

Central Oregon Interagency Dispatch Center (COIDC) AD Personal Information

Name (as it appears on your ID): _____

First: _____ Middle: _____ Last: _____

Social Security Number: _____ Date of Birth (DOB): _____

ECI #: _____ Phone Numbers _____

Address: _____ Home: _____

City, State, Zip _____ Cell: _____

Email : _____ Other: _____

Team Member? Y N What Team(s)? _____ FAX: _____

List of Quals: _____

Who do you want us to notify if there is an emergency?

Name: _____ Phone: _____

| | | | | | |
|---|--|--|---|--|--|
| Empl Eligibility I-9 (Exp 3 years): | | | Fin Info Security FS-6500-214: | | |
| Dir Dep Salary SF-1199a: | | | Dir Dep Travel FS-6500-231: | | |
| Federal Withholding W-4: | | | TWO ITEMS ABOVE FAXED TO # ON 214 : | | |
| THREE ITEMS ABOVE FAXED TO ASC Pay : | | | DRIVING Phys Fitness Inquiry OF-345: | | |
| HSQ for Pack Test: | | | DRIVING R6 App to Drive FS-6500-231: | | |
| Pack Test Date: | | | DRIVING R6 Driver Responsibilities: | | |
| Fire Refresher Date: | | | Defensive DRIVING Cert (Exp 3 years): | | |
| Red Card Sent to AD: | | | DMV DRIVING RECORD: | | |

| | Start | | | | | | | Remaining |
|-----------------|-------|--|--|--|--|--|--|-----------|
| Training Hours: | 80 | | | | | | | |

All AD forms and information available at: <http://gacc.nifc.gov/nwcc/districts/COIDC/ADcasual.html>