

**GENESEE COUNTY ASSOCIATION OF FIRE CHIEF'S
HAZ MAT TEAM**
Member Application



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available			Weekday Available		Weekend Available		
Position Applied for	Haz Mat Team Member						
Haz Mat Trained			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

FIRE DEPARTMENT INFORMATION

Station			Address				
Date of Hire			Position on Department				
Fire Chief Approval	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fire Chief Signature				

REFERENCES

Please list three professional references.

Full Name			Relationship				
Company			Phone				
Address							
Full Name			Relationship				
Company			Phone				
Address							
Full Name			Relationship				
Company			Phone				
Address							

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to appointment on the Honor Guard, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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