GEOGRAPHICAL AREA ENGINE ACADEMY

CANDIDATE NOMINATION FORM

Candidate Information:

Name: Gender:

IQCS or Red Card #:

Agency: Unit:

District:

Work Address:

Mailing Address:

Cell Phone: Email:

Alternate Cell Phone / Email if laid off in winter:

Current working title: Grade:

Type of Appointment: Exempt:

Do you have a CDL? Type / Class:

State Issued: Endorsements:

Federal Employees are required to have a valid OF-346 or agency equivalent with appropriate endorsements

Expiration Date: Medical Card Expiration Date:

Date you completed S-211:

Have you ever attended an Academy: (Where / When)

List previous large vehicle and/or engine driving experience: (by vehicle type/engine model).

Vehicle Type or Engine Model:

Seasons of Experience:

Emergency Contact Information:

Dispatch Center: Phone:

Candidates Signature:

I hereby warrant that the above candidate meets eligibility prerequisite requirements as stated in the attached course announcement letter.

Supervisors Signature:

FMO / Chiefs Name: Email:

Phone: