



TX-TF2 Applicant Information

I. Personal Information

Date of Application: _____

Last Name:	First:	MI:	Social Security No.:
Address: (street, city or town, state, Zip code)			
Sex: Male _____ Female _____	Date of Birth: mm ____ dd ____ yr ____		Email Address:
Home Telephone:	Business Telephone:	Fax Number:	
Cellular Telephone:	Pager Number: Alpha-numeric? Yes No		

II. TX-TF2 Position Applied For: *Select the one position you are applying for.*

<input type="checkbox"/> Task Force Leader	<input type="checkbox"/> Heavy Equipment & Rigging Specialist
<input type="checkbox"/> Assistant Task Force Leader	<input type="checkbox"/> Medical Team Manager
<input type="checkbox"/> Safety Officer	<input type="checkbox"/> Medical Specialist
<input type="checkbox"/> Planning Team Manager	<input type="checkbox"/> Structures Specialist
<input type="checkbox"/> Search Team Manager	<input type="checkbox"/> HazMat Specialist
<input type="checkbox"/> Technical Search Specialist	<input type="checkbox"/> HazMat Manager
<input type="checkbox"/> Canine Search Specialist	<input type="checkbox"/> Communications Specialist
<input type="checkbox"/> Rescue Team Manager	<input type="checkbox"/> Logistics Specialist
<input type="checkbox"/> Rescue Squad Officer	<input type="checkbox"/> Logistics Team Manager
<input type="checkbox"/> Rescue Specialist	<input type="checkbox"/> Technical Information Specialist

III. Sponsoring Organization / Department / Employer

Organization / Department / Employer:		
Organization / Department / Employer (street, city or town, state, Zip code):		
E-mail Address:	Business Telephone:	Business Fax:
How Long With Current Employer?: Years _____ Months _____	Position, Shift:	How Long In Current Field?: Years _____ Months _____

IV. Attachments - Special Qualifications/Certificates of Training

1. Please submit all Certificates of Training relevant to the position in which application is made.
2. Please submit a resume, not to exceed 2 pages.

V. Signature, Certification, and Release of Information

<ul style="list-style-type: none"> • A false statement on any part of your application may be grounds for not selecting you, or for terminating your services after you begin assignment. 	
SIGNATURE:	DATE SIGNED: (Month, day, year)

For Official Use Only	Date Received:	Database Entry:	Interview Date	US&R Assignment Date:
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