

IA-TF1 Applicant Information

Date of Application:

Personal Information

<i>Last Name</i>	<i>First Name</i>	<i>M</i>	<i>Social Security No.</i>
<i>Address (street, city or town, state, ZIP code)</i>			
<i>Height</i>	<i>Weight</i>	<i>e-mail address, if any</i>	

Notification Information

<i>Home Telephone</i>	<i>Business Telephone</i>	<i>FAX Number</i>
<i>Cellular Telephone</i>	<i>Pager Number</i> <input type="checkbox"/> <i>(check box if alpha-numeric)</i>	

IA-TF1 Position Applied For: See Attachment "F" for minimum requirements for each position.
(You may list up to three positions as defined in the position description, in a descending order of preference)

1.
2.
3.

Person To Notify In Case Of An Emergency

<i>Name</i>	<i>Relationship</i>
<i>Address (street, city or town, state, ZIP code)</i>	
<i>Home Telephone</i>	<i>Work Telephone:</i>

Special Qualifications

<i>Medical Qualifications (MD, RN, Paramedic, EMT, etc.) Registration No.: _____</i>
<i>Special Equipment Licenses (describe, license no., expiration dates, etc.)</i>
<i>Hazardous Materials Training (list date of last training and certification, who provided it)</i>
<i>Amateur/Commercial Radio Licensing (provide call sign and license class)</i>
<i>Law Enforcement Related Education and Training</i>
<i>Other Professional Licenses: (describe)</i>

Other Qualifications (check applicable box)

<input type="checkbox"/> WMD	<input type="checkbox"/> Search Operations	<input type="checkbox"/> CISD Training
<input type="checkbox"/> Basic Firefighter (NFPA1001)	<input type="checkbox"/> Canine Operations	<input type="checkbox"/> Construction Equipment Operator
<input type="checkbox"/> Rope Rescue	<input type="checkbox"/> Construction Techniques	<input type="checkbox"/> Heavy Rigging, Welding, Cutting
<input type="checkbox"/> Confined Space Rescue	<input type="checkbox"/> Military Experience	<input type="checkbox"/> Speaks <input type="checkbox"/> Reads Language other than English
<input type="checkbox"/> Shoring/Stabilizing	<input type="checkbox"/> Military Aircraft Experience	<input type="checkbox"/> Supervisory Experience
<input type="checkbox"/> Use of Rescue Tools (specify)	<input type="checkbox"/> Incident Command Training (ICS)	<input type="checkbox"/> Other
<i>(Describe any training and experience checked above)</i>		

Sponsoring Organization/Department/Employer

Organization/Department/Employer:	
Organization/ Department/Employer Address:	City: State: Zip:
E-mail Address:	
Business Phone: - - Business Fax #: - -	Current Position Held in Department or Organization:
How Long with Current Department or Organization: From: To:	How Long in Current Field: years months

Signature, Certification, and Release of Information

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign

<ul style="list-style-type: none"> • A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. • I understand that any information I give may be investigated as allowed by law. • I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the IA-TF1. • I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. 	
SIGNATURE (Sign each application in dark ink)	DATE SIGNED (Month, day, year)