

Application#

Name: \_\_\_\_\_  
*Last* *First*

Township of Lyndhurst  
Emergency Medical Services  
Application for Employment



Lyndhurst EMS Headquarters  
297 Delafield Avenue  
Lyndhurst, NJ 07071  
(201)-804-0322

## REQUIREMENTS

Probationary Emergency Medical Technicians - must meet the following requirements as set forth in the Lyndhurst Emergency Medical Services Township Ordinance # 2463

- Citizen of the United States of America.
- Must be at least 21 years old.
- Must be certified by a physician as being physically qualified for active duty
- Valid New Jersey Driver's License.
- Must have a valid NJ Department of Health Emergency Medical Technician Card
- Must have a valid CPR Card
- Must submit to a drug test.
- Must not have been convicted of any crime. The applicant shall consent to a criminal history search to be conducted by the Lyndhurst Police Department.
- Must be of good moral character.
- Must complete a minimal educational requirement by obtaining a high school diploma
- G.E.D., or its equivalent.
- Must submit fingerprints to the L.P.D. for process by NJSP.
- Must submit a consent form to the NJSP for a mental health screening search (N.J.S.A. 30:4-24.3).

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

OTHER PHONE NUMBER (CELL/PAGER): \_\_\_\_\_

***INSTRUCTIONS: Read every question carefully, answer EVERY question, leave no blank spaces, and submit a completed application. If the question does not apply to you, so state. A candidate may be rejected who has intentionally made a false statement of a material fact or practiced, or attempted to practice, any deception or fraud in this application, in any examination, or in securing eligibility for appointment. The candidate shall personally prepare this application. All entries, except the signature, MUST be printed legibly in block letters. Entries must be made in black or blue ink. If the space available for any question is insufficient, use a separate sheet of paper, attach it to the corresponding page and precede each answer with the number of the question being answered.***

Optional

- White
- Black
- Hispanic
- Asian
- American Indian

Current Photo

Personal Data

1. What is your full name? \_\_\_\_\_  
Last Name First Name Middle Name

2. Give any other names you have used or have been known by, and attach a statement giving reasons (if none, so state) \_\_\_\_\_

3. Where were you born? \_\_\_\_\_  
City State

4. How long have you been at your current resident? \_\_\_\_\_ Years \_\_\_\_\_ Months

5. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Month Day Year

\_\_\_\_\_ Height Weight Eyes Hair

6. Social Security Number \_\_\_\_\_ State Issued: \_\_\_\_\_

## Employment status

7. Who is your current employer? \_\_\_\_\_

8. What is your occupation? \_\_\_\_\_

9. Number of years with employer and regular hours? \_\_\_\_\_

10. List employer address and telephone numbers.

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11. Who is your previous employer? \_\_\_\_\_

12. What was your occupation? \_\_\_\_\_

13. Number of years with employer and regular hours? \_\_\_\_\_

14. List previous employer address and telephone numbers.

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15. Do you wear glasses or contact lenses?      Yes      No

If yes, explain \_\_\_\_\_

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16. Marital Status      SINGLE      MARRIED      SEPARATED      DIVORCED  
   ANNULLED      WIDOWED

17. Are you a U.S. Citizen?      Yes      Native born      Naturalized

If so, in what country were you born? \_\_\_\_\_

18. In chronological order, state each and every place in which you resided in the past 15 years:

DATES	ADDRESS	CITY	STATE	PHONE #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

19. Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

PHONE #: \_\_\_\_\_

20. Alternate contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

PHONE #: \_\_\_\_\_

21. Have you ever been a member or applied for membership to another EMS Agency? \_\_\_\_\_  
If yes, where, dates served, and attach any copies of training certifications. \_\_\_\_\_

\_\_\_\_\_

22. Do you suffer from any physical handicap, defect, disability or illness? \_\_\_\_\_

If yes explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* **NOTE:** All applicants must also complete the Medical History for the Lyndhurst Emergency Medical Services questionnaire attached to this application. Also obtain certification from a licensed physician qualifying the applicant for active duty as an Emergency Medical Technician, and have the physician complete the additional application attached with this application.

23. Are you dependent upon the use of any narcotic or other controlled dangerous substance? \_\_\_\_\_

24. Are you now being treated for a drug abuse problem? \_\_\_\_\_

If yes explain:

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25. Are you an alcoholic? \_\_\_\_\_

**Arrests, Summonses, etc.**

26. Have you ever been charged with a crime, disorderly person offense, petty disorderly person offense?

Yes No

If yes, give additional information as to date, location, charge, police agency, and court disposition of charge - be specific. Indicate all offenses and arrests, including juvenile delinquent.

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27. 31. Have you ever been convicted of any domestic violence offenses in any jurisdiction?

