Position Qualification Application

Please submit your completed PTB or RPL Paperwork with this application. Package must be submitted via hard copy and digital (flash drive submitted with hard copy). NO EXCEPTIONS. Hard copy is to be in binder with tabs for each section. Individual pages are NOT to be placed in sheet protectors.



New Jersey All - Hazards Incident Management Team POC/Training Officer/Specialist: Lisa Werner 908-240-9290 werner@co.somerset.nj.us

Please complete this application in full and submit all required documentation. All **incomplete** applications submitted will be denied.

Operations Center/Coordination Center/Emergency Operations Center

Incident Management Team

The QRB members review applications as needed. Applications are due to the QRB by first of the month prior to the next scheduled meeting. Please submit only completed applications to avoid unnecessary delays. Submit applications to the mailing address or e-mail address above.

Trainee Info:

First:	Last:	M.I.:
Current Agency Position or Title:		
Trainee Agency:		
Agency Mailing Address:		
City:	State:	Zip:
Phone:	E-mail:	

Position for Consideration: Click here to enter text.

Application Checklist

It is your responsibility as the applicant to ensure that each of these items is either completed or included in your application package. Please do not submit or check off if incomplete.

1. Personal Data

"PTB Assigned To" completed

"PTB Initiated By" completed

"Location and Date PTB Was Initiated" completed

2. Evaluation Data

All tasks signed off

Evaluation Records - at least 3 incidents/events and one MUST be actual incident(back of PTB)

"Final Evaluator's Verification" signed (must be credentialed in that position)

3. Training Certificates/Equivalencies

All training certificates present

Relevant equivalencies approved - include approval

4. Relevant experience

Relevant job experience and time included in position or narratives

Historical recognition documented as necessary

Recognition of Prior Learning (RPL) documented as necessary

5. Additional Documentation

Incident Experience Narrative, Performance Rating(s) (ICS Form 225), Activity Log (ICS

Form 214) included

Incident Action Plans list name, position, and incident

Resume

Other supporting documents including exercise MESLs and others[please list below]

I hereby certify that I have included all required original (un-altered) documentation and that everything within this package can be verified.

Yes

Trainee Signature:

Date Received:

Received By:

Complete and OK for Board Review: