

APPLICATION FOR MEMBERSHIP

NAME	HO	ME TELEPHONE
CELL PHONE #	WC	DRK #
ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL ADDRESS:		
	(PLEASE PRINT CLE	ARLY)

READ THE FOLLOWING REQUIREMENTS CAREFULLY BEFORE FILLING OUT THIS FORM.

GENERAL REQUIREMENTS:

- 1. Be a citizen of the United States.
- 2. Be a legal resident of Howard County and the State of Indiana for at least six (6) months, prior to the date on this application. If you have been in an Emergency Management Agency or equivalent to this, and after having received three (3) verified letters of recommendation from this organization you may proceed.
- 3. Be at least eighteen (18) years of age. Are you at least 18 years of age? _____ Yes _____ No
- 4. Possess a <u>current</u>, valid Indiana Motor Operator's License.
- 5. Applicants <u>MUST</u> maintain an operational telephone while being a member.
- 6. Can not have a felony conviction.
- 7. All applicants <u>MUST</u> have a licensed motorized **vehicle** mode of transportation to make call outs and other EMA functions.

Applicants who meet the above qualifications will be considered for membership in conjunction with the report(s) of character investigation.

INSTRUCTIONS:

This application must be filled out in ink, in the handwriting of the applicant. <u>A copy of the applicant's driver's</u> license must be attached to this application. All applications must be returned in person to the office by the applicant. Questions not applicable; Indicate with N/A.

<u>NOTE:</u> THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT, WITH ATTACHMENTS, IF REQUIRED.

LAST FIVE (5) YEARS OF RESIDENCE

ADDRESS

CITY/STATE

HOW LONG

(A) DATA ON INITIAL REQUIREMENTS

- 1.) Are you a regular graduate from high school?
- 2.) IF NOT, have you received a diploma from any high school after passing the G.E.D. test?
- 3.) List any volunteer organizations you are affiliated with:

(B) EDUCATION AND TRAINING

HIGH SCHOOL Name of School	DATES From/To	Grade Completed	Did you graduate?
COLLEGE OR UNIVESITY: Name of School	DATES From/To	Grade Completed	Did you graduate?
(C) EMPLOYMENT RECORD			
What is your present occupation?			
How long have you held this position?			
Name of employer:			
Address of present employer:			

LIST YOUR EMPLOYMENT HISTORY OVER THE PAST TEN (10) YEARS:

DATES FROM/TO	NAME OF EMPLOYER	ADDRESS OF EMPLOYER	NATURE OF BUSINESS	REASON FOR LEAVING
			DUSINESS	
				· · · · · · · · · · · · · · · · · · ·
(D) REFER	RENCES: (LIST THREE (3) RE	FERENCES THAT ARE N	OT RELATIVES)	
Name			Phone#	
Address			City	
Name			Phone#	
Address			City	
Name			Phone# City	
Address			City	
(E) DRIVIN	NG RECORD			
Do you drive	a car?	How many years of dri	ving experience?	
Do you drive	a truck?	How many years of driv	ving experience?	
Driver's Lice	nse Number		Expires	
(F) MILITA	RY STATUS			
Military I	History:			
Organizat	-	Dates of Service From/To		Rank or Grade
<u></u>				Tunn of Grude
Are you r	now a member of the active Reser	ves? If	so, what rank?	
Give the r	now a member of the active Reser name and location of the group qualifications earned (Attach copy			

(Attach copy of Certifications)

(G) POLICE / FIRE / EMS / COMMUNICATIONS EXPERIENCE

Name of Unit	Dates of Employment From/To	Rank Held
Emergency Management	and/or employment not included above which you bel t member; such as past memberships with an Emergency e fighter, etc. (Attach copies of Certifications)	2

	Dates	
Unit/Agency	From/To	Position Held

(H) CERTIFICATIONS:

List any certifications/numbers, permits, etc. you have (EMT, 1st Responder, Firefighter, Gun Permit, PSID #, etc.)

Have you ever been convicted of a felony? If so, give the facts:

STATE OF INDIANA COUNTY OF HOWARD

I, ______ being duly sworn deposes and says that he/she is the applicant above named and that the statement of facts obtained in the foregoing application are true and will abide by all regulations of Federal, State, and Local Governments and all rules and regulations of the Howard County Department of Emergency Management Agency.

SIGNATURE

DATE

RECORDS REVIEW REQUEST AND WAIVER FORM

LAST NAME

FIRST NAME

MIDDLE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

I hereby authorize the HOWARD COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT employees to release information contained in their files to initiate a complete criminal history check on me and to check my driver's license record through VerifiedFirst. I understand and realize that the information so released may prove unfavorable to me. Notwithstanding, I do hereby release and covenant to forever hold harmless the HOWARD COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT, their employees from any liability arising out of or resulting from the release of this information.

REFUSAL TO SIGN THIS FORM WILL RESULT IN AUTOMATIC WITHDRAWAL OF THE APPLICATION.

DATED

SIGNATURE OF APPLICANT

The employer of agency requesting the information hereby agrees to indemnify **VerifiedFirst**, its agents or employees from any liability arising out of their release of aforesaid records.

DATED

SIGNATURE OF EMA REPRESENTATIVE

INVESTIGATION REQUEST AND WAIVER FORM

LAST NAME

FIRST NAME

MIDDLE

I hereby authorize the HOWARD COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT AGENCY its agents or employees to investigate and gather information pertaining to me from whomever (references, businesses, neighbors, relatives, employers, schools, creditors, etc.) it may be; for the purpose of joining their organization. I understand that the information so gathered may prove unfavorable to me. Notwithstanding, I do hereby release and covenant forever hold harmless the HOWARD COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT AGENCY, its agents or employees from any liability arising out of or resulting from the gathering of information concerning me.

REFUSAL TO SIGN THIS FORM WILL RESULT IN AUTOMATIC WITHDRAWAL OF THE APPLICATION.

DATED SIGNATURE OF APPLICANT

DATED

SIGNATURE OF WITNESS

TITLE OF WITNESS