

Incident Qualification and Certification System Add/Transfer Employee Form

Name History			
First Name		Middle Name (REQUIRED)	
Last Name		Other names used	
Address History			
Address Type <small>(Home, Business)</small>		Mailing address including zip code	
Phone Type <small>(Business, Cellular, Home)</small>		Phone Number	
Email Type <small>(Please provide personal email)</small>		Email Address	
Birth Date/National ID			
Birth Month and Day (MM/DD) (REQUIRED)		EmpowHR ID	
Transfer Information (PREVIOUS DISP/OFFICE)			
Agency		Unit	
Training Officer or Dispatch Center and Phone number		State	
Previous Supervisor		Phone Number	
Nez Perce-Clearwater Employment Information			
Series and Grade		District	
Position Title + IFPM/FSFPM role		Start Date	
Employment Kind <small>(Career, Career Seasonal, Casual Hire, Temporary, Volunteer)</small>		Supervisor's name and email address	
ACMG Assistant Center Manager	EMLS Engine Module Supervisor	GFBM Geographic Fire Program Manage	PFPS 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
DPPFM District Fuels Planner / FMO	FHSQL Helitack Squad Leader	IHCAS IHC Assistant Superintendent	UFP Unit Fire Program Manager
DFTEC District Fuels Technician	FIAML IA SmokeChase Module Leader	IHCS IHC Superintendent	WFO Wildland Fire Ops Specialist
DZAFM District Asst Fire Mgt Officer	FSMGR Station Manager	IHCSL IHC Squad Leader	XIFP Non-IFPM Position
DZFM			
O District Fire Mgt Officer	FT2CA Type 2 Crew Asst Supervisor	NFPM National Fire Program Manager	