

# Nebraska Serious Injury and Line of Duty Death Response Team

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Are you currently: (circle all that apply?)

EMS

Fire

EMS/Fire

Fire Chaplain

Mental Health

What department are you currently on: \_\_\_\_\_

Length on department: \_\_\_\_\_

What other organizations do you belong to: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Do you hold any other State License or Certificates if so what are they?

Please express why you would like to join this response team?

List 3 references, 1 must be an officer within your department.

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever been convicted of a Felony \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Note: A conviction record may not automatically disqualify an applicant.

Have you ever been convicted of Driving under the influence or Reckless Driving? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Note: A conviction record may not automatically disqualify an applicant.

Are you willing to travel within Nebraska for deployment and training? \_\_\_\_\_ Yes \_\_\_\_\_ No

I, the undersigned individual, submit this application for consideration by the Nebraska Serious Injury and Line of Duty Death Response Team. In order to assist in this process, I freely furnish the information requested. I understand that I must participate in the screening procedures required of this process. The Nebraska Serious Injury and Line of Duty Death Response team is an organization dedicated to a policy of non-discrimination on any basis included race, color, sex, religion, disability, marital status or national origin.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_