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If yes, where? \_\_\_\_\_

28. Are you subject to any court orders issued pursuant to domestic violence? \_\_\_\_\_

29. If you were ever issued a firearms or pistol license, please provide the following information regarding the license: Issuing authority, date of issue, expiration date, and full name as stated on the license, and firearms specified on the license, including all information specified on the license related to each firearm.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor Vehicle**

30. Do you possess a valid New Jersey Drivers License?                      Yes                      No

If yes, give your New Jersey Drivers License Number: \_\_\_\_\_

31. Have you ever possessed a driver's license from a state other than New Jersey?

Yes                      No

If yes, list which state(s): \_\_\_\_\_

32. Do you own a motor vehicle?                      Yes                      No

If yes: \_\_\_\_\_  
                    MAKE                      MODEL                      YEAR                      COLOR

33. Vehicle Registration Number: \_\_\_\_\_

Date of expiration: \_\_\_\_\_



38. Have you ever been involved in a motor vehicle accident as a driver, which resulted in bodily injury or death? \_\_\_\_\_

If yes, please provide a detailed description of the accident(s), including:

1. The date and location of the accident
2. A description of all vehicles involved in the accident
3. A description of all occupants of each vehicle involved in the accident and the injuries sustained by each occupant
4. Whether alcohol or any other controlled dangerous substances were a factor in the accident, and if so, who was under the influence of same
5. Whether any summons' were issued:
  - (a) If so, to whom were the summons issued
  - (b) For what infraction(s) were the summons' issued
  - (c) Was the individual found guilty
  - (d) What was the penalty imposed

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6. List any court proceedings or lawsuits related to the accident, including the parties to the lawsuit, the current status of the lawsuit and / or the outcome of the court proceedings.

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Vouchers

NOT TO BE MEMBERS OF THE LYNDHURST EMERGENCY MEDICAL SERVICE OR ANY OTHER PERSON LISTED IN THIS APPLICATION

Upon completion of this form, the applicant must obtain three reputable citizens who will vouch for the honesty, reputation and ability of the applicant. The voucher should read carefully all statements made by the applicant before signing. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

I, the undersigned, declare that I am over 21 years of old that I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all statements therein to be true. I also declare that I am not related in any way to the applicant.

I will, upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

Voucher One  
(please print)

Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ SS# \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Date: \_\_\_\_\_

How long have you personally known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Is the applicant of good character and reputation? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Voucher Two  
(please print)

Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ SS# \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Date: \_\_\_\_\_

How long have you personally known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Is the applicant of good character and reputation? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOT TO BE MEMBERS OF THE LYNDHURST EMERGENCY MEDICAL SERVICE OR ANY OTHER  
PERSON LISTED IN THIS APPLICATION

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I will, upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

Voucher Three  
(please print)

Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ SS# \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Date: \_\_\_\_\_

How long have you personally known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Is the applicant of good character and reputation? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby agree to obey appropriate and relevant Township Ordinances governing the Lyndhurst Emergency Medical Services as well as the policies and procedures of the Lyndhurst Emergency Medical Services. I understand that as part of the application process, I must complete the Medical and drug screen exam and obtain a clean bill of health by a duly licensed physician that I am physically qualified for active duty in the Emergency Medical Services department. I understand that as part of the application process I must also consent to a "Criminal History Record Background Check and that I must submit to being fingerprinted. I further understand that I will be placed on a probationary period of six (6) months from time I have been approved by the Director of Public Safety. I also declare that I completed this personal history questionnaire, and that the statements contained herein are, to the best of my knowledge and belief, true and correct and I have not knowingly and willfully made any false statements or given information which I know to be false."

Any person who knowingly gives or causes to be given false information on this application may be guilty of a crime of the fourth degree under the New Jersey Code of Criminal Justice (2C:28-4).

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Signature of Applicant (Signature must be notarized)

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Date

Subscribed and sworn to, before me on  
This \_\_\_\_\_ day of \_\_\_\_\_,  
Notary Public: \_\_\_\_\_

(Seal)

Lyndhurst Police Department

APPLICATION and CONSENT TO SEARCH RECORDS

Emergency Medical Services

PLEASE PRINT CLEARLY

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Place Of Birth \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Wt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Scars and/or Tattoos: \_\_\_\_\_

Citizenship: \_\_\_\_\_ (country)

Name & Address of where you will be working: \_\_\_\_\_

Have you ever been arrested for a criminal offense? \_\_\_\_\_ If YES, Date, Place, & Offense:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Signature below releases the Lyndhurst Police Department, its agent and representatives from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Lyndhurst Police Department.

\*\*\* The Chief of Police has the right to deny any applications.

\*\*\* Any person who gives false information on this application is in violation of/and can be charged with NJS 2c:38-3.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Authorization for Release of Police Records Information

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

Applicant Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

The undersigned hereby authorizes you or your representatives to disclose, make available and furnish to the Chief, Lyndhurst Police Department, a copy of any and all records or information there from concerning above named individual who is an applicant for \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Dated