



PASSAIC COUNTY

First Responder Identification Card Application

Front Card Information					
Municipality		<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Public Works <input type="checkbox"/> Public Health <input type="checkbox"/> Other (specify)			
		Agency (please select)			
Last Name			First Name		MI
Badge ID Number			Title (Police Officer, Fire Fighter, etc.)		
Certification Number (fire, EMS, code enforcement) if applicable		Status <small>(check one) will effect expiration</small>	<input type="checkbox"/> Permanent	<input type="checkbox"/> Probationary	<input type="checkbox"/> Retired
Reverse Card Information					
Height (feet and inches)	Weight (pounds)	Gender	Eye Color	Hair Color	
Database Encoding & Federal Standard Information – will not appear on card					
New Jersey Driver's License Number		Social Security Number		Date of Birth	
Street Address (must match NJ Driver's License)		City, State & Zip Code (must match NJ Driver's License)		Date of Birth	
Agency Administration Use Only					
Is the employee a? (check one)	<input type="checkbox"/> Contractor		<input type="checkbox"/> Foreign National (Non US Citizen)		<input type="checkbox"/> Neither
Type of vetting of identification? (check one)	<input type="checkbox"/> Type 1		<input type="checkbox"/> Type 2		<input type="checkbox"/> Type 3
Type 1: 2 forms of identification shown with at least one government issued ID			Type 2: above plus Criminal Case History verified		
Type 3: above plus fingerprints			Type 4: all of the above plus interview of neighs, past employers etc.		
Approval Signature of Agency Chief Executive Officer			Date of approval		
Name of person entering data into system			Date entered		

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Last Name (pg. 2)	<hr style="border: 1px solid black;"/> <div style="text-align: right; font-size: small;">Please print</div>							
Identifying Data (Continued)								
SBI (State Bureau of Identification) Number Issued when a state fingerprint check is done.	<hr style="border: 1px solid black;"/>							
Date hired by agency / organization	<hr style="border: 1px solid black;"/> <div style="text-align: center; font-size: small;">(MM/DD/YYYY)</div>							
Do you wear eyeglasses/contacts for distance? (check one)	_____	Yes	_____	No				
Are you hearing impaired? (check one)	_____	Yes	_____	No				
Medical Information (voluntary)								
Emergency Contact Name:	<hr style="border: 1px solid black;"/>							
Emergency Contact Phone Number:	<hr style="border: 1px solid black;"/>							
Physician Name and Phone Number:	<hr style="border: 1px solid black;"/>							
Health Insurance Carrier:	<hr style="border: 1px solid black;"/>							
Health Insurance Policy Number:	<hr style="border: 1px solid black;"/>							
Are you an organ donor? (check one)	_____	Yes	_____	No				
Blood type and Rh: (check one)	_____	_____	_____	_____	_____	_____	_____	
	A-	A+	AB-	AB+	B+	B+	O-	O+
Any know allergies? (please list)	<hr style="border: 1px solid black;"/>							
Any current medications: (please list)	<hr style="border: 1px solid black;"/>							
Significant Medical History (if any)	<hr style="border: 1px solid black;"/>							
Religion	<hr style="border: 1px solid black;"/>							

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Last Name (pg. 3)	Please print							
Qualification/Certifications <i>(Check one per line – if applicable qualification or certification. Leave blank if not applicable)</i>								
Incident Command	<input type="checkbox"/>	1-100	<input type="checkbox"/>	1-200	<input type="checkbox"/>	1-300	<input type="checkbox"/>	1-400
Hazmat	<input type="checkbox"/>	Awareness	<input type="checkbox"/>	Operations	<input type="checkbox"/>	Technician	<input type="checkbox"/>	Specialist (ABC)
CBRNE	<input type="checkbox"/>	Awareness	<input type="checkbox"/>	Operations	<input type="checkbox"/>	Technician		
Emergency Medical	<input type="checkbox"/>	First Responder	<input type="checkbox"/>	EMT (BLS)	<input type="checkbox"/>	Paramedic (ALS)		
Fire Fighter	<input type="checkbox"/>	FF I	<input type="checkbox"/>	FF II	<input type="checkbox"/>	FF III		
Fire Officer	<input type="checkbox"/>	Fire Officer 1	<input type="checkbox"/>	Fire Officer 2	<input type="checkbox"/>	Fire Officer 3	<input type="checkbox"/>	Fire Officer 4
Confined Space	<input type="checkbox"/>	Awareness	<input type="checkbox"/>	Operations	<input type="checkbox"/>	Technician		
Are you SCBA (Self Contained Breathing Apparatus) certified & current?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
Law Enforcement Only								
	Rapid Deployment Force Member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
	UASI Rapid Deployment Team Member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
	Accident Reconstructionist?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Any other State or Federal licenses and/or certifications applicable to emergency services – please list below								

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		Last		First		MI			
Language Fluency – Other than English (Please check all languages where you possess fluency)									
American Sign Language	<input type="checkbox"/>	Deccan, India	<input type="checkbox"/>	Hindi India	<input type="checkbox"/>	Maltese	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Albanian, GHEG	<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Hungarian	<input type="checkbox"/>	Marathi – India	<input type="checkbox"/>	Swahili	<input type="checkbox"/>
Albanian, TOSK	<input type="checkbox"/>	EDO, Nigeria	<input type="checkbox"/>	Icelandic	<input type="checkbox"/>	Mina – India	<input type="checkbox"/>	Swedish	<input type="checkbox"/>
Arabic, Egyptian Colloquial	<input type="checkbox"/>	EFIK, Nigeria	<input type="checkbox"/>	IGBO - Nigeria	<input type="checkbox"/>	Miskito - Nicaragua	<input type="checkbox"/>	Tagalog – Philippines	<input type="checkbox"/>
Arabic, Arabian Peninsula	<input type="checkbox"/>	Estonian	<input type="checkbox"/>	Indonesian	<input type="checkbox"/>	Muong - Vietnam	<input type="checkbox"/>	Tamil – India, Sri Lanka	<input type="checkbox"/>
Arabic, Levantine Colloquial	<input type="checkbox"/>	Farsi, Eastern-Afghanistan, Pakistan	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Nepali – Nepal, India	<input type="checkbox"/>	Thai	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	Farsi, Western-Iran	<input type="checkbox"/>	Kashmiri - India	<input type="checkbox"/>	Norwegian, Bokmal	<input type="checkbox"/>	Tibetan, Central	<input type="checkbox"/>
Basque	<input type="checkbox"/>	Finnish	<input type="checkbox"/>	KHMU - Laos	<input type="checkbox"/>	Pampangan Philippines	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	French	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Punjabi Western - Pakistan	<input type="checkbox"/>	Turkmen – Turkmenistan Region	<input type="checkbox"/>
Burmese (Myanmar)	<input type="checkbox"/>	GA-Ghana	<input type="checkbox"/>	Kurdish, Central Iraq	<input type="checkbox"/>	Pashto, Northern – Pakistan Region	<input type="checkbox"/>	Ukrainian	<input type="checkbox"/>
Cebuano, Philippines	<input type="checkbox"/>	Georgian-Georgia, Turkey	<input type="checkbox"/>	Kurdish, Northern - Turkey	<input type="checkbox"/>	Polish	<input type="checkbox"/>	URDU India, Pakistan	<input type="checkbox"/>
Chavacano, Philippines	<input type="checkbox"/>	German	<input type="checkbox"/>	Kurdish, Southern - Iraq	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Chinese, GAN	<input type="checkbox"/>	Grebo - Liberia	<input type="checkbox"/>	LAO (LAOTIAN)	<input type="checkbox"/>	Romani, VLACH – Principal Gypsy Language	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Chinese, HAKKA	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Latvian	<input type="checkbox"/>	Romanian	<input type="checkbox"/>	Yiddish Eastern Israel	<input type="checkbox"/>
Chinese, HUNAN/XIANG	<input type="checkbox"/>	Haitian – Creole French	<input type="checkbox"/>	Lithuanian	<input type="checkbox"/>	Russian	<input type="checkbox"/>	Yiddish, Western Germany	<input type="checkbox"/>
Chinese, Mandarin	<input type="checkbox"/>	Haryanvi - India	<input type="checkbox"/>	Luxembourgeois	<input type="checkbox"/>	Samoan	<input type="checkbox"/>		
Chinese, Shanghai/WU	<input type="checkbox"/>	Hausa - Nigeria	<input type="checkbox"/>	MAGAHI - India	<input type="checkbox"/>	Serbian	<input type="checkbox"/>		
Czech	<input type="checkbox"/>	Hebrew	<input type="checkbox"/>	MAITHILI – India, Nepal	<input type="checkbox"/>	Slovak – Czechoslovakia, Hungary, Yugoslavia	<input type="checkbox"/>		
Danish	<input type="checkbox"/>	Hiligaynon – Philippines	<input type="checkbox"/>	Malay, Malaysia	<input type="checkbox"/>	Somali	<input type="checkbox"/>		

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