

ASHEVILLE INTERAGENCY HOTSHOT CREW APPLICATION PACKAGE

Applications Must Be Received by 10/05/2025.

This is not a hiring action. Candidates must have Home Unit approval. Applications from candidates without approval will not be accepted.

Do not apply if you or your supervisor cannot commit to the entire length of the detail, January 12, 2026 - May 31, 2026.

Application Package **Must** Include:

- CANDIDATE INFORMATION FORM
- CANDIDATE JUSTIFICATION STATEMENT
- MASTER RECORD OF QUALIFICATION AND TRAINING
- CURRENT RED CARD
- CURRENT FIRST AID/CPR CARD
- SAW CARD
- BRIEF RESUME (4 page maximum with 2 references)
- IMMEDIATE SUPERVISOR APPROVAL FORM
- 2ND LEVEL SUPERVISOR APPROVAL FORM
- LINE OFFICER APPROVAL FORM

Submit applications by email to both Gutierrez and Danckwart.
We will follow up with an email once we have received your application.

E-mail: luis.gutierrez@usda.gov

nicholas.danckwart@usda.gov

If you have questions, please contact:

Luis Gutierrez
Superintendent,
Asheville IHC
828-257-4872

Nic Danckwart
Captain, Asheville IHC
828-257-4818

ASHEVILLE INTERAGENCY HOTSHOT CREW APPLICATION PACKAGE CANDIDATE INFORMATION FORM

THIS FORM MUST ACCOMPANY APPLICATION FOR THE ASHEVILLE IHC

Candidate's Name:			
Current Position Title:			
Years in Current Position:			
IQCS Number:			
	DOB:	Height:	Weight:
	Male []		Female []
Appointment Status:	PFT []	18/8 []	13/13 []
Grade/Step:	GS:	Step:	WG: Step:
Region:			
Home Unit: Forest, Refuge, Park			
Subunit: District, Mgmt Area			
Contact Information: Please list the best contact information for all Hotshot correspondence	Personal Email:		
	Work Email:		
	Work #:		
	Cell #:		

Please list your current Qualifications and Taskbooks				
Task Book you would like to work on	FFT1 []	CRWB []	FIRB []	CRWB and FIRB []
Faller Qualifications and Date Certified at Each Level	Faller 3:		Faller 2:	Faller 1:
Medical Qualifications and Date Certified	EMT		First Responder	First Aid / CPR
Current Government Vehicle Operators / Endorsements	License []	Trailer []	CDL []	UTV []
T-Shirt Size	S []	M []	L []	XL [] XXL []
Have you ever participated in or applied to a Leadership Development Program. If so when / where				
Do you have any injuries that would prevent you from doing duties as assigned? Please explain:				

Justification Statement

In a separate, one-page typed narrative please address the following:

- Why do you want to participate in the Asheville IHC-Leadership Development Program
- Your ability to maintain a positive, long-term working relationship with others through open communications.
- Your physical fitness level, related to working on a Type-1 IHC Program
- Your ability to lead others in Fire Suppression, Prescribe Burning, and Project Work

Attach Your IQCS Master Record

- If your updated IQCS master record is not available by the application due date please attach the most current one you have. If you are selected for the Program a current IQCS Master Record will be requested prior to report date.

Attach Most Current Resume Describing Your Work History

- Include minimum of (2) references

**IMMEDIATE SUPERVISOR
APPROVAL AND JUSTIFICATION FORM**

THIS FORM MUST ACCOMPANY APPLICATION FOR THE ASHEVILLE IHC

CANDIDATE NAME (please type or print)	
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ALL SELECTED CANDIDATES WILL BE EXPECTED TO REMAIN WITH THE CREW FOR THE ENTIRE DETAIL PERIOD. THEY WILL BE HOME BY MAY 31ST.

Immediate Supervisor	
Position Title	
Office Phone	
E-mail Address	

IMMEDIATE SUPERVISOR APPROVAL (i.e. Engine Captain, Crew Supt., Helitack Foreman)

I have reviewed this application and support the above-named employee for participation in the Asheville IHC Leadership Development Program.

COMMENTS	
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SIGNATURE	
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**2nd LEVEL SUPERVISOR
APPROVAL AND JUSTIFICATION FORM**

THIS FORM MUST ACCOMPANY APPLICATION FOR THE ASHEVILLE IHC

CANDIDATE NAME (please type or print)	
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ALL SELECTED CANDIDATES WILL BE EXPECTED TO REMAIN WITH THE CREW FOR THE ENTIRE DETAIL PERIOD. THEY WILL BE HOME BY MAY 31ST.

2 nd Level Supervisor	
Position Title	
Office Phone	
E-mail Address	

2ND LEVEL SUPERVISOR APPROVAL (i.e. District / Zone FMO)	
I have reviewed this application and approve the above-named employee for participation in the Asheville IHC Leadership Development Program.	
COMMENTS	
SIGNATURE	

**LINE OFFICER
APPROVAL AND JUSTIFICATION FORM**

THIS FORM MUST ACCOMPANY APPLICATION FOR THE ASHEVILLE IHC

CANDIDATE NAME (please type or print)	
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ALL SELECTED CANDIDATES WILL BE EXPECTED TO REMAIN WITH THE CREW FOR THE ENTIRE DETAIL PERIOD. THEY WILL BE HOME BY MAY 31ST.

Line Officer	
Position Title	
Office Phone	
E-mail Address	

LINE OFFICER APPROVAL (i.e. District Ranger or Unit Manager)	
I have reviewed this application and approve the above-named employee for participation in the Asheville IHC Leadership Development Program.	
COMMENTS	
SIGNATURE	