Emergency Responder Data Sheet

Date Completed _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Driver's License # _____

Cell phone # _____ Carrier (ie. Verizon, etc..) _____

Emergency Contact #1

Name _____ Relationship _____

Address _____ City _____

Primary Phone # _____ Secondary Phone # _____

Emergency Contact #2

Name _____ Relationship _____

Address _____ City _____

Primary Phone # _____ Secondary Phone # _____



City of Vineland Fire Department Employee Hepatitis B Vaccination Status Form

Print Name: _____

SS # : _____

Department: Fire Department

Application Date: _____

I understand that due to my occupational exposure to blood or potentially infectious materials I may be at a higher risk of acquiring the Hepatitis B virus infections. The City of Vineland requires either proof of vaccination or a declination to be signed by the applicant. Therefore, as a preventative caution, I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself.

VACCINATION PREVIOUSLY RECEIVED: Yes No

Records Attached: Yes No

VACCINATION SERIES DECLINED:

However being offered the vaccination at no charge to myself, I hereby decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to run the risk of acquiring Hepatitis B, a serious disease. If I, in the future, continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated, I can receive the hepatitis B vaccine series at no charge to me.

Employee Signature: _____

Date: _____

