

# BOGOTA FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INITIAL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

IF LESS THAN TWO (2) YEARS AT CURRENT ADDRESS LIST PRIOR ADDRESS BELOW:

STREET ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

S.S.N. \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

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

EMPLOYER TELEPHONE: \_\_\_\_\_ NORMAL WORK HOURS \_\_\_\_\_

LIST ANY PREVIOUS FIREFIGHTING EXPERIENCE:

F.D. NAME: \_\_\_\_\_ F.D. PHONE # \_\_\_\_\_

ATTACH COPIES OF ANY FIREMATIC TRAINING CERTIFICATES

PROVIDE NAME, ADDRESS AND TELEPHONE OF TWO (2) PERSONAL REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

1- \_\_\_\_\_

2- \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

FIRE COMPANY PREFERENCE (CIRCLE ONE) E-1 H-2 E-3 L-1

ARE YOU AVAILABLE TO RESPOND DURING THE DAY TIME? YES NO

NAME OF SPONSOR AND COMPANY: \_\_\_\_\_

I, \_\_\_\_\_ DO HEREBY APPLY FOR MEMBERSHIP TO THE BOGOTA FIRE DEPARTMENT. I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I FURTHER AGREE TO ALLOW THE BOGOTA POLICE DEPARTMENT TO CONDUCT AN INVESTIGATION, FOR PURPOSES OF A CRIMINAL BACKGROUND CHECK, IN ACCORDANCE WITH N.J.A.C. 13:59-1.1. I FURTHER AGREE TO ATTEND ALL REQUIRED SCHOOLS AND TRAINING FOR PROBATIONARY FIREFIGHTERS. I UNDERSTAND THAT I MAY BE SUBJECT TO DISMISSAL FOR BREACH OF ANY OF ITS RULES AND REGULATIONS, AND I AGREE TO RETURN ALL DEPARTMENT ISSUED EQUIPMENT UPON LEAVING THE DEPARTMENT. I HEREBY CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE AND THAT ALL STATEMENTS MADE HEREIN ARE TRUE. I UNDERSTAND THAT ANY FALSE INFORMATION OR STATEMENTS MAY RESULT IN MY DISMISSAL OR DISQUALIFICATION FOR MEMBERSHIP IN THE BOGOTA FIRE DEPARTMENT. I ALSO AGREE THAT I WILL ABIDE BY RULES AND REGULATIONS OF THE BOGOTA FIRE DEPARTMENT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/DATE

\_\_\_\_\_  
SIGNATURE AND SEAL OF NOTARY \*

\*APPLICATION MUST BE NOTORIZED BY NOTARY PUBLIC PRIOR TO SUBMISSION.

\_\_\_\_\_ DO NOT WRITE BELOW THIS LINE \_\_\_\_\_

COMPANY ASSIGNED:    E-1        H-2        E-3        L-1        DATE OF PHYSICAL: \_\_\_\_\_

COMPANY PRESIDENT SIGNATURE & DATE: \_\_\_\_\_

COMPANY CAPTAIN SIGNATURE & DATE: \_\_\_\_\_

FIRE CHIEF SIGNATURE & DATE: \_\_\_\_\_

FIRE COMM. OR BOROUGH CLERK SIGNATURE & DATE: \_\_\_\_\_

BACKGROUND CHECK COMPLETED BY P.D.: \_\_\_\_\_

NOTES: \_\_\_\_\_



Daniel Maye  
Chief of Police

DEPARTMENT OF POLICE  
BOROUGH OF BOGOTA  
375 Larch Avenue · Bogota, New Jersey 07603  
201-487-2400 · (Fax) 201-487-3426  
[www.bogotapolice.org](http://www.bogotapolice.org)



Robert Pitterski  
Captain

REQUEST FOR POLICE BACKGROUND CHECK  
Borough Public Safety Volunteers

Please be advised that the following individual applied and has been conditionally approved for membership with the (circle one) **Bogota Fire Department, Bogota Volunteer Auxiliary Police, or Bogota Rescue Squad** as per our bylaws. I, the Chief of my respective Department, am requesting that the Bogota Police Department conduct a background check to determine his/her eligibility for membership as per applicable Federal, State and Local ordinance or other applicable law.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

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

TELEPHONE: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CHIEF OFFICER OF DEPARTMENT

\_\_\_\_\_  
DATE

**APPLICANT INSTRUCTIONS:** The applicant must contact the Police Department to set up appointment to have fingerprints taken and provide a form of photo identification when fingerprints are taken.

This document constitutes a Consent, Release / Agreement of Indemnification and permission to conduct a background check entered on the date provided below and signed by the applicant. As an applicant for the position of \_\_\_\_\_ for the Borough of Bogota, I hereby authorize the Bogota Police Department to conduct a criminal history background investigation. I understand that I must fully cooperate with the Bogota Police Department and that any false statement, misrepresentation, any attempt to withhold information, or being uncooperative in any way will be immediate grounds for disqualification form consideration.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

POLICE USE ONLY: Based on background check completed by the Police Department this applicant is RECOMMENDED OR NOT RECOMMENDED

1. Criminal Disqualification
2. Residency Requirement
3. Other

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