



PLAINSBORO FIRE DISTRICT NO. 1

407 PLAINSBORO ROAD • PLAINSBORO, N.J. 08536
Emergency: 9-1-1 • Business: (609) 799-0492 • Fax: (609) 799-5604
www.plainsborofire.com

Plainsboro Fire District

Per Diem Firefighter Application

Instructions: Submit a cover letter, a resume highlighting career and/or volunteer fire service history, and proof of the certifications and qualifications required herein. Complete the attached Application Form and List of References. ALL DOCUMENTS SHOULD BE PROVIDED ON 8.5"x11" REGULAR STOCK OFFICE PAPER.

Submit the completed application to the attention of Chief / Captains, Plainsboro Fire District #1, 407 Plainsboro Road, Plainsboro, NJ 08536. Applicants that fail to include required documents will not be considered.

The District reserves the right to modify or discontinue the hiring process to suit its needs.

Please Check off one of the following:

- Considered for Part time work only
- Considered for Part time work and Future full time employment

Training and Experience

Required Minimum Qualifications

Applicant is required to meet the below qualifications and to submit copies of the required training certifications

- At least 21 years of age
- High school diploma
- Valid clean New Jersey Driver's license with no criminal violations
- EVOC/CEVO certification
- NJ State Firefighter 1 certification
- NJ or National Registry EMT or Paramedic (with Healthcare Provider CPR)
- Successfully passed physical and S.C.B.A. fit test as required yearly
- NJ Division of Fire Safety Incident Management Level 1
- FAST/RIT Awareness and Operations
- NJ Division of Fire Safety Hazardous Materials Awareness and Operations
- Motor Vehicle Extrication Operations

Additional Training

The applicant should have a variety of training and experience. Additional certifications are **not** mandatory but preferred.

- NJ Division of Fire Safety Firefighter 2
- National Wildfire Coordinating Group S-130 / S-190
- Rope Rescue Operations - Low Angle
- Machinery/Man vs. Machine Rescue
- Water Rescue Operations
- Ice Rescue Operations
- Confined Space Awareness
- Trench Rescue Awareness

Physical Evaluation

Please provide documentation (a signed copy) of successfully completing a medical examination that certifies fitness to perform firefighting duties that complies with NFPA age – based examination intervals.

Current Fire Department Membership Verification

Applicants that are not presently affiliated as a Plainsboro Fire Company Active Member **MUST** submit a letter from a Chief Officer or Fire Company President verifying membership in a fire company or employment by a fire department.

Application Form

Please clearly print the requested information in blue or black ink.

Full Name: _____ Date of Birth: ____/____/____

Address: _____ NJ DFS #: _____

NJ Driver License Number: _____ - _____ - _____ NJ EMT/NREMT #: _____

Phone Number: (____) ____ - _____ Email Address: _____

Please circle your response to the following questions. Explain any “YES” answers on a separate page.

- 1. Has your driving privilege ever been suspended? YES NO
- 2. Have you ever received any type of documented disciplinary action/corrective counseling for the abuse of sick time, unexcused sick time, and/or being late (tardy) for a shift? YES NO
- 3. Have you ever received any type of documented disciplinary action and/or corrective counseling for domineer complaints, including disorderly conduct, conduct unbecoming, and disobeying an officer’s command, while performing your duties as a Firefighter/Fire Officer, EMT/Paramedic, Fire Instructor, or Fire Inspector/Official? YES NO
- 4. Have you ever received any type of documented disciplinary action and/or corrective counseling for poor work performance, negligence of service, improper patient care, and/or official delinquency, while performing your duties as a Firefighter/Fire Officer, EMT/Paramedic, Fire Instructor, or Fire Inspector/Official? YES NO

Complete the references form on the next page, and ensure that all of your certifications/documentation as required on the preceding pages is attached.

I certify that the information provided is valid to the best of my knowledge. I grant permission for the District to verify the information provided herein, and grant the release of my certification information to the District for the purposes of evaluating suitability for employment. I grant my references permission to discuss my performance and character with a District representative. I understand that if I have knowingly provided false information, I will be automatically disqualified.

Print Name: _____ Signature: _____

Internal Use Only		
___ Required Minimum Qualifications	___ Certifications Attached	___ Physical Evaluation
___ Membership Verification	___ Additional Training	
Received By _____ on ____/____		
Notes: _____		

List of References

Instructions: Please provide the requested information for three references as instructed. Read the descriptions carefully and ensure that the person you have selected meets the qualifications. Provide the phone number and email address that is most convenient for the reference.

Candidate Name: _____

Professional Reference #1 – MUST be your current or most recent past chief of a volunteer or paid fire department where you have served. If it is not the current or most recent past chief (including cases where your employer is not aware you have made an application for this position), please explain in a separate typewritten statement.

Name: _____ Agency: _____

Email: _____ Phone: _____

Professional Reference #2 – Anyone who has exercised supervisory control over your professional or volunteer activities.

Name: _____ Agency: _____

Email: _____ Phone: _____

Character Reference – Someone who is NOT related to you and that has NOT exercised supervisory control over your professional or volunteer activities.

Name: _____ Agency: _____

Email: _____ Phone: _____

Internal Use Only

Notes: _____

