



York County Hazardous Materials Team
2500 McFarland RD York SC 29745
Hazmat Team Member Application

Applicant Name:			
Home Address/City/State/Zip:			
Date of Birth:		Cell Phone:	
Email Address:			
Emergency Contact Name:		Cell Phone:	
Fire Department Affiliation:			
Years at Present Fire Dept:		Fire Station Phone:	
Completed Probation?		Position/Rank:	
Total Years in Fire Service:		FD Shift Schedule:	
Fire Department Address/City/State/Zip:			
Last Physical Date:		- Last FIT Test Date:	
- Hazmat Awareness Certificates	<input type="checkbox"/> YES <input type="checkbox"/> NO	- Hazmat Operations Certificates	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Hazmat Technician Certificates	<input type="checkbox"/> YES <input type="checkbox"/> NO	- Hazmat Specialist (list Specialty)	
Other Hazmat Training or Experience:			
Physical Limitations which might limit your performance in any phase of a Hazmat Team Operation?			
<p>I hereby verify that the above information is correct to the best of my knowledge. I understand that falsification of information may be grounds for dismissal from the team. I hereby authorize the release of information from my employer(s) and training institutions cited above to verify the accuracy of the information I have provided. I understand that I am responsible for attending training sessions, obtaining physical exams and complying with the rules, regulations, by-laws, standard operating guidelines and other requirements of team members.</p>			
Applicant's Signature:		Date:	
<p>As Fire Chief, I recommend the applicant for membership on the York County Hazmat Team. I understand that the above referenced fire department will be responsible for all compensation (if any) of the employee, providing worker's compensation coverage while participating in training and actual incidents, and for providing physical examinations as required by the team.</p>			
Fire Chief's Signature:		Date:	

Personnel Committee			
Application Received By:		Date:	
Interview Date:			
Names of Interview Committee:			
Interview Notes:			
Committee Recommendation?			
Date of Appointment:			
Copy to Hazmat Coordinator:			
Date of Notification:			

Email completed application to:
Rickey Wilson, Hazmat Team Coordinator
rickey.wilson@yorkcountygov.com