

# Nebraska Serious Injury and Line of Duty Death Response Team

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

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

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

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

Are you currently: (check all that apply?)

EMS     Fire     Fire Chaplain     Mental Health     Other \_\_\_\_\_

(Other- Explain)

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

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

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

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 including race, color, sex, religion, disability, marital status, or national origin. All information provided will be kept with strict confidence.

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

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