

**Romeoville Emergency Management Agency**  
Emergency Responder Application

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_  
City: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Date Of Birth: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Pager Phone Number: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Who referred you to us? \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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Have you ever been charged with or convicted of a criminal act? **Yes / No**

Do you use, sell, or distribute any illegal drugs, narcotics, or substances? **Yes / No**

Have you been charged with, or convicted of a DUI within the last five years? **Yes / No**

Do you have any outstanding warrants or criminal cases awaiting judgment? **Yes / No**

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I agree that if asked, I will take a drug screening test.

**Yes / No**

I agree, that if asked, I will submit myself to a polygraph test.

**Yes / No**

I agree that as a matter of department membership I will allow fingerprints to be taken and a background check conducted.

**Yes / No**

I certify that at this time, I have no physical, mental, or emotional impairments that may hinder my participation in the Departments activities.

**Yes / No**

I certify that I expect no financial or material reimbursement or compensation, from my involvement with the Romeoville Emergency Management Agency.

**Yes / No**

I agree to become and remain an active member (at least 5 hours per month) and to participate in Department training, drills, and response, when available.

**Yes / No**

I agree to take and maintain my certification in C.P.R. and to partake in Department Training that is made available.

**Yes / No**

I agree to hold harmless the Coordinator, The Department, and the Village of Romeoville for any injuries, physical and mental, that may arise from my participation in the Romeoville Emergency Management Agency.

**Yes / No**

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I hereby make application to Romeoville Emergency Management Agency for membership. I understand that by submitting my application I will be subject to a criminal background and records check. I also understand that my application may be rejected by the Department at the discretion of the Coordinator. I further agree that if rejected, I cannot submit another application for consideration for a period of no less than three months. I understand that if it is found that I falsified any portion of my application that my membership may be terminated at any time. I understand that this application process shall include an interview with the Department staff officers and that all information garnered including criminal and background checks shall be reviewed for the protection of both myself and the Village of Romeoville.

SIGNATURE \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

