



OLD TAPPAN FIRE DEPARTMENT "STATION 6"

231 OLD TAPPAN ROAD, OLD TAPPAN, NJ 07675
PHONE:(201) 573-8900 EMAIL: OTFD43@GMAIL.COM



NEW MEMBER ONBOARDING PROCESS

Thank you for applying to be a member of the Old Tappan Fire Department. Please carefully review the process, required items, and expectations noted below.

Process:

1. Complete Application Packet
2. Interview with Old Tappan Fire Department Chief and/or Line Officer(s)
3. Interview with Old Tappan Fire Company Investigating Committee
4. Approval of application at Fire Company monthly meeting
5. Application forwarded by Chief for approval by Mayor and Council
6. Onboarding with Line Officers

Required Items:

- Completed application packet
- Background check
- Driving record check or abstract if applicable (firefighters over 21 years old may train to drive apparatus)
- Medical Clearance Form (attached)
- NJ State Fireman's Relief Association Application (attached)
- For Cadet/Junior Firefighter Applicants, include:
 - Most recent report card
 - (2) Letters of reference from non-family members (1 letter must be from a teacher)
 - Signed approval from parent or guardian
 - Shall be a resident of the Borough of Old Tappan (or a contiguous town)

Expectations:

- **Probationary Firefighters** shall be between 18 and 55 years of age (up to age 65 will be permitted with a credit for up to 10 years of prior fire service experience in another department).
- **Junior Firefighters** shall be between 16 and 18 years of age.
- **Cadet Firefighters** shall be 15 years of age.
- Shall be a citizen of the United States, permanent legal resident, or eligible to work in the US.
- Is of good moral character and free from conviction of any crime constituting an indictable offense, or any crime or offense involving moral turpitude.
- Commit to responding to calls at all times of day and night, based on availability.
- Shall be physically fit to perform duties of a firefighter, which shall be evidenced by a certificate to that effect by a practicing physician of the State of New Jersey after physical examination for that purpose.
- Physical requirements include, but are not limited to:
 - Push, pull, and lift up to 50lbs
 - Demonstrate manual dexterity with the ability to perform all firefighting tasks.
 - Bend, stoop, crawl, kneel, squat, and walk on uneven surfaces with limited or no visibility.
 - Function in varied environmental conditions such as lighted or darkened work areas, and extreme heat, cold, moisture, and at elevated positions including on roofs and ladders
 - Wearing firefighter turnout gear including full-face SCBA respirator
- Maintain psychological stability and use good judgment to remain calm in high-stress situations.
- Not suffer from any form of sensory overload (flashing lights, loud sirens, crowds of emotional people, etc.)
- Strong interpersonal skills dealing with a variety of personalities including department and community members in both emergency and non-emergency situations.
- Successfully complete Firefighter 1 training within eighteen (18) months of Probationary Firefighter approval.



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APPLICATION FOR MEMBERSHIP

(Please Print Clearly)

CHECK ONE:

- Probationary Firefighter (18-55 y/o)*** (up to age 65 years old with a credit for up to 10 years of prior fire service experience)
- Junior Firefighter (16-18 y/o)**
- Cadet Firefighter (15 y/o)**

Name: _____

Address: _____

Telephone: (____) _____ - _____

City: _____ State: _____ Zip: _____

Cell: (____) _____ - _____

Email: _____

Cell Carrier: _____

How long at present address? _____

Previous Address: _____

Marital Status: _____

Occupation: _____

Spouse's Name: _____

Names/Ages of Children (if any): _____

If related to a current Department member, please identify: _____

Are you currently a member of another Fire Department? YES NO Please Identify: _____

Have you ever been refused membership or been dismissed by another fire department or EMS agency? YES NO

If yes, identify agency, date and reason:

Do you have a valid driver's license? YES NO Lic. Number: _____ State: _____

Any accidents in the past 3 years? YES NO If yes, please explain: _____

Have you ever been convicted of any violation of law or ordinance including traffic violations? YES NO If yes, please explain:

Are you able to perform all of the essential functions of the position applied for? YES NO If NO, please explain:

Please attach a resume and/or list of emergency services certifications you hold or courses completed.

