

**EASTERN AREA
PRIORITY TRAINING PROGRAM
NOMINATION FORM**

Official Use Only

Unit Priority by Position: __ of __.

Compact or Agency Priority by Position: __ of __.

COMPACT OR AGENCY _____

EMPLOYEE NAME: _____ E-MAIL ADDRESS: _____

(As it appears on your Red Card)

HOME UNIT ID: _____ LOCAL DISPATCH OFFICE ID: _____

EMPLOYMENT CLASS (*Regular Agency or Emergency Fire Fighter*): _____

TRAINEE POSITION APPLYING FOR (*list only one*) _____

RELEVANT "RED CARD" QUALIFICATIONS _____

5-YEAR "RED CARD" POSITION GOAL _____

POINTS (*Assign all points as applicable*)

____ Position Task Book is in 3rd year of issue (6 Pts)

____ Position Task Book is in 2nd year of issue (3 Pts)

____ Position Task Book is in 1st year of issue (1 Pts)

____ Position Task Book has been reissued due to Position Task Book expiration prior to certification (3 Pts)

____ Trainee position is listed on one of the Type 2 IMT's identified in the EACG inventory.

Provide IMT name _____ (1 Pt)

____ Trainee position fulfills local agency initial attack (3 Pts)

____ Trainee position fulfills mutual aid/compact (Type 3 Incidents) (3 Pts)

____ Trainee position fulfills an agency requirement for position description.

Provide date qualification is required _____ (5 Pts)

____ Employee needs trainee assignment to recertify in a position (4 Pts)

____ **TOTAL POINTS**

COMMENTS/JUSTIFICATION

(Example: Qualification is required for my position within 3 years)

SIGNATURES

I agree to follow the Guidelines and Standard Operating Procedures of the Priority Training program.

Trainee Signature

Date

I agree to support this program and make the above individual available for trainee assignments.

Supervisor Signature

Date

Local Agency Administrator Signature

Date

Attachment: IQS/IQCS Master Record