



APPLICATION

Shelby County Office of Preparedness HLS/EMA Reserve Program

1. Name: _____ 2. Date of Birth: _____
Last First Middle

2. Address: _____

City State Zip code

3. Phone Numbers:

Home: _____
Work: _____
Cell: _____
Other: _____

4. Email address(s): _____

5. Social Security Number: _____

6. Driver's License: Class (A, B, C, D) _____, # _____, State _____, Expiration date: _____

7. Have you ever been or are you now employed with Shelby County? ___ yes ___ no

If yes, your job title and division: _____

Name of immediate supervisor: _____

Dates of employment from _____ to _____

If not currently employed, reason for leaving: _____

8. Are you related by blood or marriage to anyone employed by Shelby County? ___ yes ___ No

Name of relative: _____, Relationship: _____ Division: _____

Name: _____ Social Security Number: _____

9. Have you served in the armed forces of the United States? ___yes ___no Branch: _____

If yes, date of service: _____ to _____ Type of Discharge: _____

10. Have you ever been convicted of an offense other than minor traffic violations? ___yes ___no

If yes, explain: _____

11. Date available to volunteer: _____ immediately _____ Other

EDUCATION AND TRAINING

12. High School: _____ from _____ to _____

Grade completed: _____ GED: ___yes ___no

13. College/ Professional School: _____ from _____ to _____

Degree complete: ___yes ___no Major: _____ Minor: _____

14: Other Schools, Certificates, Training, Registrations, Licenses:

15. List all additional experience, training, education, skills, or qualifications related to this position for which you are applying:

Name: _____ Social Security: _____

16. EMPLOYMENT RECORD: Begin with present employment. If unemployed, begin with your immediate past employment. Explain gaps in your work history. Be specific and complete. If additional space is needed, use additional sheets and attach to this form. Do not attach a resume.

Employing Firm: _____ Phone: _____

Address: _____ city _____ state _____ zip

Duties / responsibilities: _____

Annual Salary: _____ to _____ Title: _____ Full time Part

Time Dates of Employment: _____ to _____ Hours per week: _____

Reason for leaving: _____

May we contact your present employer: yes no If no, explain: _____

Employing Firm: _____ Phone: _____

Address: _____ city _____ state _____ zip

Duties / responsibilities: _____

Annual Salary: _____ to _____ Title: _____ Full time Part

Time Dates of Employment: _____ to _____ Hours per week: _____

Reason for leaving: _____

May we contact your present employer: yes no If no, explain: _____

Employing Firm: _____ Phone: _____

Address: _____ city _____ state _____ zip

Duties / responsibilities: _____

Annual Salary: _____ to _____ Title: _____ Full time Part

Time Dates of Employment: _____ to _____ Hours per week: _____

Reason for leaving: _____

May we contact your present employer: yes no If no, explain: _____

Name: _____ Social Security Number: _____

VOLUNTEER EXPERIENCE:

Agency: _____ Phone: _____

Contact: _____ From: _____ to _____

Agency: _____ Phone: _____

Contact: _____ From: _____ to _____

REFERENCES: Please list two references we may contact:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

IMPORTANT: Check to see that you have answered every question completely and accurately. Acceptance or rejection of this application may depend upon the information you have given hereon.

Signature of Applicant: _____

Today's date: _____

This application may be returned to the Shelby County Office of Preparedness:

By Mail: Office of Preparedness

Attention: Reserve Program Coordinator

1075 Mullins Station C-106

Memphis, TN 38134

By Fax; 901-222-6711 Attention: Reserve Program Coordinator