Upon submission of this application, an interview with the Department Chief and/or Line Officers will be scheduled. A second interview may be held with the Old Tappan Fire Company Investigating Committee. With the approval of both the Fire Department and the Fire Company, the applicants name will be passed to the Mayor and Council for formal approval for membership.

Please review below and sign.

1. I agree to comply with all assignments, orders, rules, and regulations set forth by the Department, and those set forth by the Borough of Old Tappan and the State of New Jersey.
2. I further agree to submit to a physical examination by a qualified medical professional.
3. I understand that if accepted, I must serve a probationary period of 12 months before becoming a full active member.
4. I understand that if accepted, I must successfully complete Firefighter 1 training within eighteen (18) months of the Mayor and Council's approval date.
5. I agree to maintain regular availability for calls at all times of day and night, including weekends.
6. I agree to keep information confidential as required and understand that failing to do so may lead to significant consequences inside and outside of the Department.

The answers to all questions within this application are, to the best of my knowledge, true. I understand that any false statement contained herein is sufficient cause for rejection or dismissal.

Applicant: _____

Print: _____

Date: ____/____/____

Parent/Guardian : _____

Print: _____

Date: ____/____/____

DEPARTMENT USE ONLY

Application Received By: _____ Date: ____/____/____

Chiefs Approval: _____ Date: ____/____/____

Investigating Committee Chair: _____ Date: ____/____/____

Investigating Committee Comments:

Presidents Approval: _____ Date: ____/____/____

Cadet/Junior Start Date: ____/____/____

Probation Start Date: ____/____/____

Department Line No. _____



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MEDICAL CLEARANCE FORM

To the Primary Care Physician of (Patient Name and DOB) _____ :

Your patient would like to actively participate on the Old Tappan Fire Department as a:

CHECK ONE:

- Probationary Firefighter (18-55 y/o)*** (up to age 65 years old with a credit for up to 10 years of prior fire service experience)
- Junior Firefighter (16-18 y/o)**
- Cadet Firefighter (15 y/o)**

In order to do so, this patient must meet certain criteria for the safety of themselves, their crew, and the public. By signing this form, you ensure that this patient is safely and competently able to perform the following:

- Shall be physically fit to perform duties of a firefighter (including the ability to complete NJ Firefighter 1 hands-on training), which shall be evidenced by a certificate to that effect by a practicing physician of the State of New Jersey after physical examination for that purpose.
- Physical requirements include, but are not limited to:
 - Push, pull, and lift up to 50lbs
 - Demonstrate manual dexterity with the ability to perform all firefighting tasks.
 - Bend, stoop, crawl, kneel, squat, and walk on uneven surfaces with limited or no visibility.
 - Function in varied environmental conditions such as lighted or darkened work areas, and extreme heat, cold, moisture, and at elevated positions including on roofs and ladders
 - Wearing firefighter turnout gear including full-face SCBA respirator
- Maintain psychological stability and use good judgment to remain calm in high-stress situations.
- Not suffer from any form of sensory overload (flashing lights, loud sirens, crowds of emotional people, etc.)
- Capacity to cope with emotionally intense situations.
- Read training manuals and books
- Accurately discern street signs and address numbers or other critical information

Cadet and Junior Firefighters WILL NOT be exposed to the same hazardous as regular Firefighters. Cadets and Juniors will receive training in fire-fighting techniques, including, but not limited to:

- Classroom presentations of the basics of firefighting.
- Drills during which junior firefighters and cadets will perform limited, exterior only fire-fighting functions.
- Participation at department drills under the guidance of qualified firemen.
- Response to fires and other emergencies in observer status only.
- Hands-on experience in taking-up after a fire or emergency.

By signing this form, you give medical clearance for this individual to participate in emergency response and firefighter training in the above noted capacity. Please consider the above criteria as well as your patient's most recent physical (must have been within the past year).

Please attach a copy of the most recent physical in addition to a vaccinations list including hepatitis B vaccination or declination of vaccination.

Name of Practice: _____

Location of Practice: _____

Doctors Name: _____

Doctors Signature: _____

Date: ____/____/____