

STATE OF NEW JERSEY
OFFICE OF EMERGENCY MANAGEMENT
GENERAL ADMISSIONS APPLICATION

See Reverse for
Privacy Act Statement

SECTION I - GENERAL INFORMATION

1. U.S. Citizen YES NO PERMANENT RESIDENT If No, City and Country of Birth: _____

2. NAME (Last, First, Middle Initial, Suffix)		3. STUDENT IDENTIFICATION (SID) NUMBER	
4. HOME MAILING ADDRESS (Street, avenue, road no, P.O. box/city or town, state, and zip code)	5. WORK PHONE NO. ()		
	6. HOME PHONE NO. ()		
	7. FAX NO. ()		
	8. E-MAIL ADDRESS:		

9a. ENTER COURSE CODE AND TITLE: (If you wish to apply for more than one course, please attach a sheet of paper to this application)	9b. COURSE LOCATION	9c. DATES REQUESTED (Please give three choices)
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10. COMPLETE THE ITEMS BELOW REGARDING THE PREREQUISITES OF THE COURSE FOR WHICH YOU ARE APPLYING			
INSTITUTION	DEGREE/CERTIFICATE	DATE EARNED	COURSE/FIELD OF STUDY

11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING?
 YES NO (If yes, describe & indicate any special assistance required on a separate sheet)

SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION

12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED	12b. NFIRS # (NFA STUDENTS ONLY)	13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION
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14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION

14 a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE 2. <input type="checkbox"/> COUNTY GOVERNMENT 3. <input type="checkbox"/> CITY/TOWN/VILLAGE	4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS) 6. <input type="checkbox"/> INDUSTRY/BUSINESS	7. <input type="checkbox"/> FOREIGN 8. <input type="checkbox"/> DHS/FEMA 9. <input type="checkbox"/> TRIBAL NATION	14 b. ORGANIZATION 1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION	15. CURRENT STATUS 1. <input type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> DISASTER RESERVIST
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16. Briefly describe your activities/responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented and indicate your position. If you need more space, please attach a sheet to this application.

17. CHECK **ONE** BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.

17a. PRIMARY RESPONSIBILITY 1. <input type="checkbox"/> MANAGEMENT 2. <input type="checkbox"/> TRAINING/EDUCATION 3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING 4. <input type="checkbox"/> INVESTIGATION 5. <input type="checkbox"/> FIRE PREVENTION 6. <input type="checkbox"/> FIRE SUPPRESSION 7. <input type="checkbox"/> PROGRAM/ACTIVITY 8. <input type="checkbox"/> HEALTH 9. <input type="checkbox"/> PUBLIC WORKS 10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY 11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE 12. <input type="checkbox"/> HAZARD MITIGATION 13. <input type="checkbox"/> EMERGENCY PREPAREDNESS 14. <input type="checkbox"/> OTHER (Specify) _____	17b. TYPE OF EXPERIENCE 1. <input type="checkbox"/> INCIDENT COMMAND 2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT 3. <input type="checkbox"/> SUPERVISION 4. <input type="checkbox"/> BUDGET/PLANNING 5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY 6. <input type="checkbox"/> COORDINATION/LIAISON 7. <input type="checkbox"/> PUBLIC EDUCATION 8. <input type="checkbox"/> CODE DEVELOPMENT 9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION 10. <input type="checkbox"/> SUPPORT SERVICES 11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT 12. <input type="checkbox"/> ARSON 13. <input type="checkbox"/> LAW ENFORCEMENT 14. <input type="checkbox"/> DESIGN AND PLANNING 15. <input type="checkbox"/> OTHER (Specify) _____	17c. NUMBER OF YEARS OF EXPERIENCE _____ 17d. SIZE OF DEPARTMENT _____ 17e. BUSINESS TYPE 1. <input type="checkbox"/> GOVERNMENT 2. <input type="checkbox"/> EDUCATION 3. <input type="checkbox"/> FIRE SERVICE 4. <input type="checkbox"/> LAW ENFORCEMENT 5. <input type="checkbox"/> VOLUNTEER AGENCY 6. <input type="checkbox"/> EMERGENCY MANAGEMENT 7. <input type="checkbox"/> HEALTH CARE 8. <input type="checkbox"/> PUBLIC WORKS
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18. DATE OF BIRTH	19. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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20. RACE (Please check all that apply) <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE 2. <input type="checkbox"/> ASIAN 3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input type="checkbox"/> WHITE 5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER	20a. Ethnicity <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO
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SECTION III - ENDORSEMENT AND CERTIFICATION

21a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).
21b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief or designee.
21c. Further, I understand that the State of NJ is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
21d. I agree to abide by the rules, policies, and regulations of state of NJ and NJSP-OEM. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future courses.

SIGNATURE OF APPLICANT

DATE

22. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION

"By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees."

22a. SIGNATURE

22b. PRINTED NAME AND TITLE

23. ADDITIONAL ENDORSEMENTS FOR APPLICATION (County OEM):

County OEM

Date

24a. FOR STATE OF NEW JERSEY DELIVERY COURSES ONLY
SUBMIT APPLICATION TO:

**STATE OF NEW JERSEY
NJ STATE POLICE HQS.
P.O. BOX 7068
WEST TRENTON, NJ. 08628
TRAINING & EXERCISE UNIT (TEU)**

24b. FOR EMI COURSES DELIVERED AT NETC, MWEEOC, OR NTF
SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE
EMERGENCY MANAGEMENT COORDINATOR OR FEMA REGIONAL
TRAINING MANAGER TO NETC.

24c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO
APPROPRIATE SPONSOR.

25. DISPOSITION

ACCEPTED REJECTED

SIGNATURE OF REVIEWER

DATE

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, gender, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for training courses.

AUTHORITY - Title 15 U.S.C., Sections 2201 et. seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121 et. seq.; Title 44 U.S.C., Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES - To determine eligibility for participation in training courses. Information such as age, gender, and ancestral heritage are used for statistical purposes only.

USES - Information may be released to: 1) NJSP staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 4) sponsoring States, local officials, or State agencies to update/evaluate statistics of participants.

EFFECTS OF NONDISCLOSURE - Personal information is provided on a voluntary basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.