



STATE OF FLORIDA

DIVISION OF EMERGENCY MANAGEMENT

RICK SCOTT
Governor

BRYAN W. KOON
Director

FLORIDA ALL-HAZARDS INCIDENT MANAGEMENT TEAM APPLICATION

PERSONAL INFORMATION

Name
Company / Department
Complete Work Address

Title
How Long

Contact Information

Work: Fax:
Cell: Email:
Contact Preference:
Cellular phone provider:

Are you or have you been credentialed / qualified in any Incident Management Team Position? @

If yes, which position?

Are you currently affiliated with an established incident management Team?

If yes, which team?

POSITION APPLIED FOR / TEAM POSITION(S) APPLIED FOR (MAX. 3 - IN ORDER OF PREFERENCE):

1st Position Selection

2nd Position Selection

3rd Position Selection

Other :

EXPERIENCE / DEPLOYMENT HISTORY (PRIOR 10 YEARS)

List and attach record of work experience and qualifications. Include name and contact for IC, Sec. Chief or Unit Leader.

<i>Incident Name</i>	<i>Year / Position</i>	<i>IC, Sec. Chief or Unit Leader</i>	<i>Contact Email / Phone Number</i>
1.			
2.			
3.			

PLEASE INDICATE COMPLETED ICS TRAINING COURSES (PROVIDE ALL PERTINENT CERTIFICATIONS AS INSTRUCTED BELOW)

IS-100	G-400	O-305	All-Hazards Position Specific Course
IS-200	IS-700	NWCG, Military, other Organizations	
G-300	IS-800	EMI Position Specific TTT	

DOCUMENTATION AND TRAINING

Before you are eligible to submit your application, you must first upload all of the required training certificates to the Florida DEM SERT TRAC system by accessing <http://trac.floridadisaster.org/trac/loginform.aspx> and verifying that the certifications have been approved in the system. After all of your training certificates are uploaded and approved in the SERT TRAC system, print your transcript to include in your application packet. This transcript must be included with your application and will be used in the application process.

EMPLOYER'S/SPONSORING AGENCY INFORMATION

Supervisor's Name

Department

Street Address

City, State, Zip

Phone Number

Supervisor's Email

DEPLOYMENT REQUIREMENTS:

- 2 years Emergency Management or Equivalent Experience
- Ability to Deploy in 2 hours
- Valid Driver's License
- Endorsement Letter from Sponsoring Agency

ADDITIONAL EMERGENCY MANAGEMENT FORMAL EDUCATION AND TRAINING (FEMA, FEPA, CEM, UNIVERSITY, COLLEGE, TECHNICAL SCHOOL (USE ADDITIONAL SHEETS AS NECESSARY)

School / Certifying Agency

Major / Course Topic/ Training

Years / Hours Attended

Diploma / Certification

EXPERIENCE RELEVANT TO APPLIED POSITION (USE ADDITIONAL SHEETS AS NECESSARY)

Position / Assignment

Event or Agency

Date of Participation

Time in Position

SIGNATURES

I certify that the information recorded on this application is true and correct. I agree to comply with all State of Florida Requirements as identified by the Florida Division of Emergency Management. I also acknowledge that knowingly providing false information or an inability to perform the services described in this application may result in my application being disqualified.

Applicant

Date

I give authorization for the applicant to serve on this team and attend a minimum of two meetings a year, necessary to support the team and build his/her qualifications. I understand the individual may be requested to deploy to help communities during times of disaster. I also understand that serving on this team does not require my employee to be deployed unless authorized by my agency.

Agency Head

Date

ENDORSEMENTS

Supervisor

Date

Team Coordinator

Date