

**ROCKY MOUNTAIN AREA APPLICATION FORM FOR  
INCIDENT MANAGEMENT TEAMS**

**DUE DATE 12-01-08**

All individuals applying for positions as a primary, job-share, or trainee on a RMA IMT1, IMT2, or Fire Use support group must submit this Rocky Mountain Incident Management Application Form **and a copy of their current Incident Training and Experience Record or current Incident Qualification Card documenting their qualifications**. All applications must be approved by the applicant's immediate supervisor, including any other required local agency approvals, and be submitted through their respective agency channels to the Rocky Mountain Area Operations Committee.

**INCOMPLETE OR LATE 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 (IMT1, IMT2 A, IMT2 B, IMT2 C, FUSG)	POSITION STATUS (PRIMARY, JOB-SHARE, TRAINEE)
1			
2			
3			
4			
5			

**COMMENTS OR ADDITIONAL INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRAINING AND EXPERIENCE:**

**Please attach a copy of your current Incident Qualifications Training and Experience Record or current Incident Qualification Card, showing certification for the position(s) applied.**

**AVAILABILITY:** Applicant availability is critical to the success of all Incident Management Teams. Submitting this application signifies a commitment to be available for the 2009-2011 Incident Management assignments. 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.

Immediate Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Applicant or Supervisor Remarks: (If any) \_\_\_\_\_

**REVIEWER CHECKLIST:**

- Applicant Basic Information, Position(s) Applied, and All-Risk Participation..... COMPLETE
- Current Incident Training & Experience Record or copy of current Incident Qual 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.

Unit Fire Staff or FMO \_\_\_\_\_ Date: \_\_\_\_\_

Agency Approval  
(If Required by Submitting Agency) \_\_\_\_\_ Date: \_\_\_\_\_

Rocky Mountain Area Operations  
Committee Agency Representative \_\_\_\_\_ Date: \_\_\_\_\_