



Wyckoff Fire Department

Scott Plaza, Wyckoff, NJ 07481

Phone (201) 891-1100 • Fax (201) 847-1706

Chief
Louis R. Graglia

Application for Volunteer Fireman

Complete all of the questions below and return application to the Wyckoff Police Department.

Last Name:		First Name:		MI:
Street Address:			Town:	State: NJ
Home Phone:		Cell:	Work:	
Date of Birth:		Social Security:		Sex: M/F
Birth Place:		Race:	Age:	
Drivers License #:		Expiration:	State:	
CDL License: YES / NO		Class:		
Distinguishing Characteristics:		Hair Color:	Eyes:	
Scars/Marks/Tattoos:			Build:	
Complexion:		Height:	Weight:	
Marital Status:		Glasses: Y/N	U.S. Citizen: Y/N	
Nearest Relative:		Address:		
Town:		State:	Home Phone:	
Previous Address:		Town:	State:	
Employer Name:		Supervisor:		
Employer Address:		Town:	State:	
Employer Phone Number:				
Previous Fire Department:			Years of Service:	
Highest Rank Achieved:				

I hereby certify that the above information is true and accurate.

Applicant Signature

Date of Application

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OFFICIAL USE ONLY- DO NOT WRITE BELOW LINE

Wyckoff Police Blotter #:		In House Computer Check: Y/N		
Info Cop Background Checks:				
Drivers License Check: Y/N		Driver History Attached: Y/N		
Mental Health Form Mailed Out: Y/N		Mental Health Form Returned: Y/N		
Investigating Officer:			Date Completed:	