



2011 TEAM ROSTER APPLICATION DUE DATE 04-30-2011 / Fax to 303-362-7293

All individuals applying for positions as a primary, job share or trainee, must submit this Eastern Colorado Incident Management Team Application Form **and a copy of your current fire training, all hazard training certificates, current task book status and experience record or red card documenting their qualification OR a copy of a complete IQS**. All applications must be approved by the applicant's immediate supervisor.

Check one: New not currently on roster Reaffirmation currently on roster

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED

APPLICANT BASIC INFORMATION:

Applicant Name: _____ Agency/Unit: _____

Office Phone: _____ Cell Phone: _____

Office E-mail: _____ Office Fax: _____

POSITION(S) APPLIED: *(Enter only one Team Type and/or Position Status per line)*

PREFERENCE	POSITION NAME	TEAM TYPE (IMT3, IMT3 short)	POSITION STATUS (PRIMARY, JOB-SHARE, TRAINEE)
1			
2			
3			
4			
5			

COMMENTS OR ADDITIONAL INFORMATION: _____

We will also be conducting an internal team process to identify, train and appoint a new ECIMT Coordinator. If you are interested in being considered check here []

TRAINING AND EXPERIENCE:

Please attach a copy of your current Fire Qualifications Training, All Hazard Training and Experience Record or current Red Card, showing certification for the position(s) applied.

AVAILABILITY: Applicant availability is critical to the success of the team. Submitting this application signifies a commitment to be available for the 2011 state fiscal year . Do you foresee any significant barriers to your availability? No Yes

If Yes, explain: _____

APPLICANT SIGNATURE AND SUPERVISORY APPROVALS:

Applicant _____ Date: _____

I concur with the goals, commitment, and availability of the applicant for the position(s) applied. I also understand that as the home unit this applicants workers compensation and liability lie primarily with the applicants home unit.

Immediate Supervisor _____ Date: _____

Applicant or Supervisor Remarks: (If any) _____

REVIEWER CHECKLIST:

Applicant Basic Information, Position(s) Applied, and All-Risk Participation..... COMPLETE

Current Fire Training and Experience Record or Copy of current Red Card documenting qualification for positions applied..... ATTACHED

Applicant, Immediate Supervisor, and other local approvals.....COMPLETE

REVIEW AND REFERAL:

I have reviewed this application and the candidate is qualified for the position(s) which have been applied for as a Primary, Job-Share, and/or in Trainee Status.

Eastern Colorado IMT Coordinator _____ Date: _____

Agency Approval
(If Required by Submitting Agency) _____ Date: _____

Please fax or email your completed application to Todd Manns todd.manns@ecimt.info or fax **303-362-7293**.