|  |
| --- |
| Personal Information |
| Name: |
| Date of birth: | Illinois driver’s license number: | Class: |
| Current address: |
| City: | State: | ZIP code: |
| Home phone: | Cell phone: |
| Email address: | U. S. citizen: ⬜ YES ⬜ NO |
| Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Emergency Contact |
| Name of a relative not residing with you: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
| Spouse’s Information if joint membership |
| Name: |
| Date of birth: | SSN: | Phone: |
| Spouse’s Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| References |
| Name | Address | Phone |
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|  |  |  |
| Signatures |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. |
| Signature of applicant: | Date: |
| Signature of spouse (only if for a joint membership): | Date: |

**AUTHORITY TO RELEASE INFORMATION**

Having made application with the Wabash County Emergency Management Agency (WEMA), and desiring that they know my previous records and character, I hereby authorize an investigation into all records, which may be of interest to them. This authorization to release information includes, but is not limited to; school, employment, military, criminal, court and driving records, whether privileged or not. This authorization to release information is executed in context of the Wabash County EMA organization giving my application consideration and shall serve as a release of all liability to all parties furnishing such information to Wabash County or its Departments.

Once signed and notarized, a copy or facsimile of this Authority to Release Information form shall serve as providing the same authority to release information as the original document.

**\*\* SIGNATURE MUST BE WITNESSED BY A NOTARY PUBLIC \*\***

Applicant Name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_\_\_\_\_

**(following to be completed by a Notary Public)**

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(seal)

APPLICANT MUST SIGN THIS SIGNED, HAVE IT NOTARIZED, AND SUBMIT IT WITH THE WEMA VOLUNTEER MEMBERSHIP APPLICATION.

**APPLICANT QUESTIONAIRE**

**PHYSICAL ABILITY**:

Do you have any medical conditions which may restrict your activities? \_\_\_Yes \_\_\_No

Are you able to walk medium to long distances? \_\_\_Yes \_\_\_No

Are you able to run for short to medium distances? \_\_\_Yes \_\_\_No

Are you able to perform moderate lifting? \_\_\_Yes \_\_\_No

Are you a proficient swimmer? \_\_\_Yes \_\_\_No

Do you currently use any controlled substance not legally prescribed? \_\_\_Yes \_\_\_No

**EMPLOYMENT:**

Current employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position /Job Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you be reached by phone while at work? \_\_\_Yes \_\_\_No \_\_\_Emergencies Only

Are you able to respond to an emergency during working hours? \_\_\_Yes \_\_\_No

What is your typical work schedule? Please indicate below;

M\_\_\_\_\_\_\_ Tu\_\_\_\_\_\_\_ W\_\_\_\_\_\_\_ Th\_\_\_\_\_\_\_ F\_\_\_\_\_\_\_ Sa\_\_\_\_\_\_\_ Su\_\_\_\_\_\_\_

Please provide information on your employment history for the last 5 years:

Employer From/To Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have experience in a management or supervisory position? \_\_\_Yes \_\_\_No

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**:

Have you received a High School diploma or G.E.D. equivalent? \_\_\_Yes \_\_\_No

Please list college degrees achieved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled in college or other continuing education programs?

\_\_\_Yes \_\_\_No (if Yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**MILITARY EXPERIENCE**:

Have you served in the military? \_\_\_Yes \_\_\_No (Rank achieved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

If Yes, which branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enlistment Date(month/year) \_\_\_\_/\_\_\_\_

Are you currently active or in the military reserves? \_\_\_Yes \_\_\_No

Type of discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date discharged: (month/year) \_\_\_\_/\_\_\_\_

**VOLUNTEER EXPERIENCE**:

Are you currently a volunteer for any non-profit entity or organization? \_\_\_Yes \_\_\_No

If Yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you volunteered your time or services in the past 5 years? \_\_\_Yes \_\_\_No

If Yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EQUIPMENT AND TECHNOLOGY**:

Please indicate the type of specialty vehicles you are proficient at operating:

\_\_\_4WD SUV \_\_\_4WD Full-Size Pickup \_\_\_Straight-Truck \_\_\_Bus \_\_\_ATV

\_\_\_Snowmobile \_\_\_Power Boat \_\_\_Other (please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Are you proficient at backing a trailer? \_\_\_Yes \_\_\_No \_\_\_Somewhat

Are you proficient in any of the following computer software programs?

\_\_\_Windows \_\_\_MS Word \_\_\_MS Excel \_\_\_MS PowerPoint \_\_\_MS Access

Do you have daily access to an Internet connected computer? \_\_\_Yes \_\_\_No

Do you use a Blackberry or other Internet connected personal device? \_\_\_Yes \_\_\_No

Are you certified in CPR? \_\_\_Yes \_\_\_No Training in use of an AED? \_\_\_Yes \_\_\_No

Please list any specific equipment and/or technology skills you possess other than

those listed above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**BACKGROUND INFORMATION:**

Have you ever been arrested on a felony charge? \_\_\_Yes \_\_\_No

If Yes, were you convicted of any felony charge(s)? \_\_\_Yes \_\_\_No

List each felony charge, the date and arresting agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a misdemeanor charge, including DUI, but other than

minor traffic offenses? \_\_\_Yes \_\_\_No

List each misdemeanor charge, the date and arresting agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the past 2 years, have you been convicted of any minor traffic offenses?

 \_\_\_Yes \_\_\_No (if Yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**REFERENCES:**

Please list 3 unrelated, personal references;

Name Years Known Telephone

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MISC. INFORMATION:**

Please list any skills, talents, training or education, not already listed above, which you

feel will benefit the Wabash County EMA organization;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please indicate why you desire to be a volunteer member of Wabash County EMA;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please use this space to add any additional information you would like us to know;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AFFIRMATION**

By signing below, I hereby submit my application for consideration as a volunteer member of the Wabash County Emergency Management Agency (WEMA). I affirm and acknowledge that if my application is accepted I will comply with all agency policies, procedures, rules and regulations, and to all lawful orders given to me by agency supervisory personnel.

I further acknowledge that if my application is accepted I will submit to a drug screen test, if requested, and I will take the Loyalty Oath that is required of all Illinois Emergency Services personnel by the Illinois Emergency Management Agency Act of 1975.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby affirm that all information given on this application is true and

 (print your full name)

correct to the best of my knowledge and ability. I understand that I must provide a signed and Notarized Authority to Release Information form in order for my application to be considered.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DO NOT WRITE IN THIS AREA – COUNTY GOVERNMENT USE ONLY**

Application received \_\_\_\_/\_\_\_\_/\_\_\_\_

Interview conducted \_\_\_\_/\_\_\_\_/\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Authority to Release Information form signed and Notarized

\_\_\_ Accepted \_\_\_ Declined \_\_\_Hold for future position \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Background check by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Loyalty Oath form signed

\_\_\_EMA I.D. issued

\_\_\_Copy of DL obtained