

APPLICATION FOR MEMBERSHIP

**SPOTSWOOD FIRE DEPARTMENT
SPOTSWOOD, NJ 08884**

LAST NAME FIRST MIDDLE RESIDENT ADDRESS: NUMBER, STREET, CITY, STATE

DATE OF BIRTH AGE PLACE OF BIRTH CITY, STATE, OR COUNTY CITIZEN SOCIAL SECURITY NUMBER
MONTH DAY YEAR

SEX HEIGHT WEIGHT HAIR EYES COMPLEXION DISTINGUISHING PHYSICAL CHARACTERISTICS

OCCUPATION NAME & ADDRESS OF EMPLOYER OR PLACE OF BUSINESS EMPLOYERS TELEPHONE

HOME TELEPHONE MARITAL STATUS DRIVERS LICENSE NUMBER

HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED? IF SO, FOR WHAT REASON

DO YOU HAVE ANY PHYSICAL DEFECTS? IF SO, EXPLAIN FULLY

WHAT SHIFT DO YOU WORK? ARE YOU NOW OR HAVE YOU EVER BEEN ASSOCIATED WITH A SUBVERSIVE GROUP?

HAVE YOU EVER BEEN ARRESTED? IF SO EXPLAIN FULLY

HAVE YOU EVER BEEN CONFINED, COMMITTED OR TREATED FOR ANY MENTAL OR PHYSICAL CONDITION? EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR DISORDERLY PERSONS VIOLATION?

IF I AM ACCEPTED, I AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE SPOTSWOOD FIRE DEPARTMENT, AND TO LIVE UP TO ITS MORAL OBLIGATIONS.

DATE OF APPLICATION SIGNATURE OF APPLICANT

INVESTIGATING COMMITTEE REMARKS

POLICE DEPARTMENT COMMENTS - DATE

PRINTS TAKEN YES NO

PRESIDENTS SIGNATURE

 ACCEPTED REJECTED DATE _____

REASON FOR REJECTION

SIGNATURE, CHIEF OF POLICE

SPOTSWOOD VOLUNTEER FIRE DEPARTMENT
BOROUGH OF SPOTSWOOD, NEW JERSEY
APPLICATION FOR MEMBERSHIP
PART I

NAME _____
 First Middle Last

ADDRESS _____ How Long?: ____ / ____
 Street & Town Yrs. / Mos.

PREVIOUS ADDRESS: _____ How Long?: ____ / ____

TELEPHONE: (____) _____ S.S NUMBER: _____ AGE: _____

DATE OF BIRTH ____ / ____ / ____ PLACE OF BIRTH: _____

HEIGHT: ____ ft. ____ in. WEIGHT: ____ lbs.

MARITAL STATUS: ____ Single ____ Married ____ Divorced ____ Separated

NUMBER OF DEPENDENTS: _____ OCCUPATION: _____

WORK SCHEDULE: ____ Days ____ Evenings ____ Midnights ____ Different Shifts

CURRENT EMPLOYER:

Name Address Phone No. How Long?

PREVIOUS EMPLOYER:

Name Address Phone No. How Long?

Highest Educational Level: ____ Some High School ____ High School Graduate (or GED)
 ____ Some College ____ College Graduate

LIST ANY DEGREES/SPECIAL COURSES: _____

Are you now, or have you ever been a member of another fire department? YES or NO

If YES, Please List Department and Time of Service: _____

LIST ALL FIRE RELATED COURSES AND CERTIFICATES, AND DATES:

DO YOU NOW OR HAVE YOU EVER USED ILLEGAL DRUGS OR NARCOTICS?:

YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OR CONFINED TO A CORRECTIONAL FACILITY OR MENTAL INSTITUTION IN THE PAST 10 YEARS?

YES ___ NO ___ IF YES, EXPLAIN: _____

ARE YOU CHARGED WITH AN UNRESOLVED CRIMINAL CHARGE? (HAVE YOU BEEN CHARGED WITH A CRIME THAT HAS NOT YET RESULTED IN A PLEA OF GUILTY, COURT TRIAL OR DROPPING OF THE CHARGE?)

YES ___ NO ___ IF YES EXPLAIN: _____

DURING THE PAST SEVEN (7) YEARS, HAVE YOU EVER BEEN DENIED A DRIVER'S LICENCE OR CONVICTED OF A MOVING VEHICLE VIOLATION, INCLUDING BUT NOT LIMITED TO DRIVING UNDER THE INFLUENCE (DUI/DWI) OR RECKLESS DRIVING?

YES ___ NO ___ IF YES EXPLAIN: _____

DRIVER'S LICENCE NUMBER _____ STATE ISSUED: _____

TO WHAT OTHER ORGANIZATIONS DO YOU BELONG?: _____

ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF BEING A VOLUNTEER FIREFIGHTER? (60% of Fire Calls, 50% of Meetings, 50% of Drills)

YES ___ NO ___ IF NO EXPLAIN: _____

LIST THREE (3) REFERENCES (NOT RELATIVES) WHOM YOU HAVE KNOWN FOR AT LEAST FIVE (5) YEARS:

NAME:

ADDRESS:

PHONE NO.

1. _____

2. _____

3. _____

WHY DO YOU WANT TO BELONG TO THE SPOTSWOOD VOLUNTEER FIRE DEPARTMENT?

CERTIFICATION BY APPLICANT:

I hereby make application for membership to the Spotswood Volunteer Fire Department in the Borough of Spotswood, New Jersey. I agree to abide by all rules and bylaws of the Spotswood Volunteer Fire Department, the laws and Constitution of the State of New Jersey, and the United States of America. I certify that the information and answers given by me on this application are true and complete. By signing below, I authorize the Spotswood Volunteer Fire Department and the Spotswood Police Department to check its accuracy and investigate my background. I fully understand that any false information on this application gives the Department the right to disqualify me as an applicant or will result in my immediate dismissal from the Department. I further understand that if confirmation by the Spotswood Borough Council occurs after my 41st birthday, I shall be denied membership to the New Jersey State Firemen's Association as per Article IV Section 2(f) of the Constitution and bylaws of the N.J.S.F.A. I hereby release, indemnify, and hold the Spotswood Volunteer Fire Department harmless from and against any and all liability of whatever nature, kind or description which may result directly or indirectly from making a background investigation.

I understand that this application is to be accompanied by a \$10.00 initiation fee (payable to the Spotswood Volunteer Fire Department), which is to be returned if I am not approved to serve as a member of the Spotswood Volunteer Fire Department. I also understand that I must obtain a physical examination, at my expense, as outlined on the prescribed department examination and comply with height and weight standards of the New Jersey State Firemen's Association.

Signature: _____

Date: _____

STATE OF NEW JERSEY COUNTY OF MIDDLESEX:

_____ being duly sworn doth depose and says that the above statements are true to the best of his/her knowledge and belief sworn to before me this _____ day of _____ 20____.

Signature of Notary Public

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)
6 City, state, and ZIP code
7 List account number(s) here (optional)
Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>																				
or																				
Employer identification number																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>																				

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
------------------	----------------------------------	--------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.