



City of Linden

Union County, New Jersey
Office of Emergency Management
302 South Wood Avenue
Linden, New Jersey 07036
Phone: (908) 474-4560
Fax: (908) 474-0318



Police Chief James Schulhafer
OEM Coordinator

APPLICATION FOR GENERAL PURPOSE STAFF POSITION FOR THE LOCAL OFFICE OF EMERGENCY MANAGEMENT

Notice to All Applicants: You will be subjected to a FULL Police Background Check including Driving Record and Fingerprinting and Illegal

Substance Testing (you will not be reimbursed for any fees for same). This is NOT A PROMISE OF EMPLOYMENT NOR A PROMISE OF APPOINTMENT. This is only the application for possible appointment if all conditions are met and there is an open position. You will also be required to provide the local Office of Emergency Management a Certificate of Fitness from your Personal Physician certifying that you are able to physically and mentally perform under very stressful emergency conditions (which can include but is not limited to Weapons of Mass Destruction, Terrorism Bombings, war-like triage scenes with massive multiple traumatic body injuries, death, dismemberment and objectionable odors, possible very harmful air contamination, other physically taxing exposure to elements or chemicals for extended long durations of time without relief and able to participate in training which requires physical endurance and the ability to wear breathing apparatus, perform CPR, and other physical activities requiring a high degree of mobility and dexterity. You must also sign a Release of Liability and Hold Harmless Agreement releasing the municipality from any responsibility for your health, safety, medical care (emergency or otherwise), ambulance transportation, medical assistance, hospitalization, short/long term/catastrophic illness or death due to any contact, injury, wounds, contamination, blood borne pathogen exposure, radioactive exposure or any other harm or attack sustained upon your person or property. You must also agree to any testing, decontamination, debridement due to radioactive or other exposure, treatment or other conditions imposed as necessary so as not to expose, endanger or contaminate others all at your own expense. You must also agree to meet all training requirements without any exception. Be advised that training can be very physically demanding and requires a high degree of mobility, dexterity, mental alertness and demeanor discipline.

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****NOTE TO ALL APPLICANTS****It is highly recommended that you check with your insurance company and health care provider concerning your coverage for all of the previously mentioned types of activities. The municipality will not provide any coverage of any type for any situation whatsoever. Some situations that you may be exposed to can result in the need to seek medical treatment. These treatments may be costly and time consuming and may result in supplemental treatment or the need for supplemental assistance. The municipality does not and will not supply any treatment or supplemental assistance. Therefore, it is strongly suggested your check with your providers.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO. _____

1. Have you ever been convicted of any crime, felony or misdemeanor? _____
If yes, please explain the circumstances? _____

2. Do you currently possess a valid NJ Driver's License? _____

3. Are you currently employed? _____ If yes, then please provide your
employer's name, address, and phone number. _____

4. How long have you held this position? _____ If less than two years,
please provide the name, address and phone number of your previous employer _____

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5. Nature and Type of Employment (i.e., Commercial Kitchen, Cook) of present position and previous position. _____

6. Do you possess any weapons or licenses/permits for weapons? _____

7. Have you ever been involved in a crime or incident involving weapons or drugs? _____

8. Do you read, write and speak the English language fluently? _____
9. Are you proficient in any other languages? _____
10. Have you graduated High School? _____ Year? _____
11. Have you graduated college? _____ Degree _____
Area of Major _____ Year? _____
12. Do you have a Ham Radio Operator's License _____ If yes, then please
provide call sign and station affiliate if applicable _____
13. Are you an EMT or Paramedic _____ If yes, please provide your
your license number and expiration date of certification _____
14. Are you a certified Hostage Negotiator or a member of a bomb squad, or SWAT
team? If so please provide details _____

15. Are you a member of a Hazardous Materials Response Team certified for a Level A
or Level B suit? _____

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16. Are you a member of any law enforcement agency in a currently employed active role (not a spouse, member of a fraternal organization, volunteer or auxiliary)? ____ If yes, please provide details _____

17. Are you a certified New Jersey "911" Telecommunications Operator or certified Tactical Officer? _____
18. Are you a certified in Microsoft Computer Systems Engineer, Cisco New System Engineer, or a certified meterologist? _____
19. Are you a Registered Nurse, Medical Doctor, Dentist, Surgeon licensed in the State of New Jersey to practice medicine? _____
If so, please provide details and License Numbers _____
20. Do you possess currently active valid Civil Service Certification for any specialized position? _____
If so please provide details _____
21. If the answer to all of the Questions from 12 through 20 is NO, then clearly state the reasons you are making this application _____

I hereby certify that I have completely read this application and have made no false statements. I understand that if I make false statements on this application, I can be subject to penalties as prescribed by the law. By signing this application and all attachments, I certify that I understand what I have signed, and agree to all conditions stated or imposed therein. I agree that if I am not accepted for this position, that I will Hold Harmless the municipality and bring no further action. I further agree that if I do not comply within a timely manner as prescribed by the Director of Homeland Security with all requirements that this application is considered summarily withdrawn and no further review or consideration will be extended now or in the future.

Signature _____ DATE _____

Notary:

**AGREEMENT TO HOLD HARMLESS
AND RELEASE FROM ALL LIABILITY**

I, _____, the undersigned, hereby release and Hold Harmless the City of Linden, all of its departments, employees, elected and appointed officials from any claim or liability that could arise on my behalf or that of my heirs, or assigns due to any injury, harm, exposure, burn, contamination, short or long term illness, blindness, deafness, dismemberment, mental condition, attack, impaired condition of any sort, any other condition not previously stated or death. I acknowledge that I am totally responsible for all bills/invoices for my health care, emergency care, emergency transportation, emergency medical service, basic and advanced life support emergency services, hospitalization, physicians, nursing, radiological, dental services, restorative services of any sort, prescriptions or any other health or bodily care item. I acknowledge that the City of Linden holds no insurance of any type, compensatory policy or death benefit on my behalf. I acknowledge that I have elected to perform voluntary service and cannot receive any benefit of any type. By signing below, I hereby certify that I have read, understand and fully consent to all conditions as herein stated.

Applicant's Signature

Notary: