

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

Telephone 732-683-8857 / Fax 732-683-8978  
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[www.monmouthcountyfireacademy.org](http://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 **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 \_\_\_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

*Academy Use:*

Date Received \_\_\_\_\_ Received By \_\_\_\_\_ D.O.B Verified By \_\_\_\_\_