

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: _____