



## Member Minimum Requirements and Expectations

### Requirements

- At least 18 years of age
- Possess a valid driver's license
- United States Citizen
- No Felony Convictions or acts of dishonesty
- Two (2) years of frontline emergency responder experience

### Minimum Training

- Trained to the Hazardous Materials Awareness Level (6 Hour Course)
- Trained to the Hazardous Materials Operations Level (24 Hour Course)
- Current Hazardous Materials Operations Refresher within one year
- Hazardous Materials Awareness ProBoard Certification
- ICS-100
- ICS-200

## Expectations

- Ability to participate in monthly training from September to June each year and other training to meet PEMA's training requirements
- Complete and Pass the Team's SCBA Competency Program
- Commitment to completing Hazardous Materials Operations ProBoard Certification within probationary period
- Enroll in Hazardous Materials Technician training and ProBoard certification within Probationary Period
- Complete ICS-700 and ICS-800 by the time enrolled into Hazmat Technician Training
- Acknowledge upon membership you will serve a one (1) year Probationary Period
- Physically capable of performing Hazardous Materials Technician tasks and duties

I have read and understand the Team's New Member Requirements, Minimum Training and Expectations:

Acknowledged by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Applicant*

*Allegheny County Hazmat Station 450*



# Specialized Intervention Team

Allegheny County Hazmat Station 450  
Allegheny County • Pennsylvania

## Application for Membership

Please Print

Date \_\_\_\_\_

Applicant \_\_\_\_\_  
(First) (Middle) (Last)

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City – Municipality) (State) (Zip)

Municipality of Residence : \_\_\_\_\_ (Borough, Township, etc) County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone Carrier (Provider) \_\_\_\_\_

Maiden Name and/or Alias(s): \_\_\_\_\_

Please provide ALL Previous Addresses that you resided in since adulthood. Use additional sheets of paper as needed.

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City – Municipality) (State) (Zip)

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City – Municipality) (State) (Zip)

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City – Municipality) (State) (Zip)

Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Are you a U.S. Citizen? [ ] Yes [ ] No  
If you were not born in the USA, proof that you are a Naturalized Citizen shall be produced acceptable to the Organization.

Spouses Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Employment History

List your last employers over the past 10 years. Use additional sheets of paper as required.

Employer \_\_\_\_\_ Occupation / Position \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) (City / State) (Zip)

Supervisor \_\_\_\_\_ Full Time [ ] Part Time [ ] Dates of Employment \_\_\_\_\_

Employer \_\_\_\_\_ Occupation / Position \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) (City / State) (Zip)

Supervisor \_\_\_\_\_ Full Time [ ] Part Time [ ] Dates of Employment \_\_\_\_\_

Have you ever been suspended without pay by an employer [ ] No [ ] Yes If yes, explain \_\_\_\_\_

Have you ever been terminated by an employer [ ] No [ ] Yes If yes, explain \_\_\_\_\_

## Physical History

Are you physically capable of heavy manual labor? [ ] Yes [ ] No If no, explain. Also list all physical limitations, such as eyesight, limb impairment, diabetes, back problems, heart condition, etc. that may impair your performance. Use additional sheets of paper as required. If none, indicate "None".

Have you ever been injured on the job? \_\_\_\_\_ If yes, give details of injury and recovery \_\_\_\_\_

Have you ever failed a pre-employment or random drug test? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_

Do you use or have you ever used illicit substances? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_

Have you ever been counseled or treated by a Substance Abuse Professional? [ ] Yes [ ] No If yes, explain. Use additional pages as necessary.

Have you ever received Accelerated Rehabilitative Disposition (ARD) for Driving Under the Influence or any other charge? [ ] Yes [ ] No If Yes

Explain: \_\_\_\_\_

Have you missed time from work over the past 3 years? [ ] Yes [ ] No Dates: \_\_\_\_\_ Explain? \_\_\_\_\_

Have you ever received workman's compensation? [ ] Yes [ ] No Dates? \_\_\_\_\_ Explain? \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address of family doctor \_\_\_\_\_

Date of last doctor/hospital visit \_\_\_\_\_ Purpose \_\_\_\_\_

Are you able to complete a physical annually? [ ] Yes [ ] No If no, explain \_\_\_\_\_

How were you referred to the Hazmat Team? \_\_\_\_\_

Have you received formal training in the operation of Self Contained Breathing Apparatus (SCBA)? \_\_\_\_ Yes \_\_\_\_ No. If yes, please complete the following:

**Self Contained Breathing Apparatus (SCBA) Training Information**

**ATTACH COPIES OF TRAINING CERTIFICATE TO APPLICATION WHEN SUBMITTED**

Name of Class	Date of Completion	Location	Class Sponsoring Organization
SCBA Manufacture Utilized	Instructor	Class Curriculum Standard	Fit Tested: Yes / No

**Hazmat Training & Certifications/ ICS Training**

**ATTACH COPIES OF TRAINING CERTIFICATES TO APPLICATION WHEN SUBMITTED**

Name of School	Name of Course	City / State	Did You Receive a Certificate?	ProBoard Number	Date of Completion
	ICS - 100			Not Applicable	
	ICS - 200			Not Applicable	
	ICS - 700			Not Applicable	
	ICS - 800			Not Applicable	
	Hazmat Awareness			Not Applicable	
	Hazmat Operations			Not Applicable	
	ProBoard Awareness				

