

**HAMILTON COUNTY
URBAN SEARCH & RESCUE
TASK FORCE**

TO: ALL TASK FORCE APPLICANTS

FROM: TASK FORCE EXECUTIVE COMMITTEE

We are pleased that you are making application to the Hamilton County Urban Search & Rescue Task Force. Please complete the enclosed application form and return it along with a current resume to U.S.A R, 6475 Drake Rd. Cinti., Ohio, 45243. Your application will be carefully reviewed; selection will be based upon your interests and qualifications, as well as the current requirements of the Task Force.

ALL applicants should understand before applying that notification of a Task Force alert is of extreme importance. Task Force members should provide several means by which they can be notified to enable the Task Force to meet the requirements for response. Please list the numbers at which your Task Force Leader will be able to contact you.

Select the categories of the Task Force, in order of preference, in which you have the most interest, knowledge, and experience. A job description of each category is available from your Task Force Representative. The Selection Committee will make every attempt to place accepted applicants in the category desired. However, applicants must understand that all Task Force Members will be cross-trained in all areas of search and rescue and that assignment flexibility is an integral part of task force success.

Applicants must also understand that upon selection, they will be required to attend training sessions, simulated deployments, and occasional work details to maintain an active status with the Task Force. Additionally, all applicants must maintain an acceptable level of physical fitness.

Each application must be signed by the Chief of the applicant's department or an applicants Supervisor before it will be accepted. In addition, the attached "Memorandum of Understanding" must be approved by your primary employer.

A current resume and copies of all pertinent certifications and specialized training must accompany each application.

Thank you for your interest in the Hamilton County Urban Search & Rescue Task Force and for making application at this time. If you have any questions or concerns please contact Chief Steve Ashbrock ~~733-5537~~ or Chief BJ Jetter 792-8565.

561-7926

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SECTION C: QUALIFICATIONS - FIRE SERVICE PERSONNEL

SPECIALIZED TRAINING:

Check appropriate training areas and include copies of all certifications

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Haz-Mat | <input type="checkbox"/> Awareness | <input type="checkbox"/> Operations | |
| | <input type="checkbox"/> Technician | <input type="checkbox"/> Specialist | |
| <input type="checkbox"/> Fire Fighting | <input type="checkbox"/> Firefighter I | <input type="checkbox"/> Firefighter II | |
| | <input type="checkbox"/> Firefighter III | | |
| <input type="checkbox"/> Rope Rescue | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Incident Command Systems Training | | | |
| <input type="checkbox"/> State of Kentucky Fire Fighting | | <input type="checkbox"/> Hours Accumulated | |
| <input type="checkbox"/> Trench Rescue | | | |
| <input type="checkbox"/> Confined Space Rescue | | | |
| <input type="checkbox"/> Extrication Specialist | | | |
| <input type="checkbox"/> Swift Water Rescue | | | |
| <input type="checkbox"/> Other: _____ | | | |

- Emergency Medical Technician-Ambulance (EMT-A)
(State Issuing Certification) _____
- Emergency Medical Technician-Paramedic (EMT-P)
(State Issuing Certification) _____
- Years of Service _____

In addition, list any specialized training which would qualify you for the positions for which you are applying: (Include correct course titles and dates of training and submit copies of all certifications) (Use additional sheets as necessary)

If you are not a member of a fire department, list below those qualifications which would enable you to meet the requirements for the positions for which you are applying:

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SECTION D: EDUCATION

High School: _____

College Attended: _____

City: _____

State: _____

Zip Code: _____

Degree: _____

Dates Attended: _____

to _____

Graduate Degrees/Courses:

SECTION E: EMPLOYMENT

Principal Employer: _____

Fire Chief or Department Head Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Job Title: _____

Job Responsibilities:

Special Qualifications:

List any other special qualifications which you feel enable you to fill the positions for which you are applying: (include correct course titles and any specialized training attended) (Use additional sheets as necessary)

(Application Continues on Back) OEM

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SECTION F: REFERENCES

Please list a minimum of three (non-family) references whom the Task Force can contact for recommendations.

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP: _____

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SECTION G EMPLOYER MEMORANDUM OF UNDERSTANDING

Your employee is making application to the Hamilton County Urban Search & Rescue Task Force. Hamilton County USAR is an effort of the Hamilton County Fire Chief's Association and operates under the tenants of our mutual aid agreement and constitution. As a part of this application process, each applicant must secure the written approval of his/her primary employer. The Executive Committee of the Task Force strongly believes that each employer approving an employee for appointment to the Task Force should completely understand the needs of the Task Force and those restraints that could, in a time of emergency or disaster, present themselves to you as his/her employer.

As a prospective Task Force Member, each applicant is making a serious commitment to provide specialized skills, training and expertise to the citizens of our area; the primary purpose for the formation of the Task Force. In turn, as an employer supporting this appointment to the Task Force, you are also making a strong commitment to our community. As in other cooperative efforts under mutual aid, our members remain your employees in training and in response. Compensation issues remain yours, but for purposes of task force training and on/off duty response, you agree to provide worker's compensation protection for your member-employee.

Any response to task force activation by your employees remains at your discretion. As a special response entity, the value of the task force can only be realized by participation and allowing members to respond when requested, whenever possible. Realistically, the Task Force cannot expect every member to be available for every emergency or disaster. In addition, not every emergency will dictate the need for the entire Task Force. There will be incidents where only a partial contingent of the Task Force will be deployed. However, as an approving employer, you are stating that in times of need, emergency and/or disaster, you are willing, when feasible, to relinquish this employee from his/her normal duties (and permit off-duty response) to fill a specialized spot with the Task Force.

Your signature below indicates only that you fully understand the commitment being made not only by your employee, but by you, the employer that he/she is representing with training, skills, and expertise.

Approving Agent (Please type or print)

Date

Employer Represented:

Approving Signature:

APPLICANT:

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SECTION H: AREAS OF INTEREST/EXPERTISE/KNOWLEDGE

Indicate by number (1, 2, 3, etc.) in order of preference, the Task Force areas in which you are interested:

- Search:
 - Search Specialist
 - Canine Specialist
- Rescue
- Medical
- Technical:
 - Structural Specialist
 - Haz-Mat Specialist
 - Heavy Rigging
 - Technical Information Specialist
 - Communications Specialist
 - Logistics Specialist

SECTION: I SPONSORING AGENCY/COMPANY INFORMATION

Sponsoring Agency/Company: _____
Telephone: _____
Immediate Supervisor: _____
Title: _____ Telephone: _____

Authorizing Signatures: _____

(FIRE SERVICE PERSONNEL ONLY)
CHIEF OF DEPARTMENT:

Signature

Date

(NON FIRE SERVICE PERSONNEL ONLY)
SUPERVISOR/COMPANY OFFICER:

Signature

Date

APPLICANT: _____