

**Resource Manager
Personnel Application**

Required fields: Any field preceded by an asterisk () is a required field.

Personnel Information

*Last Name

*First Name

Middle Initial

*Driver's License Number

*Driver's License State

Driver's License Exp Date

*Organization / Department Name

Rank/Title/Position

Status (F/T, P/T, Volunteer..)

*Address - Line 1

Address - Line 2

*City

*State

*Zip

Home Phone

Work Phone

Mobile Phone

Emergency Contact #1

Emergency Contact #1 - Phone Number

Emergency Contact #2

Emergency Contact #2 - Phone Number

Radio Number

Email Address

Religion

Medical Information

Blood Pressure

Heart Rate

Blood Type

Organ Donor? (Y/N)

Allergy #1

Allergy #2

Hair Color

Eye Color

Doctor's Name

Insurance Carrier

Doctor's Phone Number

Insurance Policy Number

Medication #1

Height

Weight

Medication #2

Medical History

**Resource Manager
Personnel Application**

Required fields: Any field preceded by an asterisk () is a required field.

Qualifications

Check applicable certifications, qualifications, and education.... For certifications that build on each other, it is only necessary to indicate the highest level achieved.

	Qualification	Cert # / Exp Date (if applicable)		Qualification	Cert # / Exp Date (if applicable)
Qualification Information	<input type="checkbox"/> First Responder (med)	_____	<input type="checkbox"/>	FFI	_____
	<input type="checkbox"/> EMR	_____	<input type="checkbox"/>	FFII	_____
	<input type="checkbox"/> EMT	_____	<input type="checkbox"/>	Driver/Operator (Fire)	_____
	<input type="checkbox"/> EMT-I	_____	<input type="checkbox"/>	HazMat: Awareness	_____
	<input type="checkbox"/> AEMT	_____	<input type="checkbox"/>	HazMat: Ops	_____
	<input type="checkbox"/> Paramedic	_____	<input type="checkbox"/>	HazMat: Tech	_____
	<input type="checkbox"/> DMSU	_____	<input type="checkbox"/>	Rope Rescue	_____
	<input type="checkbox"/> DICO	_____	<input type="checkbox"/>	Trench Rescue	_____
	<input type="checkbox"/> LPN	_____	<input type="checkbox"/>	Confined Space Rescue	_____
	<input type="checkbox"/> RN	_____	<input type="checkbox"/>	High Angle Rescue	_____
	<input type="checkbox"/> ARNP	_____	<input type="checkbox"/>	Fire Safety Officer	_____
	<input type="checkbox"/> Medical Doctor	_____	<input type="checkbox"/>	Fire Service Instructor	_____
	<input type="checkbox"/> Dietician	_____	<input type="checkbox"/>	Arson Investigator	_____
	<input type="checkbox"/> Veterinarian	_____	<input type="checkbox"/>	Other (Fire): _____	
	<input type="checkbox"/> Other (Med): _____		<input type="checkbox"/>	Other (Fire): _____	
<input type="checkbox"/> Other (Med): _____		<input type="checkbox"/>			
<input type="checkbox"/> Kansas Full Time LEO	_____	<input type="checkbox"/>	CEM		
<input type="checkbox"/> Kansas Part Time LEO	_____	<input type="checkbox"/>	KCEM		
<input type="checkbox"/> Kansas Auxiliary LEO	_____	<input type="checkbox"/>	SCK-IMT		
<input type="checkbox"/> Crime Scene Tech /		<input type="checkbox"/>	PIO		
Investigator	_____	<input type="checkbox"/>	ICS Position-Specific Training (IMT Teams)		
<input type="checkbox"/> Hazardous Device Tech	_____	<input type="checkbox"/>	Please list: _____		
<input type="checkbox"/> Forensic Tech	_____	<input type="checkbox"/>	ICS 100		
<input type="checkbox"/> Explosive Device/Arson		<input type="checkbox"/>	ICS 200		
Investigator (LE)	_____	<input type="checkbox"/>	ICS 300		
<input type="checkbox"/> Crisis Negotiator	_____	<input type="checkbox"/>	ICS 400		
<input type="checkbox"/> Other (LE): _____		<input type="checkbox"/>	IS-700		
<input type="checkbox"/> Other (LE): _____		<input type="checkbox"/>	IS-800		
<input type="checkbox"/> CDL - Class A	_____	<input type="checkbox"/>	Other: _____		
<input type="checkbox"/> CDL - Class B	_____	<input type="checkbox"/>	Other: _____		
<input type="checkbox"/> CDL - Class C	_____	<input type="checkbox"/>	Other: _____		
<input type="checkbox"/> Amat Radio: Tech	_____	<input type="checkbox"/>			
<input type="checkbox"/> Amat Radio: General	_____	<input type="checkbox"/>			

Office use only...

Application Rec'd	<input type="text"/>
Date Card(s) Issued	<input type="text"/>
# of Cards Issued	<input type="text"/>