|  |  |
| --- | --- |
|  | Unit Priority buy Position: \_\_\_\_of\_\_\_\_Co-Op/Agency Priority by Position: \_\_\_\_of\_\_\_\_ |
| Employee Name: | Email Address: |
| Home Unit Identifier (e.g. UT-DNF) |  |
| Employment Classification Agency, Cooperator or Emergency Firefighter (AD) |  |
| Trainee Position Applying for*(create one for each trainee position employee applies for)* |  |
| Date of First Position Task Book Assignment |  |
| Date of Last Assignment in this Trainee Position |  |
| Relevant Red Card Qualifications (use position mnemonic) |  |
| Permanent Employee *(Career Seasonal, WAE, etc.)*  | Yes | No |

**Points** *(to be validated by Supervisor)*

|  |  |
| --- | --- |
| Percentage of PTB Completed (e.g. -# of completed tasks divided by # of total tasks. This will give a number similar to 0.27, that is 27% =3 points.) | Months Until Current PTB Expires |
| Percentage | Points | Months | Points |
| 90-100 | 10 | 0-6 | 10 |
| 80-89 | 9 | 7-12 | 8 |
| 70-79 | 8 | 13-18 | 6 |
| 60-69 | 7 | 19-24 | 4 |
| 50-59 | 6 | 25-30 | 2 |
| 40-49 | 5 | 31-36 | 1 |
| 30-39 | 4 |  |
| 20-29 | 3 |
| 10-19 | 2 |
| 0-9 | 1 |
| Needs assignment for recertification (was previously qualified but has lost currency). | Y=10 | N=0 |
| Required for position description qualification in primary job (justify in comments below). | 20 |
| ***Circle the appropriate points for each attribute and total here***  | **Total Points** |  |

Comments/Justification (Example: Qualification is required for my position within three years.)

|  |
| --- |
|  |

**Signatures:**

I agree to be available as a trainee for the position above when I’m the top priority.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Trainee Signature

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/ FMO Signature