

**BEDFORD COUNTY  
DEPARTMENT OF FIRE & RESCUE  
SPECIAL OPERATIONS COMMAND**



**SOC APPLICATION & ID BADGE INFORMATION**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL: \_\_\_\_\_

AGENCY AFFILIATION: \_\_\_\_\_

YEARS OF EXPERIENCE: FIRE \_\_\_\_\_ EMS \_\_\_\_\_

HIGHEST LEVEL OF CERTIFICATION: \_\_\_\_\_

ROPE: \_\_\_\_\_ HAZ-MAT: \_\_\_\_\_

SWIFT WATER: \_\_\_\_\_ CONFINED SPACE: \_\_\_\_\_

TRENCH: \_\_\_\_\_ LEADERSHIP: \_\_\_\_\_

COMPUTER ABILITY: \_\_\_\_\_

COMMUNICATION SKILLS (i.e., HAM Radio Operator, etc.): \_\_\_\_\_

EMS CERTIFICATION: \_\_\_\_\_

OTHER SPECIAL SKILLS  
(i.e., Carpenter, Heavy Equipment Operator, Masonry, Welder, etc.)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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*For Office Use:*

SOC LEVEL: \_\_\_\_\_ SOC #: \_\_\_\_\_

**RETURN TO:**  
Bedford County Department of Fire & Rescue  
1305 Falling Creek Road, Bedford, Virginia 24523  
Phone: 540.587.0700 • Fax: 540.586.2176