



# Specialized Intervention Team

Allegheny County - Pennsylvania

## Application For Membership

Please Print

Date \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

How long have you lived at your present address? \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

How long have you been employed by your current employer? \_\_\_\_\_

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

### Physical History

Are you physically capable of heavy manual labor? \_\_\_\_\_

List all physical limitations, such as eyesight, limb impairment, diabetes, back problems, heart condition, etc. that may impair your performance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

How much time have you missed from work over the past 3 years? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever received workman's compensations? \_\_\_\_\_ When? \_\_\_\_\_

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

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

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

How were you referred \_\_\_\_\_

Are you able to complete a physical annually? \_\_\_\_\_ If No, Explain \_\_\_\_\_

**Hazmat Training**  
**Attach copies of certificates to application**

| Name of School | Name of Course | City / State | Did you Graduate? | Certified By Who? | Date of Completion |
|----------------|----------------|--------------|-------------------|-------------------|--------------------|
|                |                |              |                   |                   |                    |
|                |                |              |                   |                   |                    |
|                |                |              |                   |                   |                    |
|                |                |              |                   |                   |                    |
|                |                |              |                   |                   |                    |

| PA DOH Certification Number | Level | Expiration |
|-----------------------------|-------|------------|
|                             |       |            |

**Fire / EMS / Hazmat Services**

Please provide the information covering your past fire company, EMS, and/or hazmat service history below.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Active Position

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

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

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

\_\_\_\_\_

\_\_\_\_\_

**Criminal History**

List all felony and misdemeanor convictions.

Have you ever been charged for any act of dishonesty? [ ] Yes [ ] No

| Date | Conviction Offense | Penalty |
|------|--------------------|---------|
|      |                    |         |
|      |                    |         |

### Driving Experience

**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

List all Traffic Convections including DUI for the last five (5) years.

| Date | Vehicle Type | Boro/City | Charge | Penalty |
|------|--------------|-----------|--------|---------|
|      |              |           |        |         |
|      |              |           |        |         |
|      |              |           |        |         |
|      |              |           |        |         |

### Accident Record

| Date | Description of Accident | Injuries / Damage |
|------|-------------------------|-------------------|
|      |                         |                   |
|      |                         |                   |
|      |                         |                   |
|      |                         |                   |

**Emergency Contact**

|      |              |
|------|--------------|
| Name | 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 of 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 and true to the best of my knowledge.

|                     |      |                        |
|---------------------|------|------------------------|
| Applicant Signature | Date | Social Security Number |
|                     |      |                        |

Fax Completed Application and Hazmat Awareness and Operations Certificates to (412) 655 - 4975

\*\*\*\*\* **Team Use Only** \*\*\*\*\*

|                 |              |                      |
|-----------------|--------------|----------------------|
| Team I.D Number | Pager Number | Team ID Provided [ ] |
|                 |              | Date:                |
|                 |              |                      |
|                 |              |                      |