

Tri-County Special Operations Unit

Once form is completed please print and sign and have Agency Head / Chief Sign INCLUDE COPIES OF RELEVANT CERTIFICATIONS. You can e-mail / fax / or mail form to the following. E-mail: jwickizer@shco.org Fax: 712-235-6911 Mail: Shelby County EMA 612 Court Street Harlan, IA 51537

Your Contact Information

First Name

Last Name

Social Security Number



Drivers Licence Number

Address

Cell Number

Cell Service Provider

E-mail Address

Phone

Date of Birth

Years of Service

Which position are you applying for?

Sponsoring Agency

Department

Department Head / Chief

E-mail Address

Phone

Chief Approval

Yes

No

Are you willing to attend monthly training?

Yes No

Are you willing to submit to a Criminal Background check

Yes
No

Have you been convicted of a Felony

Yes
No

Firefighter 1 Certification Date

Haz Mat Operations Certification Date

Terrorism Awareness Certification Date

EMS Certification Level / Expiration / Certification Number

NIMS 100

Yes
No

NIMS 700

Yes
No

CPR

Yes
No

Certified Dispatcher

Yes
No

I, Agency Head / Chief give my permission for above applicant to work as a member of the Tri County Special Operations Unit. I understand this person will be covered under our departmental insurance and use of our personal protective equipment while functioning as a special operations team member. This person complies with the physical requirements of listed Agency / Department.

APPLICANT: I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination from participation on the Tri County Special Operations Unit.

Chiefs Signature

Applicants Signature

Date