

ASHEVILLE INTERAGENCY HOTSHOT CREW APPLICATION PACKAGE

Applications Must Be Received by 09/30/2009

(Late or Incomplete Applications will not be accepted)

Application Package Must Include:

**CANDIDATE INFORMATION FORM
CANDIDATE JUSTIFICATION STATEMENT
TRAINING RECORD
FIRE EXPERIENCE RECORD
IMMEDIATE SUPERVISOR APPROVAL FORM
2ND LEVEL SUPERVISOR APPROVAL FORM
LINE OFFICER APPROVAL FORM**

Applications can be submitted by mail, e-mail, or fax:

Mail: National Forests in North Carolina
Attn: Asheville IHC
160 Zillicoa Street
Asheville, NC 28801

E-mail: slittle@fs.fed.us
mhoneycutt@fs.fed.us
dsmallman@fs.fed.us

Fax: Attn: Asheville IHC
828-257-4804

If you have questions, please call:

**Steve Little
Superintendent, Asheville IHC
828-257-4809**

**Mike Honeycutt
Asst. Superintendent, Asheville IHC
828-257-4808**

**David Smallman
Crew Foreman, Asheville IHC
828-257-4818**

**ASHEVILLE INTERAGENCY HOTSHOT CREW
APPLICATION PACKAGE
CANDIDATE INFORMATION FORM**

THIS FORM MUST ACCOMPANY APPLICATION FOR THE ASHEVILLE IHC

Candidate's Name:					
DOB	Height	Weight			
Current Position Title:					
Years in Current Position					
Appointment Status:			PFT []	Perm. Seasonal []	18/8 [] 13/13 []
Grade/Step:			GS:		WG:
FLSA Status:			Exempt []		Non-Exempt []
Home Unit: Forest, Refuge, Park					
Sub Unit: District, Mgmt Area					
Mailing Address: For all Hotshot Program correspondence					
E-mail Address					
Phone Numbers			Work:		Cell or Home:

Immediate Supervisor	
Position Title	
Office Phone	
E-mail Address	

Current Position Fire Duties (also list responsibilities other than Standard PD description)			
Current Fire Qualifications (as shown on IQCS card)			
Current Position Task Books			
Faller Qualifications and Date Certified at Each Level	Faller A	Faller B	Faller C
Medical Qualifications	EMT 1 []	EMT 2 []	1st Respond []
Years of Medical Experience			
Current Government Vehicle Operators Card. List Equipment Qualified to Operate	Yes [] No []		

Fire Management Career Goals: 2 yrs	
5 yrs	
10 yrs	

CANDIDATE'S JUSTIFICATION STATEMENT

THIS FORM MUST ACCOMPANY APPLICATION FOR THE ASHEVILLE IHC

Each Candidate should explain why they want to participate in the Asheville Hotshot program.
(Failure to sufficiently comment will affect candidate's selection status)

Please list two References (other than current Supervisors) from the field of Fire Management.

NAME	Position and Unit	PHONE NUMBER

TRAINING CHECKLIST

THIS FORM MUST ACCOMPANY APPLICATION FOR THE ASHEVILLE IHC

PREREQUISITES – Basic Fire Training completed

Course #	Course Title	Completed	
		Month	Year
I – 100	Introduction to ICS		
L - 180	Human Factors on the Fire Line		
S-130	Basic Firefighter		
S-190	Introduction to Fire Behavior		

FIREFIGHTER TYPE 1– FFT1 Training completed

Course #	Course Title	Course Completed	
		Month	Year
S-131	Advanced Firefighter/Squad Boss		
S-133	Look Up, Look Down		
S-211	Portable Pumps		
S-212	Wildfire Power Saws		

CREW BOSS TRAINING – Indicate your training needs in the left column.

Courses already completed should be shown by month and year on the right.

Course Needed <input checked="" type="checkbox"/>	Course #	Course Title	Course Completed	
			Month	Year
<input type="checkbox"/>	I-200	Basic ICS		
<input type="checkbox"/>	L-280	Leadership to Followership		
<input type="checkbox"/>	S-230	Single Resource Resource Boss		
<input type="checkbox"/>	S-234	Ignition Operations		
<input type="checkbox"/>	S-260	Interagency Incident Business Management Principles		
<input type="checkbox"/>	S-270	Basic Air Operations		
<input type="checkbox"/>	S-290	Intermediate Wildland Fire Behavior		

IMMEDIATE SUPERVISOR APPROVAL AND JUSTIFICATION FORM

THIS FORM MUST ACCOMPANY APPLICATION FOR THE ASHEVILLE IHC

CANDIDATE NAME (please type or print)	
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ALL SELECTED CANDIDATES WILL BE EXPECTED TO REMAIN WITH THE CREW FOR THE ENTIRE DETAIL PERIOD.

IMMEDIATE SUPERVISOR APPROVAL (i.e. Engine Captain, Crew Supt., Helitack Foreman)	
I approve the participation of the above named employee in the Asheville IHC Training Detail	
NAME (please type or print)	
SIGNATURE	
POSITION	
COMMENTS	

**2nd LEVEL SUPERVISOR
APPROVAL AND JUSTIFICATION FORM**

THIS FORM MUST ACCOMPANY APPLICATION FOR THE ASHEVILLE IHC

CANIDATE NAME (please type or print)	
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ALL SELECTED CANDIDATES WILL BE EXPECTED TO REMAIN WITH THE CREW FOR
THE ENTIRE DETAIL PERIOD.

2ND LEVEL SUPERVISOR APPROVAL (i.e. District / Zone FMO)	
I approve the participation of the above named employee in the Asheville IHC Training Detail	
NAME (please type or print)	
SIGNATURE	
POSITION	
COMMENTS	

LINE OFFICER APPROVAL AND JUSTIFICATION FORM

THIS FORM MUST ACCOMPANY APPLICATION FOR THE ASHEVILLE IHC

CANDIDATE NAME (please type or print)	
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ALL SELECTED CANDIDATES WILL BE EXPECTED TO REMAIN WITH THE CREW FOR
THE ENTIRE DETAIL PERIOD.

LINE OFFICER APPROVAL (i.e. District Ranger or Unit Manager)	
I approve the participation of the above named employee in the Asheville IHC Training Detail	
NAME (please type or print)	
SIGNATURE	
POSITION	
COMMENTS	