Hamilton County HAZMAT team

Volunteer Member Application

This is a preliminary application form. Everything submitted to the Hamilton County HAZMAT TEAM will be kept confidential and will not be used for any purpose other than reviewing your eligibility as a prospective member of the Hamilton County HAZMAT TEAM. We will contact you as soon as soon as we have reviewed your information. Thank you for your interest.

Full Name _____ _____ S.S. Number_____ _____
Address _____
Home Phone _____ Cell Phone _____Other_____
Email _____
Occupation _____ Age _____ Date of Birth _____
What hours are you available to respond to emergencies _____
Driver's License # _____ State of Issued _____Driver's License Type_____
Driver's License Restrictions _____
Have you ever been convicted of a traffic violation in the past 10 years? If yes, please explain
_____
_____
Please select highest grade completed ( ) High School ( ) College ( )College Degree Degree Type _____
Have you ever been convicted of a crime? Circle one: YES NO If yes, please explain
_____
_____
In case of an emergency, name of nearest relative _____. Relationship _____
Address _____ Phone _____

List any medical, hazmat skills and date obtained, agency and location _____
_____
_____
HazMat operations my require the applicant to undergo periods of very strenuous physical activity. Therefore, please answer all the questions below.
Height _____ Weight _____ List Serious injuries _____
Have you ever had a hernia rupture? When? _____
Have you ever had an allergy or drug reaction ? If yes, please explain and when _____
_____
Do you have any physical limitations which would prevent you from participating fully in HazMat operations? If yes, please explain
_____

( ) Agree ( ) Disagree To authorize the Administration of the Hamilton County Hazardous Materials Team to investigate the authenticity of the above data to past criminal history, and traffic history. Any falsification of data requested during any portion of the application process could be considered grounds for immediate termination of membership. In the event I leave or am terminated from the Hamilton County HazMat team, I will immediately return all issued equipment or equipment belonging to the Hamilton County HazMat Team.

MAIL to: Hamilton County Office of Emergency Management
c/o Chief Jody Clift
4005 Cromwell Road
Chattanooga, TN 37402
Fax: 423-209-6901

Authorization for Background Examination

By my signature, I authorize the agents of _____
To investigate the authenticity of the application information, with particular attention, but not limited to, any past criminal history (omitting events prior to age 18), traffic history, and credit history. Any falsification of information requested during any portion of the application process could be considered grounds for immediate termination of membership.

By my signature, I agree further, that in the event I voluntarily leave or am terminated from this agency, I will immediately return all issued equipment including but not limited to I.D. cards, radios, pagers, protective clothing, or any property belonging to_____
I fully understand that my participation is probationary as set forth in the policies of this organization.

Signature: _____ **Date:**_____

Witness: _____