



**BOROUGH OF NORTH PLAINFIELD**  
**Department of Fire Prevention and Protection**  
**8 Lincoln Place, North Plainfield, NJ 07060**  
**908 769-2935 – Fax: 908 769-2943**



The North Plainfield Fire Department is in the planning phase of replacing vacant full-time positions within the department. At a minimum, this will include a full-time Firefighter/EMT position and may include a full-time Uniformed EMT position. As part of this planning, while evaluating our existing in-house candidate pool, we are also seeking interest from other eligible and qualified Somerset County residents as potential applicants. Individuals interested in either of these positions who meet the full list of minimum eligibility requirements below, should submit an application to the department, along with proof of FF1, EMT and CPR certifications.

Minimum eligibility requirements for the position of Firefighter/EMT:

- Citizen of the United States and resident of New Jersey;
- Between 18 and under 35 years of age at time of hire;
- Able to read, write and speak the English Language well and intelligently;
- High School diploma or possess a High School Equivalency Certificate;
- Good moral character and have not been convicted of any criminal offense involving moral turpitude;
- Current New Jersey certified EMT and AHA or Red Cross CPR Health Care Provider;
- Valid certification through the NJ Division of Fire Safety as Firefighter 1;
- Valid/Current N.J. Driver's License;
- Good health sufficient to satisfy the Board of Trustees of the Police and Fireman's Retirement System of New Jersey as to eligibility for membership.

Minimum eligibility requirements to be considered for hire for the position of Uniformed EMT:

- Able to read, write and speak the English Language well and intelligently;
- High School diploma or possess a High School Equivalency Certificate;
- Good moral character and have not been convicted of any criminal offense involving moral turpitude;
- Current New Jersey certified Emergency Medical Technician (EMT) and AHA or Red Cross CPR Health Care Provider;
- Valid/Current N.J. Driver's License;
- Two year's EMS experience (preferred)

Individuals interested in being considered as part of this applicant pool for either position must submit a completed application packet to the office of the Chief by no later than **November 10, 2021.**

The application packet must include:

- Completed NPFDD department application (attached);
- Copy of current AHA or Red Cross CPR card;
- Copy of current New Jersey certified EMT card;
- Copy of valid N.J. Division of Fire Safety- Firefighter 1 certification (full time Firefighter/EMT applicants only);

Delivery options:

- 1) Email to: [NPFDD@nppmail.org](mailto:NPFDD@nppmail.org)
- 2) Hand deliver to: NPFDD Headquarters  
8 Lincoln Place, North Plainfield, NJ 07060



**Borough of North Plainfield**  
 263 Somerset Street - North Plainfield, NJ 07060  
 908 769-2935

## Application For Employment

**We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.**

**\*\*We are an equal opportunity employer\*\***

Position Applied for: \_\_\_\_\_

### Applicant Information

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

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you learn about us?

Advertisement    Employment Agency    Friend    Relative    Walk In    Other \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

If you are under 18, can you provide required proof of your eligibility to work?    YES    NO  
   

Have you filed an application with us before?    YES    NO  
   

If yes, when? \_\_\_\_\_

Have you ever been employed with us before?    YES    NO    If yes, when? \_\_\_\_\_  
   

Are you currently employed?    YES    NO  
   

May we contact your present employer?    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.**

On what date would you be available to work? \_\_\_\_\_

Are you available to work:    Full Time    Part Time    Shift Work    Temporary

Are you currently on "Lay-Off" status and subject to recall?    YES    NO  
   

Can you travel if a job requires it?    YES    NO  
   

Have you been convicted of a felony within the last 7 years?    YES    NO  
   

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

## Previous Employment

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\*\*If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### Education, Special Skills and Qualifications

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and location				
Years Completed				
Diploma/ Degree				
Describe course of study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe and honors you have received				
State any additional information you feel may be helpful to us in considering your application				

### Special Skills and Qualifications

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. You may exclude memberships would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

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Give name, addresses and telephone numbers of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you had any job related training in the United States military? YES NO

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

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Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES NO

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

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**PLEASE INCLUDE A COPY OF YOUR NJ DRIVER'S LICENSE (FRONT AND BACK)  
AND ANY CERTIFICATIONS (FF1, EMT, CPR)**

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Signature of Applicant

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Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview

YES  NO

Control Number \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed

YES  NO

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Dept. \_\_\_\_\_

By \_\_\_\_\_

Name and Title

Date

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_