



Bedford County Emergency Management & Homeland Security

-Application For Membership -Non-Paid Division-

(Not For Public Record)

Complete By Printing In Ink or Typing Your Responses On All Four Pages

1. Name: _____,
(Last) (First) (Middle)

2. Current Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Resided Here From _____ (Month/Year) to _____ (Month/Year)

3. If you have resided at the above address for less than three years

Next most current address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Resided Here From _____ (Month/Year) to _____ (Month/Year)

4. Home Telephone Number: (____) _____

Daytime Phone Number: (____) _____

Cell. Phone Number: (____) _____ Pager Number: (____) _____

5. Social Security Number: _____

6. Name and Address of High School attended

Years You Attended: From _____ Through _____

Did You Graduate? _____

If you attended more than one High School provide information about your attendance at each school.

If you did not graduate from High School, do you have a General Equivalency Diploma (GED)? _____ If answered yes give name and address of Organization through which you earned your GED: _____

7. College/University Attended

Name and Address: _____

Years Attended: _____ Major: _____ Degree: _____

If you attended more than one College/University provide information about your attendance on a separate page and attach to this application.

8. Professional and Vocational Education

On the lines below list Professional or Vocational courses which you have taken. Show The name of the courses, the name and address of the school that offered the course, The date of attendance, and be sure to state whether or not you completed the course.

Emergency Service-Related Qualifications

Are you a Certified First Responder in the State of Tennessee? _____

Are you an EMT, EMTIV, or EMTP licensed in the State of Tennessee? _____

Are you trained in CPR? _____

Are you currently certified in Vehicle Extrication (TARS)? _____

Do you have a current certification as a Firefighter in the State of Tennessee? _____

Do you have any SAR, SWIFT Water Rescue, or any other Emergency Response related certifications that may be of interest? _____

If you answered "Yes" to any of the above questions attach a copy of your license or certification to this application.

9. Do you currently hold a valid Tennessee Driver's License? _____

DOB _____ Driver's License Number: _____ Class:

Endorsements: _____ Restrictions: _____ DL Expires: _____

List all driving violations for which you have been charged and convicted (Either by Court appearance or by paying a fine without court appearance) during the past 36 months. List the violation, date, and location.

10. **Current Employer:**

Address: _____

City, State, Zip: _____

Immediate Supervisor: _____

Supervisor: _____ Phone #: _____

Date Began Employment: _____

Prior Employer: _____

Address: _____

City, State, Zip: _____

Immediate Supervisor: _____ Phone #: _____

Dates of Employment: _____

Reason for Leaving: _____

Prior Employer: _____

Address: _____

City, State, Zip: _____

Immediate Supervisor: _____ Phone #: _____

Dates of Employment: _____

Reason for Leaving: _____

12. References -- This must be completed and sufficient information provided so that the referenced persons can be contacted.

	<u>Name</u>	<u>Address</u>	<u>Tel #</u>	<u>Yrs Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

13. **Have you ever been convicted of a felony or misdemeanor criminal charge?**

If you responded "Yes" provide complete information about all such charges. This
Should include the charge itself, date of conviction, city and state of conviction and
The name of the Law Enforcement Agency obtaining the conviction: _____

14. **Have you previously or do you now suffer from any of the following:**

	<u>Now Suffer</u>	<u>Previously</u>	<u>Never</u>
Respiratory Illness	_____	_____	_____
Cardiac Problems	_____	_____	_____
High Blood Pressure	_____	_____	_____
Diabetes	_____	_____	_____
Seizures	_____	_____	_____
Back Injury	_____	_____	_____
Hernia	_____	_____	_____

Explain any other physical disability, which you may have which could adversely
affect your performance as a member of Bedford County Emergency Management:

15. **Briefly state your reason(s) for applying for membership and/or special interest
wanting to participate in:**

16. *****APPLICANTS STATEMENT*****

I understand that the filing of this application places my name in consideration for membership with the Non-Paid Division of the Bedford County Emergency Management & Homeland Security Agency. It does not guarantee acceptance into the organization..

(Signature of Applicant)

(Date)

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Reviewed By:

