



# LA JTF

## APPLICATION FORM/EMPLOYEE DATA

***PERSONAL INFORMATION***

Last Name	First Name	Initial	SSAN
Address (Street, City, State, Zip)			
Height	Weight	Date of birth	Driver's license and State

***ALERT AND EMERGENCY NOTIFICATION INFORMATION***

Cell Phone #	Cell Phone carrier	E-mail address	
Emergency contact name	Relationship	Phone number 1	Phone number 2

***EMERGENCY RESPONSE HISTORY***

Name of Response Agency	Duty position	Years of service

***MILITARY SERVICE***

Branch of service	Duty positions	Years served

***RESCUE, HAZMAT, AND MEDICAL CERTIFICATIONS***

Certification	Certification level	Date obtained



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***OTHER CERTIFICATIONS***

Certification	Certification level	Date obtained

*Duty position applying for;* \_\_\_\_\_

*I certify that, to the best of my knowledge, all of my statements are true, correct, and complete and I understand that any false statement made on this application may be grounds for denial of enrollment with or termination from LA JTF*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*I certify that the individual whose signature appears above has the permission of his/her employer to enroll in LA JTF.*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_