

# WHITLEY COUNTY EMERGENCY MANAGEMENT APPLICATION

## APPLICANT INFORMATION

Last Name:	First Name:	Preferred Name:
Phone (Main):	Phone (Secondary):	Email:
Current address:		
City:	State:	ZIP Code:
Facebook:	Twitter:	Instagram:

## EMERGENCY CONTACT

Name:	Relationship:	Phone:
Address:		
City:	State:	ZIP Code:

## EMPLOYMENT INFORMATION

Employer:	Occupation:	
Hours Worked:	Work Phone:	Can we call while at work: YES or NO

## VEHICLE INFORMATION

Vehicle 1:	License:
Vehicle 2:	License:

## INTERESTED AREAS

What skills and knowledge do you think you could bring to the department:

  
  

What services of the department would you like to learn or join:

  
  

## SPECIAL SKILLS

Please check any area you have previous skills in and years of experience

<input type="checkbox"/> AMATEUR RADIO: Call sign and Level:	<input type="checkbox"/> COMPUTER: Operating System(s):	<input type="checkbox"/> MICROSOFT OFFICE: Typing WPM:
<input type="checkbox"/> DISPATCH:	<input type="checkbox"/> SECRETARY:	<input type="checkbox"/> SOCIAL MEDIA:
<input type="checkbox"/> LAW ENFORCEMENT:	<input type="checkbox"/> FIREFIGHTING:	<input type="checkbox"/> EMS:
<input type="checkbox"/> CARPENTER:	<input type="checkbox"/> ELECTRICIAN:	<input type="checkbox"/> WELDER:

## TRAINING, QUALIFICATIONS, AND CERTIFICATIONS

Include ARRL classes, FEMA, CERT, Skywarn, IDHS, etc  
(use additional sheet if needed)


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## REFERENCES

Name	Address	Phone

## BACKGROUND CHECKS

All applications must be able to pass a criminal and driving background check. If at any time you have a significant change, please advise the Director, Deputy Director, and/or your Lead Officer as soon as possible.

Full Legal Name:	Social Security Number:
Driver License Number:	Issuing State:
Previous Conviction(s):	Location of Conviction:

## OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

As a volunteer employee of the Whitley County Government may be subjected to random drug screens and background checks. All employees will be required to adhere to the Whitley County Government policies and procedures, including Whitley County Emergency Management's Standard Operating Procedures (SOP's) and Standard Operating Guidelines (SOG's). All applications will be reviewed by the Director, Deputy Director, and Lead Officer(s) prior to approval.

## LOYALTY OATH

I, \_\_\_\_\_, do solemnly swear that I will support and defend the Constitution of the United States of America and the Constitution of the State of Indiana against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. And I do further swear that I do not advocate nor am I a member of any political party or organization that advocates, the overthrow of the government of the United States of America or the State of Indiana by force or violence; and that during such time as I am a member of the Whitley County Department of Emergency Management I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States of America or the State of Indiana by force of violence.

## SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
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**Please mail your completed application to:**

**Whitley County Office of Homeland Security  
Emergency Management Agency  
101 West Market Street, Suite C  
Columbia City, Indiana 46725**