

CERT / DISASTER SERVICE WORKER APPLICATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

Name: Last, First, MI:					
ADDRESS:		CITY:		STATE:	ZIP:
COUNTY:		HOME PHONE:		WORK PHONE:	
PAGER:		E-MAIL:		DATE OF BIRTH: (optional)	
DRIVER LICENSE NUMBER: (if applicable)		DRIVER LICENSE CLASSIFICATION: A? B? C? OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:	
IN CASE OF EMERGENCY, CONTACT:				EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)
COMMENTS:					
AFFILIATIONS:					

APPLICANT SIGNATURE:	DATE OF APPLICATION:
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SKILL SET

OCCUPATION:

DISASTER SKILLS	OFFICE SKILLS	PEOPLE SKILLS	MANUAL SKILLS
CERT	MESSENGER	SPANISH SPEAKING	GENERAL CLEANING
SAFETY INSPECTION	ACCOUNTING	HMONG SPEAKING	HEAVY LABOR
FIRST AID	PHONES	CHILD CARE	WAREHOUSE
MD	DATA ENTRY	COUNSELOR	
RN	CLERICAL	ANIMAL CONTROL	
NP	COMPUTER	INTERVIEWING	
EMT	LEGAL	CUSTOMER SERVICE	
SHELTER	THE GRAY AREAS BELOW ARE TO BE COMPLETED ONLY BY A DESIGNATED AGENCY OR MANAGER		
TRAFFIC CONTROL	REQUIRED BACKGROUND TYPE	REFERRAL OR COUNTY PLACEMENT	
FOOD PREPARATION			
GENERAL RADIO			
HAM RADIO			

INTERVIEWER NOTES

PROCESS CHECK OFF

COUNTY PLACEMENT	
PASS BACKGROUND	
ORIENTATION	
DSW CARD ISSUED	
PERSONNEL NOTIFIED	

INTERVIEWER TITLE	INTERVIEWER NAME	INTERVIEWER SIGNATURE	DATE