

**ST. CLAIR COUNTY
HAZARDOUS OPERATIONS TEAM
APPLICATION**

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #
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STREET ADDRESS	CITY	STATE	ZIP
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HOME PHONE	WORK PHONE	EMAIL	BIRTHDATE
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POSITION APPLYING FOR:

____ 80 HOUR ADVANCED TECHNICIAN ____ 40 HOUR RESCUE TECHNICIAN/ENTRY SUPPORT

CURRENT EMPLOYER	BUSINESS PHONE
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POSITION/DUTIES	MAY WE CONTACT EMPLOYER?
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PRIMARY AVAILABILITY: ____ DAYS ____ AFTERNOONS ____ MIDNIGHTS

PREVIOUS HAZARDOUS MATERIALS EXPERIENCE:

LIST 3 PROFESSIONAL REFERENCES:

- | | |
|----------|-------|
| 1. _____ | _____ |
| NAME | PHONE |
| 2. _____ | _____ |
| NAME | PHONE |
| 3. _____ | _____ |
| NAME | PHONE |

DRIVERS LICENSE # _____

HAVE YOU HAD ANY MEDICAL HISTORY THAT WOULD LIMIT OR PREVENT YOU FROM TAKING PART IN ANY PHYSICAL EXERTION? IF YES, PLEASE EXPLAIN:

ARE YOU WILLING TO COMMIT A MINIMUM OF 5-10 HOURS PER MONTH TO THE TEAM? _____

I AGREE TO SUBMIT TO RECORDS SEARCH BY A LAW ENFORCEMENT AGENCY IN ORDER TO DETERMINE IF I HAVE ANY SERIOUS CRIMINAL RECORD OR DRIVING RECORD.

ALL INFORMATION WILL BE KNOWN TO LAW ENFORCEMENT ONLY.

SIGNATURE

DATE

PLEASE ATTACH COPIES OF ALL CERTIFICATES TO THIS APPLICATION BEFORE SUBMITTING

RECEIVED: _____
DATE

INITIALS

REVIEWED: _____
DATE

INITIALS

RECOMMENDATION: _____
YES

NO

COMMENTS:
