

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.

9. 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? _____

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

10. 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.

******* Attach a copy of you Driver's License to this application *******

11. Current Employer: _____
Address: _____
City, State, Zip: _____
Immediate 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 Wilson Co. Emergency Management: _____

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

16. Physical Description:

Height _____ Weight _____
 Color of Eyes _____ Color of Hair _____

17. *******APPLICANTS STATEMENT*******

I understand that the filing of this application places my name in consideration for membership with the Non-Paid Division of the Wilson Co. Emergency Management Agency. It does not guarantee acceptance into the organization. If accepted I understand that I will be on probation for a period of at least six months during which my performance will be monitored and reviewed for acceptability by officers of the Wilson Co. Emergency Management Agency.

_____ (Signature of Applicant) _____ (Date)

Reviewed By: _____

