



**REGIONAL MEDICAL
EXAMINER'S OFFICE**

Northern Nevada Disaster Victim Recovery Team
990 East 9th St., Reno, NV 89512
(775) 785-6114 Phone
(775) 785-6163 Fax

TEAM MEMBER APPLICATION

Please complete all sections and attach your resume or curriculum vitae with this application. This application may be submitted in person to the Washoe County Regional Medical Examiner's Office or via fax. Thank you for your interest.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

E-Mail: _____ Secondary E-Mail: _____

Phone Number: _____ Secondary Phone: _____

Driver License Number: _____ Driver License State/Province: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation to You: _____

Address: _____

Phone Number: _____ Secondary Phone: _____

E-Mail: _____ Secondary E-Mail: _____

SECONDARY EMERGENCY CONTACT

Name: _____ Relation to You: _____

Address: _____

Phone Number: _____ Secondary Phone: _____

E-Mail: _____ Secondary E-Mail: _____

EMPLOYMENT

Please List the last seven years of employment, beginning with your present or most recent position.

Company Name: _____

Currently Employed: _____ Employment Start Date: _____ Employment End Date: _____

Address: _____

Manager/Supervisor Name: _____ Telephone: _____

Job Title/Position Held: _____ Industry: _____

Type of Work Performed, Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Currently Employed: _____ Employment Start Date: _____ Employment End Date: _____

Address: _____

Manager/Supervisor Name: _____ Telephone: _____

Job Title/Position Held: _____ Industry: _____

Type of Work Performed, Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Currently Employed: _____ Employment Start Date: _____ Employment End Date: _____

Address: _____

Manager/Supervisor Name: _____ Telephone: _____

Job Title/Position Held: _____ Industry: _____

Type of Work Performed, Duties/Responsibilities: _____

Reason for Leaving: _____

EMPLOYMENT (continued)

Should you need additional space, please copy and attach this page as often as needed.

Company Name: _____

Currently Employed: _____ Employment Start Date: _____ Employment End Date: _____

Address: _____

Manager/Supervisor Name: _____ Telephone: _____

Job Title/Position Held: _____ Industry: _____

Type of Work Performed, Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Currently Employed: _____ Employment Start Date: _____ Employment End Date: _____

Address: _____

Manager/Supervisor Name: _____ Telephone: _____

Job Title/Position Held: _____ Industry: _____

Type of Work Performed, Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Currently Employed: _____ Employment Start Date: _____ Employment End Date: _____

Address: _____

Manager/Supervisor Name: _____ Telephone: _____

Job Title/Position Held: _____ Industry: _____

Type of Work Performed, Duties/Responsibilities: _____

Reason for Leaving: _____

EDUCATION

Type of School	Name & Location	Degree Area of Study	Years Attended	Did you Graduate?
High School	<hr/>			
College	<hr/>			
Graduate	<hr/>			
Other	<hr/>			
Other	<hr/>			

MILITARY

Branch: _____ Highest Rank Attained: _____

Are you currently a member of the US Military: _____ If Yes, Duty Type: _____

Please list what jobs, roles, and responsibilities were held while serving: _____

Discharge Type: _____

CONVICTIONS

Have you ever been convicted of a felony crime or had any criminal convictions, other than a minor traffic violation, within the last seven years? (The existence of a criminal record will not automatically disqualify you for a position. All information listed is private.) No: _____ Yes: _____

If Yes, please explain: _____

SKILLS, LICENSES, & CERTIFICATIONS

Please complete all of the following questions as clearly as possible. This will enable us to correctly assess the most appropriate position(s) for you. If none apply, please write "none." Do not leave any fields blank.

Are you a member of any volunteer organization, such as Search & Rescue, DMORT, Red Cross, or Fire/Rescue?

Yes: ____ No: ____ If Yes, Organization's Name: _____

Your title/position: _____ Time with organization: _____

What is your level of computer expertise: _____

What computer programs are you familiar with: _____

Please summarize any experience with major disasters or other appropriate work experience: _____

List all academic, professional, trade, business or civic activities, which would be considered important to your qualifications: _____

List any current licenses (medical, psychiatry, etc.), job related skills, certifications (machinery, fork lift, etc.), and

Other qualifications: _____

List any specialized training or skills, such as driver, climbing, dental knowledge, x-ray familiarization,

anthropology knowledge, death investigation, medical training: _____

Please list any other skills, training, or abilities which you possess that you think may be beneficial: _____

SOCIAL MEDIA

Which list all of your profile names to all of the following social media outlets your subscribe to

FaceBook: _____

Twitter: _____

Instagram: _____

LinkedIn: _____

MEDICAL INFORMATION

Please list any medical conditions that you currently have, or have had within the past five years

Please list any special assistance you may require while participating as a member of the NNDVRT
(To include medication administration, assistance with devices, assistive access, etc.)

Please list any medications that you take that may influence your ability to think clearly (optional):

Please list any allergies you have: _____

What active measures do you require, if any (EpiPen, etc.): _____

Are you willing to obtain a medical clearance form from a licensed physician? _____

JOB ACTION FORMS

Check any and all jobs that you are interested in, or believe that you are capable of performing.

Search & Recovery

____ Technician ____ Scribe ____ Photographer ____ Investigator ____ Removal

Specialty

____ Data Entry ____ Forensics ____ Mapping ____ Transportation

____ Machinery ____ Security ____ Specialty Medical: _____

____ Other: _____

APPLICATION ACKNOWLEDGEMENT

READ THOROUGHLY BEFORE SIGNING:

I understand that this application will be given every consideration, but its receipt does not imply that I will be selected. I authorize this agency or its duly authorized representatives to verify all statements contained in this application and to conduct any background investigation deemed necessary. I hereby authorize all schools, previous and current employers, and previous and current affiliations to disclose to this agency my record, reason for leaving, and all information which may assist in evaluating my application. In the event of my appointment to a position, I shall comply with all organizational policies and procedures. It is understood and agreed that any misinterpretation, omission, or false statement by me in this application will be sufficient cause for cancelation of consideration for position, and/or separation from the organization's service if have been chosen for position or team status. I acknowledge that if I am chosen for position, I will be free to terminate my service at any time for any reason and that the organization retains the same right.

I certify that all statements on this application are true and complete to the best of my knowledge. If selected, I understand that any falsification or omission of information on this application may be considered by the Northern Nevada Disaster Victim Recovery Team as sufficient cause for immediate termination or retraction of any selection or offer made.

____ I have read and understand the above written notices (please initial)

Applicant's Printed Name

Date

Applicant's Signature

Date

NNDVRT Leader Reviewing Application

Date