

Milltown Fire Department

39 Washington Avenue, Milltown, NJ 08850 (732)828-2100

www.milltownfire.org

Cadet Firefighters Program Cadet Firefighters Application

APPLICANT INFORMATION		
Name:		
Date of Birth:	SSN:	Home Phone:
Current Address:		Cell Phone:
Do you have a previous fire background? Yes No (please circle)		Email:
Driver's License/Permit Number (if applicable):		Gender: M F (please circle)
PARENT GUARDIAN INFORMATION		
Name:		
Work Phone:	Cell Phone:	Email:
Name:		
Work Phone:	Work Phone:	Work Phone:
HIGH SCHOOL		
Name:		Phone:
Grade:	GPA:	Guidance Counsellor:
EMPLOYMENT INFORMATION		
Current Employer (if applicable):		Contact:
Phone:	Email:	How Long:
Address:		Hrs./Week:
City:	State:	Zip:
REFERENCES (OTHER THAN RELATIVES – MUST BE OVER 18)		
Name:	Phone:	Email:
Name:	Phone:	Email:
OTHER INORMATION		
Hobbies/Sports/Interests/Organizations:		
SIGNATURES		
I certify that: (a) all of the information set forth herein is true; (b) I have received, read and understand all of the Rules and Regulations of the Milltown Fire Department's Cadet Firefighter program; and (c) I will conduct myself in a manner appropriate for membership in the Milltown Fire Department's Cadet Firefighter program.		
Signature of Applicant:		Date: