



**Nockamixon Township Emergency  
Management Agency  
PO Box 100 • Ferndale, PA 18921  
610/847.5058 • Emergency 610/972.3178**

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**Nockamixon Township Emergency Management Agency  
Staff Application Form**

Application Date: \_\_\_\_\_ Submitted To: \_\_\_\_\_

**Applicant Information**

|                    |           |
|--------------------|-----------|
| Name:              |           |
| Street Address:    |           |
| Mailing Address:   |           |
| City / Township:   |           |
| State:             | Zip Code: |
|                    |           |
| Home Phone: (    ) |           |
| Cell Phone: (    ) |           |
| Email Address:     |           |

**Personal Background Information**

|  |           |    |
|--|-----------|----|
| Do you have a valid Pennsylvania driver's license?                 | Yes       | No |
|  |           |    |
| Previous Address if resident in current address less than 2 years. |           |    |
| Street Address:  |           |    |
| Mailing Address:   |           |    |
| City / Township:   |           |    |
| State:   | Zip Code: |    |
| From date:   | To date:  |    |
|  |           |    |
| Street Address:  |           |    |
| Mailing Address:   |           |    |
| City / Township:   |           |    |
| State:   | Zip Code: |    |
| From date:   | To date:  |    |

**Criminal Record**

|  |  |                      |    |
|--|--|----------------------|----|
| Have you ever been convicted of a felony or misdemeanor crime? |  | Yes                  | No |
| Date of Offense:   |  | Location of Offense: |    |
| Type of Offense:   |  | Level of Offense:    |    |
|  |  |                      |    |
| Date of Offense:   |  | Location of Offense: |    |
| Type of Offense:   |  | Level of Offense:    |    |

**Emergency Management Experience / Affiliations**

|   |            |                               |     |    |
|---|------------|-------------------------------|-----|----|
| Do you have current or previous affiliations with any emergency operations organizations? |            |                               | Yes | No |
| Name of organization:   |            | Position or Responsibilities: |     |    |
| Date of Involvement:  | Date from: | Date to:                      |     |    |
|   |            |                               |     |    |
| Name of organization:   |            | Position or Responsibilities: |     |    |
| Date of Involvement:  | Date from: | Date to:                      |     |    |
|   |            |                               |     |    |
| Name of organization:   |            | Position or Responsibilities: |     |    |
| Date of Involvement:  | Date from: | Date to:                      |     |    |
|   |            |                               |     |    |
| Name of organization:   |            | Position or Responsibilities: |     |    |
| Date of Involvement:  | Date from: | Date to:                      |     |    |

**Emergency Management Training**

|   |  |       |    |
|---|--|-------|----|
| Do you have any formal emergency management training? |  | Yes   | No |
| Type:   |  | Date: |    |
| Course:   |  |       |    |
| Details:  |  |       |    |
|   |  |       |    |
| Type:   |  | Date: |    |
| Course:   |  |       |    |
| Details:  |  |       |    |
|   |  |       |    |
| Type:   |  | Date: |    |
| Course:   |  |       |    |
| Details:  |  |       |    |

**Related Skills**

| Please list any other skills, training, or proficiencies. |                 |         |        |
|---|-----------------|---------|--------|
| Check   | Skills          | Specify | Detail |
|   | Typing          | WPM     |        |
|   | Steno           | WPM     |        |
|   | Languages       | Fluency |        |
|   | Computer        |         |        |
|   | Technical       |         |        |
|   | Vocational      |         |        |
|   | Licenses        |         |        |
|   | Certifications  |         |        |
|   | CPR             |         |        |
|   | First Aid       |         |        |
|   | Medical         |         |        |
|   | Public Speaking |         |        |
|   | Grant Writing   |         |        |
|   | Other           |         |        |
|   | Comments        |         |        |
|   |                 |         |        |
|   |                 |         |        |

I hereby proclaim that the answers provided on this application are true and complete to the best of my knowledge. I understand that knowingly misrepresenting these facts may result in my denial of membership in or dismissal from the Nockamixon Township Emergency Management Agency and all its functions. I understand that service in the Nockamixon EMA is performed solely on an unpaid, volunteer basis.

Signed: \_\_\_\_\_

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

**To be completed by authorized Nockamixon Township EMA representative:**

|  |       |
|--|-------|
| Candidate Interviewed by:  | Date: |
| Identification Verified by:  | Date: |
| Form of identification used: (Acceptable forms include: current drivers license, passport, copy birth certificate) | Type: |
| Submitted for approval by:   | Date: |
| Approved or Denied:  | Date: |