

APPLICATION for MEMBERSHIP



MCLEAN COUNTY EMERGENCY MANAGEMENT AGENCY

The McLean County EMA does not discriminate based on race, sex, color, age, religion, marital status, sexual orientation, military/veteran status, or disability.

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|----------------------|-------|-------------------|-----------------------------|
| Last Name | First | Middle | Home Telephone (xxxxxxxx) |
| Address | | Apartment | Work Telephone (xxxxxxxx) |
| City | State | Zip Code | Mobile Telephone (xxxxxxxx) |
| Birthdate (MMDDYYYY) | | Amateur Call Sign | Pager Number (xxxxxxxx) |
| E-Mail Address | | | |

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| School | Name and Location of School | Course of Study | Dates Attended | Degree / Certificate |
|-----------------|-----------------------------|-----------------|----------------|---|
| High School | | N / A | | <input type="checkbox"/> Graduated / G.E.D. |
| College / Univ. | | | | |
| Other | | | | |

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| <p>Complete this section if you served in the U.S. Armed Forces</p> <p>Describe your duties and any special training:</p> | Branch of Service |
| | Period of Active Duty |
| | Type of Discharge |

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Please describe any special skills you have:

Please give accurate, complete, full-time and part-time employment record. Start with the present or most recent employer. Please include volunteer organizations and activities at end.

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| Employer <input type="text"/> | Telephone Number (xxxxxxxx) <input type="text"/> | Start Date (MMDDYYYY) <input type="text"/> |
| Address <input type="text"/> | | End Date (MMDDYYYY) <input type="text"/> |
| City <input type="text"/> | State <input type="text"/> | Zip Code <input type="text"/> |
| Please state your job title and describe your work. <input type="text"/> | | Supervisor's Name, and Title <input type="text"/> |
| | | Supervisor's Telephone Number (xxxxxxxx) <input type="text"/> |

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|---|---|--|
| Employer <input type="text"/> | Telephone Number (xxxxxxxx) <input type="text"/> | Start Date (MMDDYYYY) <input type="text"/> |
| Address <input type="text"/> | | End Date (MMDDYYYY) <input type="text"/> |
| City <input type="text"/> | State <input type="text"/> | Zip Code <input type="text"/> |
| Please state your job title and describe your work. <input type="text"/> | | Supervisor's Name, and Title <input type="text"/> |
| | | Supervisor's Telephone Number (xxxxxxxx) <input type="text"/> |

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|---|---|--|
| Employer <input type="text"/> | Telephone Number (xxxxxxxx) <input type="text"/> | Start Date (MMDDYYYY) <input type="text"/> |
| Address <input type="text"/> | | End Date (MMDDYYYY) <input type="text"/> |
| City <input type="text"/> | State <input type="text"/> | Zip Code <input type="text"/> |
| Please state your job title and describe your work. <input type="text"/> | | Supervisor's Name, and Title <input type="text"/> |
| | | Supervisor's Telephone Number (xxxxxxxx) <input type="text"/> |

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| Membership / Professional Organizations <input type="text"/> |
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| Name and Address | Relationship | Telephone Number (xxxxxxxx) |
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Please use this space for any additional information or comments you believe may be helpful in considering your application.

Oath Required of E.M.A. Personnel

I, _____, do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and territory, institutions, and facilities thereof, both public and private, against all enemies, foreign and domestic; 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 (or affirm) that I do not advocate, nor am I, nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence; and that during such time as I am affiliated with the McLean County Emergency Management Agency, 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, or of this State by force or violence.

Application Conditions

I understand that acceptance for this application does not signify immediate membership in the McLean County Emergency Management Agency. I further understand that in consideration of this application, the McLean County Emergency Management Agency will conduct a thorough background check.

To that end I authorize the release of all personal and criminal history information to the McLean County Emergency Management Agency. I declare that the information provided by me in this Application for Membership is true, correct and complete to the best of my knowledge.

If this application for membership is accepted I agree to conform to all rules, regulations, directives, and policies which the County of McLean or the McLean County Emergency Management Agency may periodically promulgate, withdraw, or modify. I understand that my membership may be terminated with or without cause and with or without notice, at the option of either the Agency Director or myself.

I further understand that if accepted, any misstatement or omission on this application shall be considered cause for dismissal.

 APPLICANT'S SIGNATURE

 DATE OF APPLICATION

 DIRECTOR'S SIGNATURE

 DATE OF APPROVAL