

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION SHORT FORM

See Reverse for
 Privacy Act Statement

O.M.B. No. 1660-0100
Expires November 30, 2016

SECTION I - GENERAL INFORMATION

1. DATE OF BIRTH (Mo, Day, Yr.)		2. GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		3. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT		If No, City and Country of Birth:	
4. RACE (Please check all that apply) 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE 2. <input type="checkbox"/> ASIAN 3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input type="checkbox"/> WHITE 5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER						4a. ETHNICITY <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO	
5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)						6. STUDENT IDENTIFICATION (SID) NUMBER	
7. HOME MAILING ADDRESS (Street, avenue, road no., P.O. box/city or town, and zip code)						8. WORK PHONE NO. ()	
						9. HOME PHONE NO. ()	
						10. FAX NO. ()	
						11. E-MAIL ADDRESS	
12a. ENTER COURSE CODE AND TITLE						12b. COURSE LOCATION	
						12c. DATE	
13. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, indicate & describe any special considerations required on a separate sheet)							

SECTION II - EMPLOYMENT INFORMATION

14a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED			14b. NFIRS # (NFA ONLY)	15. CURRENT POSITION AND NUMBER OF YEARS IN POSITION	
16. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION			16b. ORGANIZATION		16c. CURRENT STATUS
16a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE 4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP 7. <input type="checkbox"/> FOREIGN 2. <input type="checkbox"/> COUNTY GOVERNMENT 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS) 8. <input type="checkbox"/> DHS/FEMA 3. <input type="checkbox"/> CITY/TOWN/VILLAGE 6. <input type="checkbox"/> INDUSTRY/BUSINESS 9. <input type="checkbox"/> TRIBAL NATION			1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION		1. <input type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> DISASTER RESERVIST

SECTION III - ENDORSEMENT AND CERTIFICATION

17a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (U.S.C. 1001).

17b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.

17c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.

17d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) courses.

18a. SIGNATURE OF APPLICANT		18b. DATE
19. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION (NOT REQUIRED FOR SELF STUDY PROGRAMS)		
By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.		
19a. SIGNATURE	19b. PRINTED NAME AND TITLE	19c. DATE
20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE (NOT REQUIRED FOR SELF STUDY PROGRAMS)		
20a. SIGNATURE AND DATE (State Office)		20b. SIGNATURE AND DATE (FEMA Regional Office)
21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR		