

Today's Date: _____

MIAMI COUNTY EMERGENCY MANAGEMENT AGENCY

*Membership is restricted to Miami County residents 18 years of age or older
that hold a valid Indiana driver's license.*

Applicant Information

Name: _____ Indiana
(Last, First, Middle Initial) D/L # _____

Address: _____ D.O.B: _____

Home Phone: _____
(with Area Code)

Cell Phone: _____
(w/ Area Code)

Email: _____

Carrier: _____

Military Service Record

Branch of Service: _____ Discharge Date: _____ Rank: _____

Present membership in National Guard/Reserves? _____ Obligation Ends Date: _____

Education

<u>School Type</u>	<u>No. Years Attended</u>	<u>Name of School</u>	<u>City, State</u>	<u>Did you Graduate?</u>
High School	_____	_____	_____	Y / N
College:	_____	_____	_____	Y / N
Trade	_____	_____	_____	Y / N
Other	_____	_____	_____	Y / N

Work History

<u>Name and Address of Company:</u>	<u>Dates</u>		<u>Duties</u>	<u>Reason for Leaving</u>
	<u>From</u>	<u>To</u>		

References (3 or more years; non-related)

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Telephone</u>
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Have you ever been convicted of a felony or misdemeanor (non-traffic)? Include military court-maritals, but not AW104, Article 15 Cases, etc... Yes / No If yes, please explain.

Are you in relatively good health now? Yes / No If not, please explain.

Please list any physician currently treating you.

IMPORTANT

The position of an Emergency Management volunteer in the Miami County EMA is one of extreme responsibility and pressure. Because of these pressures and importance of the type of duty in the event of a disaster, the public interest requires only the best qualified people to be appointed to this position.

Understanding this, do you agree that the Miami County Emergency Management Agency may make such inquiry, as they see fit:

Into your character and background?	Yes	No
May require you to be fingerprinted?	Yes	No
Take physical examinations?	Yes	No

And in the event of appointment, to perform assigned duties which may be uncomfortable, inconvenient and often hazardous? Yes No

Do you understand that an appointment, if tendered, does **not** confer general police authority by the state of Indiana or any of its political subdivisions? Yes No

And that appointment does **not** confer upon you the power to arrest, right to carry firearms, execute police power, or otherwise serve as a general sworn civilian police officer? Yes No

By signing below, I hereby testify that the information given is true and accurate, to the best of my knowledge, and I have not willingly falsified any of the information contained herewithin.

Signature: _____

Date: _____

MIAMI COUNTY EMERGENCY MANAGEMENT AGENCY

78 MCKINSTRY AVENUE – PERU, IN 46970

Phone: (765) 472-7008

Records Review Request and Waiver Form

Last Name

First Name

Middle Name

Date of Birth

Indiana Driver's License Number

Social Security Number: _____

I hereby authorize the PERU POLICE DEPARTMENT and/or the MIAMI COUNTY SHERIFF'S DEPARTMENT and the INDIANA STATE POLICE, its agents or employees to release information contained in their files, to do a complete criminal history check on me and to check my driver's license record. I understand and realize that the information released may prove unfavorable to me. Notwithstanding, I do hereby release and forever hold harmless the PERU POLICE DEPARTMENT, the MIAMI COUNTY SHERIFF'S DEPARTMENT and/or the INDIANA STATE POLICE, their agents and their employees from any liability arising from the release of this information.

REFUSAL TO SIGN THIS FORM WILL RESULT IN AUTOMATIC WITHDRAWAL OF THE APPLICATION.

Signature of Applicant

Date

The employer of agency requesting information hereby agrees to indemnify the PERU POLICE DEPARTMENT, the MIAMI COUNTY SHERIFF'S DEPARTMENT and/or the INDIANA STATE POLICE, their agents and their employees from the liability arising out of their release of aforesaid records.

Signature of EMA Director

Date