



**AIKEN COUNTY  
HAZARDOUS MATERIALS TEAM**



**APPLICATION for MEMBERSHIP**

Aiken County Department of Emergency Services  
Telephone: (803) 642-1624

828 Richland Ave. West  
Emergency Ph: (803) 648-6811

Aiken, South Carolina 29801

**Revision 2      23 Oct. 2005      Page 1 of 3**

**PLEASE FILL OUT COMPLETELY**

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

Name (First, Middle Initial, Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

YES    NO

1)    \_\_\_    \_\_\_    U.S. Citizen? If "NO", do you have a work permit? \_\_\_\_\_

2)    \_\_\_    \_\_\_    Do you have a valid driver license?  
If "YES", List License Number \_\_\_\_\_ and State \_\_\_\_\_

3)    \_\_\_    \_\_\_    Do you have any medical condition(s) that may prevent you  
from performing the required job task? If "YES" please explain below.  
\_\_\_\_\_  
\_\_\_\_\_

4)    \_\_\_    \_\_\_    Have you ever been convicted of a crime other than a traffic violation?  
If "YES", When, Where, and for What? Explain Below.  
\_\_\_\_\_  
\_\_\_\_\_



# AIKEN COUNTY HAZARDOUS MATERIALS TEAM



## APPLICATION for MEMBERSHIP

Aiken County Department of Emergency Services  
Telephone: (803) 642-1624

828 Richland Ave. West  
Emergency Ph: (803) 648-6811

Aiken, South Carolina 29801

**Revision 2      23 Oct. 2005      Page 2 of 3**

### EDUCATION / TRAINING

List all schools, degrees and training courses relevant to the Hazardous Material Team. (Attach Separate Sheet of paper if necessary)

Name of Training Program	Dates Attended	Certified
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### EXPERIENCE OR EMPLOYMENT (most recent at top)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_



**AIKEN COUNTY  
HAZARDOUS MATERIALS TEAM**



**APPLICATION for MEMBERSHIP**

Aiken County Department of Emergency Services  
Telephone: (803) 642-1624

828 Richland Ave. West  
Emergency Ph: (803) 648-6811

Aiken, South Carolina 29801

**Revision 2      23 Oct. 2005      Page 3 of 3**

**REASON FOR APPLYING, COMMENTS OR OTHER PERTINENT INFORMATION**

---

---

---

---

I, the undersigned, swear-affirm that the answers to the above stated questions are full and true to the best of my knowledge and belief. Aiken County is authorized to make such inquiries of my personal and employment history, criminal and other related matters, as may be necessary in arriving at an employment decision.

I understand that a full S.L.E.D. background investigation will be conducted, if my application is accepted. This investigation is initiated through the state Fire Marshall's office and is not controlled by the Aiken County Hazardous Materials Team. It could take over half a year to complete the investigation based upon circumstances and the state's workload. The applicant will be contacted after this investigation is completed.

**EMPLOYERS, SCHOOLS, OR INDIVIDUALS ARE HEREBY RELEASED FROM ALL LIABILITY RESPONDING TO INQUIRIES RELATED TO CONNECTION WITH MY APPLICATION.** In the event of employment, I understand that false or misleading information given in my application or interview may result in immediate discharge. I further understand that I will abide by all rules and regulations of the Hazardous Materials Team. I allow photographic images taken of me to be used for official Team purposes, as necessary, to include Identification Badge, Accountability Badge, and for miscellaneous Community Relations applications including public and member only areas of the Team website. I understand that this application and any and all Hazmat clothing, pagers, keys or other like property issued will remain legal property of the Aiken County Government and must be returned upon termination of my membership.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**DO NOT WRITE IN THIS BLOCK FOR OFFICIAL USE ONLY:**

Application Review by Administrative Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Application Accepted by Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Application Review by Captain: \_\_\_\_\_ Date: \_\_\_\_\_

Background Investigation acceptable by Captain: \_\_\_\_\_ Date: \_\_\_\_\_

Initiated probationary membership -Administrative Officer: \_\_\_\_\_ Date: \_\_\_\_\_