



# Westmoreland County Team 211

*Rough Terrain Fire and Rescue Support Unit*

148 Aviation Lane Suite 303 | Latrobe, PA 15650

rtfr\_st211@hotmail.com | [www.westmorelandcountyteam211.com](http://www.westmorelandcountyteam211.com)

## TEAM 211

### OFFICIAL APPLICATION FORM

#### PERSONAL INFORMATION:

NAME \_\_\_\_\_ ID # \_\_\_\_\_  
LAST FIRST MIDDLE (TEAM USE)  
STREET ADDRESS \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_

#### PHONE NUMBERS:

HOME (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
CELL (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CARRIER \_\_\_\_\_  
ECM2 Yes No ECM2 RELATED ADDRESS \_\_\_\_\_  
WORK (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
CELL (\_\_\_\_) \_\_\_\_ - \_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_ CLASS \_\_\_\_\_  
**(VALID PENNSYLVANIA LICENSE REQUIRED)**

#### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ REALATIONSHIP \_\_\_\_\_  
LAST FIRST MIDDLE

STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### PHONE NUMBERS:

HOME (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
PAGER (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
WORK (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
CELL (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**SCHOOLING:**

HIGH SCHOOL ATTENDED \_\_\_\_\_

DIPLOMA? \_\_\_\_\_ IF NO, GED? \_\_\_\_\_ **(HIGH SCHOOL DIPLOMA OR EQUIVALENT REQUIRED)**

OTHER SCHOOLING \_\_\_\_\_

**WILDLAND FIRE TRAINING:**

PA 130      S190    FIREFIGHTER 1 or 2 (Please Circle what applies)

**SEARCH TRAINING:**

BASIC SEARCH Yes No (Please Circle ONE)

Other: \_\_\_\_\_

**EMS TRAINING:**

EMS CERTIFICATION # \_\_\_\_\_ EMS CERTIFICATION LEVEL \_\_\_\_\_

**EMERGENCY SERVICE INVOLVEMENT:**

**FIRE FIGHTING:**

DEPARTMENT \_\_\_\_\_ PHONE #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CHIEF \_\_\_\_\_ PHONE #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE JOINED/HIRED \_\_\_\_/\_\_\_\_/\_\_\_\_ TITLE \_\_\_\_\_

**LAW ENFORCEMENT:**

DEPARTMENT \_\_\_\_\_ PHONE #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CHIEF \_\_\_\_\_ PHONE #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE JOINED/HIRED \_\_\_\_/\_\_\_\_/\_\_\_\_ TITLE \_\_\_\_\_

**EMS:**

DEPARTMENT \_\_\_\_\_ PHONE #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CHIEF \_\_\_\_\_ PHONE #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE JOINED/HIRED \_\_\_\_/\_\_\_\_/\_\_\_\_ TITLE \_\_\_\_\_

**REFERENCES:**

LIST THREE EMERGENCY(if possible) SERVICE REFERENCES

| NAME  | TITLE | DEPARTMENT | PHONE NUMBER         |
|-------|-------|------------|----------------------|
| _____ | _____ | _____      | (____) _____ - _____ |
| _____ | _____ | _____      | (____) _____ - _____ |
| _____ | _____ | _____      | (____) _____ - _____ |

LIST ANY OTHER INFORMATION THAT WOULD BENEFIT THE TEAM:

\_\_\_\_\_  
\_\_\_\_\_

---

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
(SIGNATURE ACKNOWLEDGES THAT ALL INFORMATION ON THIS APPLICATION WILL BE VERIFIED AND  
REFERENCES WILL BE CONTACTED)

SPONSERING TEAM MEMBER \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
(ACTIVE MEMBER)

---

**A Criminal History Check will be completed by Team 211 through the State of Pennsylvania using the attached application. You MUST have a clear background to be considered for probationary membership.**

By signing below I understand that all equipment that Team 211 provides to me will be maintained and kept in good working order. All equipment that is issued by the team is property of Team 211 and must be returned in the event that I am no longer an active or current member of the team. This includes but not limited to: helmet, safety vest, eye protection, web gear, radios, GPS unit, chain saw, leaf blower, water pump, tank, helmet light, and scene light.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_