



James Cavezza  
Bureau Chief

## East Hanover Fire Department

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John G. Centanni  
Fire Director



Paul A. Larena  
Fire Chief

### APPLICATION FOR FIREFIGHTER/EMT- BUREAU OF FIRE/RESCUE

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### PERSONNEL INFORMATION

“Personal Information” means information that identifies an individual, including an individual’s photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver’s status.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Years Residing at Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

NJ Driver’s License Number: \_\_\_\_\_

#### EDUCATION

(List all vocational, technical, college, and universities you have attended and supporting documents)

**HIGH SCHOOL:** \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes  No  GED or Equivalent Certification? Yes  No

**COLLEGE:** \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Did you graduate? Yes  No

Degree: \_\_\_\_\_

**TECHNICAL/TRADE SCHOOL/OTHER:** \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Major: \_\_\_\_\_

Did you graduate? Yes  No  Degree: \_\_\_\_\_

**FOREIGN LANGUAGE ABILITIES:** If there are any foreign languages, including sign languages, in which you are proficient enough to communicate on a job and are willing to use (now and in the future), please list them here: \_\_\_\_\_

## EMPLOYMENT

### Current Employment

Are you Currently Employed: Yes  No  Occupation: \_\_\_\_\_

Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Work Hours/Schedule: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

May we contact your supervisor for a reference? Yes  No

### Previous Employment

From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**Military Service:** Yes  No

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If dishonorable, explain: \_\_\_\_\_

## GENERAL INFORMATION

Please add any additional information that will help place you where you are best qualified. Include such items as honors, hobbies, publications, volunteer work, public speaking, and writing experience, and membership in professional or scientific societies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever a member of the East Hanover Fire Department? Yes  No

If yes, from: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Prior Service to a Fire Department/First Aid/First Responder? Yes  No

If yes, what department? \_\_\_\_\_ If yes, from: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Questions relating to firefighting/emergency medical service:

Perform strenuous physical activities such as lifting heavy firefighting equipment, climbing standard and aerial ladders, lifting, and carrying people and equipment for rescue and salvage: Yes  No

Work under conditions of heavy physical exertion in extreme heat/smoke-filled spaces: Yes  No

Work in all kinds of weather, and maintain physical activity for prolonged periods of time: Yes  No

Fear of heights: Yes  No

Fear of Confined Space and/or Claustrophobia: Yes  No

Have problems with following orders/authority: Yes  No

Fear of driving large vehicles: Yes  No

Fear of sight and/or contact with infectious materials as the body fluids: Semen and vaginal secretions; Fluid from the brain, spine, lungs, and amniotic sac; Fluid around joints, the heart, and the abdominal lining; Saliva in dental procedures; All body fluids that are visibly contaminated with blood; All body fluids when you cannot tell which type they are; Any unfixed human tissue or organs other than skin; Animals or cells infected with HIV or HBV for medical research (Hepatitis): Yes  No

