



Montgomery County
Department of Public Safety



Hazardous Materials Response Team
Application

Please Type or Print

DATE _____

Please read all four (4) pages of this application and complete fully. An incomplete application will be returned to you.

Name: _____ S/S # _____
(Last) (First) (Initial)

Address: _____

(Street) (City) (State) (Zip Code)

Telephone number (including area code): _____

ONLY if under the age of 18, state your date of birth: _____

Are you a U.S. Citizen? Yes No

If not, can you furnish proof of Visa or Immigration Status? Yes No

At what Station will you maintain active status? 81A or 81B

Have you ever been employed by Montgomery County? No Yes

When _____ Department _____

Do you have a valid PA Driver's License? No Yes

Number _____ Class of License: _____

Person to be notified in case of emergency

(Name)

(Address)

(Phone #)

(Relationship)

Have you ever been convicted of a crime (excluding minor traffic violations)? No Yes

(If yes, please explain below):

Are you related to anyone who works for the County? No Yes

(If yes, complete the following):

Name: _____ Relationship: _____

Department: _____

Name: _____ Relationship: _____

Department: _____

Please list below any skills, qualifications or experiences, which you feel would especially fit you for work with the Hazmat Response Team:

Montgomery County complies with the Civil Rights Act of 1964 prohibiting discrimination in employment practice because of race, color, religion, sex or national origin; PL 90-202 prohibiting discrimination because of age, and the Americans With Disabilities Act of 1992, prohibiting discrimination against the handicapped in employment or the provision of services.

RECORD OF EDUCATION

LIST ALL RELATED EMERGENCY SERVICE CERTIFICATIONS BELOW:

SCHOOLS ATTENDED:

Highest (years) completed: _____

Name and Address of Institution: _____

Earned Diploma / Degree? _____

Your major / Area of concentration

REFERENCES (not relatives)

Please list below three (3) references that we may contact.

Name: _____ Position/Title: _____

Telephone Number: [_____] _____
(Area Code)

Company Name: _____

Company Address: _____

Name: _____ Position/Title: _____

Telephone Number: [_____] _____
(Area Code)

Company Name: _____

Company Address: _____

Name: _____ Position/Title: _____

Telephone Number: [_____] _____
(Area Code)

Company Name: _____

Company Address: _____

PEMA requires the Hazardous Materials Response Team members to undergo a criminal background investigation. Therefore, we request that you read the following and acknowledge by signing in the appropriate space.

RELEASE OF CONFIDENTIAL INFORMATION

I hereby give my permission to release to the Department of Public Safety of the County of Montgomery, Pennsylvania, any records of criminal conviction, any past volunteer or paid employment records with a fire, police, EMS, Hazardous Materials or other emergency service agency, including performance evaluations, time, attendance and training records and any other personnel records and written or verbal references for the Department's review and evaluation with regard to my application for membership with the Montgomery County Hazardous Materials Response Team.

(Date)

(Signature of Applicant)

I certify that the statements made on this application for membership are true and correct, to the best of my knowledge and I hereby grant permission for the authorities of the County of Montgomery to investigate and verify the information contained herein and my references and release the County of Montgomery and all previous employers from any and all liability resulting from such investigation. Upon my separation from the County of Montgomery, I authorize the release of reference information on my work. I understand that the giving of false information or the failure to give complete information requested herein shall constitute grounds for rejection of my application or my dismissal in the event of my membership with the County of Montgomery Hazardous Materials Response Team. I understand that my membership with the County of Montgomery is contingent upon the satisfactory recommendation from former employers and references if requested. I understand that this application for membership and any other Montgomery County documents are not contracts. I also understand that membership with the County of Montgomery Hazardous Materials Response Team is an at will arrangement and as such any individual who is approved may voluntarily leave upon proper notice and may be terminated by the County of Montgomery at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective member.

(Date)

(Signature of Applicant)