

Incident Qualification and Certification System
New/Transfer Employee Form

ALL ITEMS IN BOLDED RED WITH ASTERICK IS REQUIRED

Name History			
First Name		*Full Middle Name*	
Last Name		Other names used	
*Address History *			
Address Type (Home, Business)		*Mailing address* including zip code	
Phone Type (Business, Cellular, Home)		*Phone Number*	
Email Type (PFT-GOV Email, PSE or Seasonal Personal)		<u>Non-PFT Only</u> *Personal Email Address*	
Birth Date / National HR ID			
Birth Month and Day - MM/DD (No Year)		EmpowHR ID (if they have one)	
Transfer Information OR New Hire (put NEW)			
Agency		*Unit*	
Former Training Officer Dispatch Center / Phone number		*State*	
Previous Supervisor		*Phone Number*	
Idaho Panhandle NF / BLM Fire Employment Information (Red Only)			
Series and Grade		District / Location	
Position Title + IFPM/FSFPM role (Perms only)		Start Date	
Employment Kind (Career, Career Seasonal, Casual Hire, Temporary)		Supervisor's Name	
ACMG Assistant Center Manager	EMLS Engine Module Supervisor	GFPM Geographic Fire Program Manage	PFFS Prescribed Fire Fuels Spec
CMGR Center Manager	FAFMO Forest Asst Fire Mgt Officer	HMGR Helicopter Manager	SEOP Supervisory Engine Operator
DFAFM District Fuels Spec / AFMO	FHACS Helitack Asst Crew Supervisor	IADP Initial Attack Dispatcher	SFF Senior Firefighter
DFPFM District Fuels Planner / FMO	FHSOL Helitack Squad Leader	IHCAS IHC Assistant Superintendent	UFPM Unit Fire Program Manager
DFTEC District Fuels Technician	FIAML IA SmokeChase Module Leader	IHCS IHC Superintendent	WFOS Wildland Fire Ops Specialist
DZAFM District Asst Fire Mgt Officer	FSMGR Station Manager	IHCSL IHC Squad Leader	XIFPM Non-IFPM Position
DZFMO District Fire Mgt Officer	FT2CA Type 2 Crew Asst Supervisor	NFPM National Fire Program Manager	