

TRI COUNTY SPECIAL OPERATIONS UNIT APPLICATION FORM

Name of your Department _____	<u>Agreement of participation</u> I _____ Chief of _____ Department give permission for _____ to work as a member of the Tri County Special Operation Unit. I understand this person will be covered under our departmental insurance and use our personnel protective gear while functioning as a special operations team member. This person complies with the physical requirements of the _____ Department.
Name of Department Chief _____ _____	Signature of Chief _____ Date _____

General Information

Name _____	Social Security Number _____ Drivers license # _____
-------------------	---

Address _____	City _____ State _____	Tel. _____ E-mail _____
----------------------	---	--

I authorize the Tri County Special Operations unit to do a background check. Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Birth _____	Have you been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Explain: Date: _____ _____ _____ _____
If No Explain: _____ _____ _____ _____ _____ _____ _____	Have you been convicted of an OWI? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Explain: Date: _____ _____ _____ _____

Training

Team you want to join and training Qualifications: Entry Team_____	EMS Support_____	Operations Support_____	Years Experience	Information Verified
Certified Firefighter I Yes <input type="checkbox"/> No <input type="checkbox"/>	EMT-PS Yes <input type="checkbox"/> No <input type="checkbox"/>	Support Training EMS _____ Fire _____ Law _____ Communications _____	_____	_____
Incident Command Yes <input type="checkbox"/> No <input type="checkbox"/>	Incident Command Yes <input type="checkbox"/> No <input type="checkbox"/>	Incident Command Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Terrorism Awareness Yes <input type="checkbox"/> No <input type="checkbox"/>	Terrorism Awareness Yes <input type="checkbox"/> No <input type="checkbox"/>	Terrorism Awareness Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Hazmat Operations Yes <input type="checkbox"/> No <input type="checkbox"/>	Hazmat Operations Yes <input type="checkbox"/> No <input type="checkbox"/>	Hazmat Operations Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
First Aid & CPR Yes <input type="checkbox"/> No <input type="checkbox"/>	Advanced Cardiac Life Support Yes <input type="checkbox"/> No <input type="checkbox"/>	First Aid & CPR Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

Other training or Certifications:

Please List other qualifications that would make you an asset to this team:

Years Of Experience In Emergency Services: _____

To verify the above training please include copies of training certificates.

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.

Signature: _____ Date: _____

Physical Examination Record

This evaluation is only to determine readiness for Tri County Special Operations Unit participation. It should not be used as a substitute for regular health maintenance examinations. (To be filled out by Licensed Health Professional)

Name _____ Height _____ Weight _____

	Normal	Abnormal findings	Initials
1. Eyes	_____	_____	_____
2. Ears, nose and Throat	_____	_____	_____
3. Mouth and teeth	_____	_____	_____
4. Neck	_____	_____	_____
5. Cardiovascular	_____	_____	_____
6. Chest and Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Skin	_____	_____	_____
9. Genitals- hernia	_____	_____	_____
10. Musculoskeletal	_____	_____	_____
11. Neurological	_____	_____	_____

Comments re Abnormal Findings:

Participation Recommendations:

_____ Full and Unlimited Participation

_____ Limited participation

_____ No Participation

Licensed Professional's Name (Printed)

Date

Signature

Phone

Address