



**Borough of Bellmawr**

**Division of Emergency Medical Services**

**21 East Browning Road, P.O. Box 368**

**Bellmawr New Jersey 08099-0368**

(Please Print)

Last Name	First Name	Middle Name	Position Applied For (X One or Both) Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	Today's Date
Address (Number) (Street) (City) (State) (Zip Code)			(Home or Cell Phone)	
E-Mail Address	Driver's License Number	Date of Birth	How were you referred?	
If you are under 21 years of age, can you provide required proof of your eligibility to work? ____ Yes ____ No				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ____ Yes ____ No (Proof of citizenship or immigration status will be required upon employment).				
Have you ever been convicted of a crime? ____ Yes ____ No If yes, Please describe and when?				
Do you have any relatives currently employed with the borough of Bellmawr? ____ Yes ____ No If yes, please list the names of any relatives employed by the borough of Bellmawr.				

**PLEASE CHECK YOUR LEVEL OF CERTIFICATION:**

\_\_\_ **Paramedic**, licensed by the State of New Jersey. License # \_\_\_\_\_

If not licensed as a Paramedic, when do you expect to be? \_\_\_\_\_

\_\_\_ **Emergency Medical Technician (EMT)**, licensed by the State of New Jersey. License # \_\_\_\_\_

If not licensed as an EMT, when do you expect to be? \_\_\_\_\_

**EDUCATION AND TRAINING**

School	Name and Address of School	Dates Attended		Type of Diploma/ Degree Received	Major Field or Course of Study
High School		From:	To:		
College		From:	To:		
				GPA:	
College		From:	To:		
				GPA:	
Graduate School		From:	To:		
				GPA:	
Other		From:	To:		
Other		From:	To:		
Fire/EMS Academy		From:	To:		

**REFERENCES:** List five (5) references (not relatives) which are former employers, professors, and/or professional acquaintances of good standing in the Community and who have known you for more than five (5) years.

Name	Residence	Home Phone	# of Yrs. Known	Occupation

**EMPLOYMENT EXPERIENCE** (Please list most recent position first and work backward for ten (10) years. Include all part-time and temporary employment. Add as many separate sheets as necessary).

Employer	Dates Employed From _____ To _____		WORK PERFORMED
Address	_____	_____	
Telephone Number(s)	Hourly Wages Starting _____ Final _____		
Job Title	_____	_____	Supervisor's Name:
Reason for Leaving	Dates Employed From _____ To _____		May we contact this employer? _____ Yes _____ No
Employer	_____		WORK PERFORMED
Address	_____	_____	
Telephone Number(s)	Hourly Wages Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving	_____		May we contact this employer? _____ Yes _____ No
Employer	Dates Employed From _____ To _____		WORK PERFORMED
Address	_____	_____	
Telephone Number(s)	Hourly Wages Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving	_____		
Employer	Dates Employed From _____ To _____		WORK PERFORMED
Address	_____	_____	
Telephone Number(s)	Hourly Wages Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving	_____		

**Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying**

## APPLICANT'S STATEMENT

I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification for employment or in the event of employment, dismissal from the job. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. By signing this form, I hereby acknowledge I have read and understood the above statements. I also acknowledge and understand that only an authorized representative from the Bellmawr Fire Department: Division of EMS or The Borough of Bellmawr can extend a valid offer of employment.

Borough of Bellmawr shall have the authority to establish policies and procedures to be followed by the Employee in performing services for Borough of Bellmawr. This may include, but is not necessarily limited to, employment policies, computer use policies, Internet access policies, email policies, and all other policies procedures, directives, and mandates established by Borough of Bellmawr, whether or not in written form or formally adopted. Employee shall comply with the terms and conditions of any and all Standing Operating Guides or Procedures distributed by Borough of Bellmawr.

You further agree that following the acceptance of a Provisional Trainee Emergency Medical Technician that the employee will not be compensated until given employment as an Emergency Medical Technician.

You further agree that within of Thirty (30) days following the acceptance of Provisional Emergency Medical Technician that the employee will have to successfully complete and pass a Written Examination, Physical Examination and a thorough Background Investigation or resign your employment.

Signature of Applicant:

Date:

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ [day of month] day of \_\_\_\_\_ [month], 20\_\_\_\_.

[Notary Seal:]

\_\_\_\_\_  
[signature of Notary]

\_\_\_\_\_  
[printed name of Notary]

NOTARY PUBLIC

MY commission expires: \_\_\_\_\_, 20\_\_\_\_.

