



**Oxford Emergency Squad, Inc.**  
**76 Academy Street**  
**Oxford, New Jersey 07863**  
**(908) 453-2567**

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**Application for Membership**

All personal data is kept strictly confidential. Federal and State laws require that all applications be considered without regard to race, gender, age, or nationality. Oxford Emergency Squad, Inc. believes in and fully supports equal employment opportunity and will fulfill our obligation to the fullest. All information provided is subject to verification through a background check.

PLEASE PRINT OR TYPE:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

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

Home Telephone Number: \_\_\_\_\_ Years at current residence \_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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Has your driving privilege ever been revoked/suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Is your driving privilege currently revoked/suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Have you ever been arrested for a crime/offense? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, explain:\_\_\_\_\_

Have you ever been convicted of a crime/offense? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, explain:\_\_\_\_\_

Have you had any motor vehicle accidents in the last three (3) years? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, explain:\_\_\_\_\_

Do you have any disability which may prevent you from fulfilling the duties of a Squad member? Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, explain:\_\_\_\_\_

Have you had any serious illness or surgeries in the past five (5) years? Yes\_\_\_\_\_No\_\_\_\_\_

If Yes, explain:\_\_\_\_\_

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Do you have any First Aid or medical experience? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, explain:\_\_\_\_\_

Do you possess a current CPR certification? Yes\_\_\_\_\_ No\_\_\_\_\_ (attach copy of card)

Do you possess a current EMT certification? Yes\_\_\_\_\_ No\_\_\_\_\_ (attach copy of card)

Do you have any other related previous training such as Hazmat, BloodBorne Pathogens, Incident Command System, etc.? Yes\_\_\_\_\_ No\_\_\_\_\_ (attach copies of training records)

If Yes, explain:\_\_\_\_\_

Have you ever belonged to a First Aid Squad, Ambulance Squad, Rescue Squad, or Fire Department? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, explain:\_\_\_\_\_

If Yes, why did you leave?\_\_\_\_\_

Do you currently belong to a First Aid Squad, Ambulance Squad, Rescue Squad, or Fire Department? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, explain:\_\_\_\_\_

If Yes, why are you leaving?\_\_\_\_\_

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List names, addresses, and phone numbers of three (3) personal references who are not related to you. These references should also be over 18 and not residing with you.

Name	Address	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please read the following statements carefully. Sign only after the entire application has been completed.

1. The information I have provided on this application is accurate, true, and complete to the best of my knowledge. This information is subject to verification by the Oxford Emergency Squad, Inc. and the Oxford Police Department.
2. I authorize the Oxford Emergency Squad, Inc. and the Oxford Police Department to contact the references listed herein. I further authorize a complete and full investigation into any and all statements, made or implied, in this application as may be necessary for the membership committee to reach a membership decision.
3. I authorize personal references, fire departments, rescue squads, ambulance squads, schools, employers, and the Oxford Police Department to provide the Oxford Emergency Squad, Inc. with specific and relevant information found during a background investigation. This includes, but is not limited to, criminal history records, Motor Vehicle Commission records, and previous disciplinary actions. Previous incidents do not necessarily disqualify applicant for membership.
4. I understand and agree that any misrepresentation or deliberate omission of a material fact may be justification for refusal or, if a member, separation from the Oxford Emergency Squad, Inc.
5. I agree that upon termination of membership in the Oxford Emergency Squad, Inc., be it my choice or not, I will return all equipment, uniforms, and Squad property within seven (7) days of my termination.

Signature of applicant	Date
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Signature of Parent/Guardian (if applicant is under the age of 18)	Date
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Do not write in the space below – For Squad use.

Police investigation by \_\_\_\_\_ Date: \_\_\_\_\_

Membership committee results: Date: \_\_\_\_\_

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

Reason: \_\_\_\_\_

# Physical Exam Record

This record of exam is to be filled out by a licensed physician in the State of New Jersey and returned to the Oxford Emergency Squad with your application or as soon thereafter as possible. All sections must be complete.

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyesight: \_\_\_\_\_ Hearing: \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Does applicant have any apparent disabilities in:

Heart: \_\_\_\_\_ Lung: \_\_\_\_\_

Joints: \_\_\_\_\_ Veins: \_\_\_\_\_

Extremities: \_\_\_\_\_ Spine/back \_\_\_\_\_

Hernia: \_\_\_\_\_

Has applicant ever suffered from an injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Remarks: \_\_\_\_\_

I hereby certify that as a practicing physician in the State of New Jersey, the applicant is free from acute or chronic disease and has no physical defects which may hinder performance of Squad duties or possibly preclude the applicant from performing Squad duties at all.

Rejection is based on the following: \_\_\_\_\_

Date examined: \_\_\_\_\_ Examined at: \_\_\_\_\_  
(Office Address)

Physician name: \_\_\_\_\_  
(print)

Physician signature: \_\_\_\_\_