



Membership is restricted to persons 21 years of age and older that hold a valid Indiana driver's license

Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ (Last, First, Middle Initial)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Indiana Driver's License # : \_\_\_\_\_

Military Service Record

Branch of Service \_\_\_\_\_ Discharge Date \_\_\_\_\_ Rank \_\_\_\_\_

Present membership in Nat'l Guard or Reserves: \_\_\_\_\_ Date Obligation Ends \_\_\_\_\_

Education

Table with 5 columns: School, No. years attended, Name of School, City, State, Did you Graduate? Rows include High School, College, Trade, and Other.

Work History

Table with 4 columns: Name & Address of Company, Dates (From To), Duties, Reason for Leaving. Includes multiple blank rows for entry.

References (3 or more years - non-related)

Table with 4 columns: Name, Address, Relationship, Telephone. Includes multiple blank rows for entry.

Have you ever been convicted of a felony or a misdemeanor (non-traffic) ? Include military court-martials,

but not AW104, Article 15 Cases, etc...                      Yes      No                      If yes, please explain

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

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Please list any physician currently treating you

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**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 the 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 of 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 here within.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MIAMI COUNTY EMERGENCY MANAGEMENT AGENCY  
78 McKINSTRY AVENUE, PERU, IN 46970  
(765)472-7008

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
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 se released may prove unfavorable to me. Notwithstanding, I do hereby release and covenant to 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 out of or resulting 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

**EMAIL THIS TO: [mcema@miamicountyin.gov](mailto:mcema@miamicountyin.gov)**