## DRIVER HISTORY ABSTRACT REQUEST

All requests for driver history abstracts must be submitted on form DO-21. One abstract per form. This form may be photocopied for your convenience. No other form of request will be accepted. The proper fee(s) must accompany each request in the form of a check or money order (DO NOT SEND CASH) payable to the New Jersey Motor Vehicle Commission. **ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO OBTAIN INFORMATION (PLEASE PRINT CLEARLY)**

Requester Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Business Name (if applicable): \_\_\_\_\_ Your File or Claim # \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Requester's Drivers License Number: \_\_\_\_\_

**(PHOTOCOPY OF CURRENT DRIVER LICENSE MUST BE INCLUDED)**

I am requesting information on: (CHECK ONE)  MY OWN RECORD  ANOTHER'S RECORD

NJ Driver License \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ [ ] Male [ ] Female

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CHECK ONE

- CERTIFIED COMPLETE RECORD - \$15 PER SEARCH (Court/Bar Exam)  
 CERTIFIED 5-YEAR RECORD - \$15 PER SEARCH (Insurance/Employment)

**PLEASE SUBMIT SEPARATE CHECKS – ONE FOR THE ABSTRACT AND ONE FOR SUPPORTING DOCUMENTS**

### DOCUMENTS

**(Indicate the date you want covered on the line next to the supporting document requested)**

- ORDER OF SUSPENSION \$15 \_\_\_\_\_  MAILING LIST \$15 \_\_\_\_\_  
 SCHEDULE OF SUSPENSION \$15 \_\_\_\_\_  SUMMONS \$15 \_\_\_\_\_  
 RESTORATION NOTICE \$15 \_\_\_\_\_  \*\*ACCIDENT REPORT \$5 \_\_\_\_\_ \*\*

**\*\*IF REQUESTING AN ACCIDENT REPORT ONLY YOU NEED NOT COMPLETE THIS SECTION.**

This request is being made for the following reason(s): (Indicate number of appropriate use from Page 2)

Explain in detail your reason for requesting the information and how you plan to use the information. Attach any supporting documentation.

**If involving a lawsuit, please state your relationship to the case and type of lawsuit involved:**

The disclosure and use of the personal information (1) contained in the record you have requested is governed by the "Drivers' Privacy Protection Act", N.J.S.A. 39:2-3.3 et seq. The "Drivers' Privacy Protection Act" provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney's fees and litigation costs.

- (1) "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.

You may either print the form on both sides of a single sheet or print and attach the two separate sheets. Both pages 1 and 2 must be completed and submitted for your request to be considered.

**REQUESTER'S PRINTED NAME AND SIGNATURE ARE REQUIRED ON NEXT PAGE.**

Requester's Name: \_\_\_\_\_  
PRINT NAME

**USES PERMITTED AS SET FORTH IN:**

**N.J.S.A. 39:2-3.4(c)**

1. For use in connection with matters of motor vehicle or driver safety and theft: motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and the removal of non-owner records from the original owner records of motor vehicle manufacturers.
2. For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only:
  - a. to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
  - b. if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt of security interest against the individual.
3. For use in connection with any civil, criminal, administrative or arbitral proceeding in any federal, state or local court or agency or before any self-regulatory body, including service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state or local court.
4. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
5. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.
6. For use in providing notice to the owners of towed or impounded vehicles.
7. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the "Commercial Motor Vehicle Safety Act," 49 U.S.C. App. § 2710 et seq.
8. For use in connection with the operation of private toll transportation facilities.
9. For use by any requester, if the requester demonstrates it has obtained the notarized written consent of the individual to whom the information pertains. Must attach Notarized Authorization To Release Personal Motor Vehicle Information form, DO-21A.

**N.J.S.A. 39:3-13b**

10. For use by a requester, who demonstrates that they are the parent, guardian or other person with legal custody of an individual, under the age of 18, to whom the requested information pertains. The requestor must provide a copy of the birth certificate or legal document that shows the relationship between the requestor and the minor child.

**I certify that I will use any personal information contained in the record(s) I have requested only as permitted by the "Drivers' Privacy Protection Act", N.J.S.A. 39:2-3.4(c). I further certify that all the foregoing statements are true to the best of my knowledge. I understand that if any of the statements are willfully false, I am subject to punishment.**

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

**SIGNATURE OF REQUESTER**  
**(Original Signature Only - Signature Stamps Are Unacceptable)**