

Legible copy of driver's license & physical clearance form must accompany this application

MONMOUTH COUNTY FIRE ACADEMY
1027 Highway 33 East
Freehold, NJ 07728

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www.monmouthcountyfireacademy.org

Firefighter I Candidate Registration Form

Instructions: Fill in form entirely, print and fax to the academy. Incomplete forms will be rejected.

Required age is 18. Registration will be on a first come basis with preference given to Monmouth County registrants. Classes are held on Tuesday and Thursday evenings at 7 PM and Saturday and Sunday mornings at 8 AM. Plan on arriving 15 minutes prior to class time. Be prepared for each class – refer to the requirements listed on student syllabus. A copy of candidate's Driver's License & physical clearance **must** accompany this application.

Candidate:

Class Preference: _____ **Tuesday/Saturday** _____ **Thursday/Sunday** _____ **No Preference**

Name _____ D. O. B. _____ Age _____

SS# _____ Phone (H) _____ (C) _____

Street Address: _____

City: _____ State: _____ Zip _____

Fire Department /Company _____ Station # _____

Department Address _____

Department/Company Contact _____ Phone # _____

Emergency Contact _____ Phone # _____

Candidate Signature _____ Date _____

Candidate E-mail Address _____

Verification/Authorization:

- | | |
|---|---|
| _____ Fire Department History | _____ Organization Structure |
| _____ Response area of Department | _____ Candidate duties & Responsibilities |
| _____ Standard Operating Procedures | _____ NJ Right to Know |
| _____ Exposure Control Plan | _____ OSHA PPE |
| _____ RTK Station Walk-through | _____ Station ID Number |
| _____ Department Equipment Familiarization | |
| _____ Written recommendation regarding the recruits ability to use an SCBA from PLHCP | |

I attest that the candidate is a member of the above Fire Company/Department, has successfully completed all prerequisites listed above and is covered by Workers' Compensation and Liability Insurance.

Name _____ Title _____ Date _____

Phone # _____ E-mail Address _____

Signature _____

Academy Use:

Date Received _____ Received By _____ D.O.B Verified By _____