



**ALLEGHENY COUNTY DEPARTMENT OF EMERGENCY SERVICES
HAZARDOUS MATERIALS RESPONSE TEAM**



APPLICATION

Current Date:	
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Please read and complete all pages and sections of this Application. An incomplete application will be returned

GENERAL INFORMATION

Name		E-Mail			
Address		Date of Birth			
City		State		Zip Code	
Phone Number		SSN			
At which Company will you maintain active status?					
Do you have a valid PA driver's license?		Drivers Number			
Class		Expiration Date			
Have you ever been convicted of a crime (excluding minor traffic violations)?					

EMERGENCY CONTACT

Name		Relationship			
Address		Phone Number			
City		State		Zip Code	

HAZAROUS MATERIALS / EMERGENCY SERVICES CERTIFICATIONS

Please list only list current certifications, not classes attended

Date (Obtained or last Renewed)	Description/Type	Certifying Authority	Certification # (as applicable)

REFERENCES

Please list three (3) references that we may contact. One must be a current Emergency Services Chief/Director.

Name		Title			
Address		Phone Number			
City		State		Zip Code	
Name		Relationship			
Address		Phone Number			
City		State		Zip Code	
Name		Relationship			
Address		Phone Number			
City		State		Zip Code	



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Allegheny County complies with the Civil Rights Act of 1964 prohibiting discrimination in employment practice because of race, color, religion, sex or national origin; PL 90-202 prohibiting discrimination because of age, and the Americans with Disabilities Act of 1992, prohibiting discrimination against the handicapped in employment of the provision of services.

PEMA requires the Hazardous Materials Response Team (HMRT) members to undergo a criminal background investigation. Therefore, we request that you read the following and acknowledge by signing in the appropriate space.

RELEASE of CONFIDENTIAL INFORMATION

I hereby give my permission to release to the Department of Emergency Services of the County of Allegheny, Pennsylvania, any records of criminal conviction, any past volunteer or paid employment records with a fire, police, EMS or Hazardous Materials or other emergency service agency, including performance evaluations, time, attendance, and training records and any other personnel records and written or verbal references for the Department's review and evaluation with regard to my application for membership with the Allegheny County Hazardous Materials Response Team.

I certify that the statements made on this application for membership are true and correct, to the best of my knowledge and I hereby grant permission for the authorities of the Allegheny County to investigate and verify the information contained herein and my references and release Allegheny County and all previous employers from and all liability resulting from such investigation. Upon my separation from the Allegheny County Hazardous Materials Response Team, I authorize the release of reference information on my work. I understand that the giving of false information or the failure to give complete information requested herein shall constitute grounds for rejection of my application or my dismissal in the event of my membership with the Allegheny County Hazardous Materials Response Team. I understand that my membership with the Allegheny County is contingent upon the satisfactory recommendation from former employers and references if requested. I understand that this application for membership and any other Allegheny County documents are not contracts. I also understand that membership with the Allegheny County Hazardous Materials Response Team is an at will arrangement and as such any individual who is approved may voluntarily leave upon proper notice and may be terminated by the HMRT at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective member.

Name (printed):		Date:	
Signature:			

After completing this form please either save it as a PDF and e-mail to Rick Colella (ACES HazMat Coordinator) at: Richard.Colella@AlleghenyCounty.US OR click the SUBMIT button below.

Received by ACES HazMat Coordinator	
Received by HazMat Company	
Returned to ACES HazMat Coordinator	