

**GENESEE COUNTY HAZARDOUS MATERIALS RESPONSE TEAM
APPLICATION FOR EMPLOYMENT**

Directions: Please fill out all 3 pages of this application electronically. Once completed, please print and sign. You will also need a signature from your Fire Chief.

Fax completed applications with signatures to: (810) 237-6169 or Scan and Email to gchazmat@co.geneseemichigan.us.

Name: _____ Date: _____ Date Accepted: _____
Address: _____ City: _____ State/ Zip: _____
Home Telephone: _____ Work/Cell Number: _____
Email: _____ Date of Birth: _____ Male: _____ Female: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
SIZES Coat: _____ Shoe: _____ Shirt: _____ Pant (WxL): _____

Are you a State Certified Fire Fighter? Yes _____ No _____ How Long? _____
Please list the Fire Department you work for: _____

Seniority: _____ Rank: _____

Are you a State Certified Law Enf Officer? Yes _____ No _____ How Long? _____
Please list the Police Department you work for: _____

Do you have Medical Training? Yes _____ No _____ What Type? _____
Do you have HAZMAT Training? Yes _____ No _____ What Level? _____

NIMS Training (highest completed): _____

Please attach copies of certificates of Medical, HAZMAT, NIMS, or other trainings completed.

Have you been convicted of a crime or are there any felony charges pending against you? Yes _____ No _____
If yes, please explain: _____

Do you have a valid Driver's License? Yes _____ No _____ DL #: _____
Has your license ever been suspended? Yes _____ No _____

If yes, please explain: _____

NOTE: A "yes" response does not disqualify a job applicant from further consideration. Each situation is evaluated relative to the job being sought. Factors such as age and nature of offense, and rehabilitation, will be taken into account.

Other Employment: _____
How Long: _____

Other Comments: _____

EDUCATION

Name of School: _____ Location: _____
Major(s): _____ Yrs. Attended: _____ Graduated: _____
High School: _____ Technical Training: _____
College: _____ Other: _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences, as well as how you believe they would be of value to the Genesee County Hazardous Materials Response Team.

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relation to you: _____
Home Telephone: _____ Work/Cell: _____

REFERENCES

Give information of three persons not related to you, whom you have known at least one year on your department. At least one must be an officer in charge. Your Department WILL be contacted.

Reference 1: Name: _____
 Address: _____
 Phone Number: _____
 Title: _____
 Years Acquainted: _____

Reference 2: Name: _____
 Address: _____
 Phone Number: _____
 Title: _____
 Years Acquainted: _____

Reference 3: Name: _____
 Address: _____
 Phone Number: _____
 Title: _____
 Years Acquainted: _____

PLEASE READ

I certify that information given in this Application and related documentation is true and complete without qualification. I understand that the Genesee County Hazardous Material Response Team may investigate my work, personal and any criminal history and verify all data given on this Application, on related papers, and in interviews and authorize the Genesee County Hazardous Material Response Team to do the same.

I hereby give consent to any authorized representative from the Office of Genesee County Sheriff to obtain information pertaining to law enforcement (including, but not limited to, any record of charge, prosecution, or conviction for civil or criminal offenses).

This inquiry may include information as to my character, general reputation and personal characteristics and I consent to the conduct of this inquiry. I authorize all individuals, school and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that the Genesee County Hazardous Material Response Team is entitled to rely on the representations made by me in the hiring process, and therefore, I understand and acknowledge that any misrepresentation or omission of the fact by me can result in immediate discharge if deemed appropriate by the Genesee County Hazardous Material Response Team.

I further understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for communicable diseases, drugs and/ or alcohol) at the Genesee County Hazardous Material Response Team discretion and expense.

Applicant's Signature: _____

Date: _____

APPLICATION FOR EMPLOYMENT FOR GENESEE COUNTY HAZMAT TEAM
AUTHORITY FOR RELEASE OF INFORMATION (PERSONAL INQUIRY WAIVER)

To: Any concerned person or authorized representative or any organization, institution or repository of record:

I hereby request and authorized you to furnish the Genesee County Hazardous Material Response Team, from your personal knowledge, your files, or any other sources, all information you may have pertaining to my personal background including, but not limited to employment records, academic and athletic achievements, attendance, character, reputation, financial credit status, military records or any other records or information you may have regarding me. Please include all information of a confidential or privileged nature and Photostats of same, if possible.

This release is executed with the full knowledge and understanding that the information is for the official use of the Genesee County Hazardous Material Response Team in determining my qualifications and fitness for the position I am seeking with the team. Consent is granted for the Genesee County Hazardous Material Response Team to furnish such information as is described above to third parties in the course of the team fulfilling its official responsibilities with regard to my application for employment.

I hereby release you, the institution or establishment you represent including its officers and employees and related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

NO APPLICATION WILL BE ACCEPTED WITHOUT THE APPLICANTS MUNICIPALITY'S SIGNED M.O.U. ON FILE WITH GENESEE COUNTY EMERGENCY MANAGEMENT.

Applicant's Full Name: _____

Applicant's Signature: _____

Address: _____ **City:** _____ **State/Zip:** _____

Home Telephone: _____ **Work Telephone:** _____

Name of Jurisdiction: _____

Fire Department: _____

Fire Chief's Signature: _____