Did you complete a Hazmat Operations Refresher Class?  Yes  No If yes, when?     /     /     Location: \_\_\_\_\_

PA DOH Certification Number	Level	Expiration

# Fire / EMS / Hazmat Services

Have you ever applied to any other emergency services organization and been denied membership? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been suspended or expelled from an emergency services organization? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

**Please provide the information covering your past fire company, EMS, and/or hazmat service history below. Use additional sheet(s) of paper and attach them to the application as required.**

Name and Address of previous  
Fire, EMS and/or Hazmat service

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel. No. \_\_\_\_\_

Active Position

From Mo. / Yr.	From Mo. / Yr.	Position	Reason for Leaving	Name of Chief/Dir

In detail, describe any specific experience and/or responsibilities you had: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Name and Address of previous  
Fire, EMS and/or Hazmat service

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel. No. \_\_\_\_\_

Active Position

From Mo. / Yr.	From Mo. / Yr.	Position	Reason for Leaving	Name of Chief/Dir

In detail, describe any specific experience and/or responsibilities you had: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Name and Address of previous  
Fire, EMS and/or Hazmat service

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel. No. \_\_\_\_\_

Active Position

From Mo. / Yr.	From Mo. / Yr.	Position	Reason for Leaving	Name of Chief/Dir

In detail, describe any specific experience and/or responsibilities you had: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

# Criminal History

*Use additional sheets of paper as required.*

Have you ever been charged for any act of dishonesty?  Yes  No If yes, explain \_\_\_\_\_

Have you ever been disciplined by an employer for an act of dishonesty?  Yes  No If yes, explain \_\_\_\_\_

List all felony and misdemeanor convictions. Use additional sheet(s) of paper and attach them to the Application as required.

Date	Conviction Offense	Type	Penalty

*Use Additional Pages as Required.*

List all Pending Charges. Use additional sheet(s) of paper and attached them to the Application.

Date Charged	Pending Charges	Type

# Driving Experience

Attach a copy of your Driver's License to Application.

**Current**

Operator Number	State	Restrictions / Class	Expiration Date

**Previous**

Operator Number	State	Restrictions / Class	Expiration Date

Do you have a Commercial Driver's License?  Yes  No

Have you ever been denied a driver's license or permit?  Yes  No

Have you ever had your driver's license revoked or suspended?  Yes  No

If yes, explain: \_\_\_\_\_

## Driving Experience

Vehicle Type	Description of Vehicle	From	To	Company Name	Number of Miles
Fire					
Ambulance					
Hazmat					
Other					

## Driving Record

Have you ever been convicted of Driving Under the Influence?       Yes       No

Have you ever been convicted of refusing to submit to an alcohol or other type of sobriety test?  Yes    No

If yes, explain \_\_\_\_\_

**List all Traffic Convections including DUI for the last Ten (10) years.**

Date	Vehicle Type	Boro/City	Charge	Penalty

## Accident Record

Date	Description of Accident	Injuries / Damage

## Emergency Contact

Name and Relationship (ie spouse, parent, friend, etc.)	Phone Number



## Medical Information

Medical Condition(s):		
Allergies:		
Blood Type:	Weight:	Height:

### To Be Read and Signed by Applicant

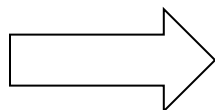
It is agreed and understood that any misrepresentation or omissions to evade providing information given on this application shall be considered an act of dishonesty.

It is agreed and understood that the Specialized Intervention Team or its agents may investigate the applicant by contacting anyone it determines necessary to determine the accuracy and completeness of the information on the application and any additional information received from conducting a background and reference check. The applicant releases the Specialized Intervention Team and its members, Officers, and agents from all liability or damages in obtaining information about the applicant.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete the applicant's membership file or statutorily required.

By signing the application, I certify that the application was completed by me and that all entries and information are complete, true and correct to the best of my knowledge.

Applicant Signature	Date	Social Security Number
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**Complete the Submission Checklist  
and Verify All Information is Completed  
then**

**Scan and Email the entire completed Application, Checklist and Training Certificates to:**

**membership@alleghenyctyhazmat450.us**

# Submission Checklist

Place an "X" in each box to indicate that each item was reviewed and completed as desired.

- Copy of Driver's License Attached to Application.
- All previous residence addresses are listed.
- All questions on Page 2 are answered either Yes or No as Required
- All Hazmat training and SCBA Training is listed on Page 2
- All Criminal History questions are answered either Yes or No
- All Convections are listed under Criminal History on Page 3 and Additional Sheets
- All Drivers License questions are answered either Yes or No on Page 4
- All Driving Record questions are answered either Yes or No on Page 4
- All Medical Information is completed in its entirety on Page 5 and Additional Sheets
- All relevant training certificates are ready to be submitted with the application
- Application is signed with completion date and applicant's Social Security Number
- Reviewed New Member Requirements, Minimum Training and Expectations and submitted the Expectation page with signed acknowledgement with Application

Initial

\_\_\_\_\_ All Items on Application are completed in their entirety

## Submission Instructions

Scan and Email the completed Application, Checklist and Hazmat Training Certificates to the Hazmat Team at [membership@alleghenyctyhazmat450.us](mailto:membership@alleghenyctyhazmat450.us).

Please allow a sufficient amount of time for the application to be reviewed.

The Team will be in contact with you in a few weeks.

Thank you for your interest in joining the Allegheny County Hazmat Team.