

**LIBERTY HOSE CO. #1  
Garwood Fire Department**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_ CELL# \_\_\_\_\_

AGE \_\_\_\_\_ EDUCATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

FAMILY \_\_\_\_\_

YEARS AT CURRENT ADDRESS \_\_\_\_\_ OWN \_\_\_\_\_ RENT \_\_\_\_\_

VALID NEW JERSEY DRIVERS LICENSE Y/N \_\_\_\_\_ CDL Y/N \_\_\_\_\_

OTHER INTERESTS OR HOBBIES \_\_\_\_\_

RECOMMENDED BY A FIREFIGHTER? \_\_\_\_\_

PREVIOUS SERVICE AFFILIATION? \_\_\_\_\_

REASONS FOR WANTING TO JOIN THE G.F.D. \_\_\_\_\_

**APPLICATION REQUIREMENTS**

All applicants wishing to become members of the Garwood Fire Department must first pass a physical examination and background check/fingerprint check.

The physical shall consist of a general check-up and chest x-ray.

The background/finger print check will be conducted by the New Jersey State Police with the assistance of the Garwood Police Department. All Information obtained will be held in strict confidence.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date