

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)

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

**14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION**

14 a. JURISDICTION			14 b. ORGANIZATION		15. CURRENT STATUS	
1. <input type="checkbox"/> STATEWIDE	4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP	7. <input type="checkbox"/> FOREIGN	1. <input type="checkbox"/> ALL CAREER	1. <input type="checkbox"/> PAID FULL TIME	2. <input type="checkbox"/> PAID PART TIME	3. <input type="checkbox"/> VOLUNTEER
2. <input type="checkbox"/> COUNTY GOVERNMENT	5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS)	8. <input type="checkbox"/> DHS/FEMA	2. <input type="checkbox"/> ALL VOLUNTEER	2. <input type="checkbox"/> PAID PART TIME	3. <input type="checkbox"/> VOLUNTEER	4. <input type="checkbox"/> DISASTER RESERVIST
3. <input type="checkbox"/> CITY/TOWN/VILLAGE	6. <input type="checkbox"/> INDUSTRY/BUSINESS	9. <input type="checkbox"/> TRIBAL NATION	3. <input type="checkbox"/> COMBINATION	3. <input type="checkbox"/> VOLUNTEER	4. <input type="checkbox"/> DISASTER RESERVIST	

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		17b. TYPE OF EXPERIENCE		17c. NUMBER OF YEARS OF EXPERIENCE _____	
1. <input type="checkbox"/> MANAGEMENT	2. <input type="checkbox"/> TRAINING/EDUCATION	1. <input type="checkbox"/> INCIDENT COMMAND	2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT	17d. SIZE OF DEPARTMENT _____	
3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING	4. <input type="checkbox"/> INVESTIGATION	3. <input type="checkbox"/> SUPERVISION	4. <input type="checkbox"/> BUDGET/PLANNING	17e. BUSINESS TYPE	
5. <input type="checkbox"/> FIRE PREVENTION	6. <input type="checkbox"/> FIRE SUPPRESSION	5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY	6. <input type="checkbox"/> COORDINATION/LIAISON	1. <input type="checkbox"/> GOVERNMENT	2. <input type="checkbox"/> EDUCATION
7. <input type="checkbox"/> PROGRAM/ACTIVITY	8. <input type="checkbox"/> HEALTH	7. <input type="checkbox"/> PUBLIC EDUCATION	7. <input type="checkbox"/> PUBLIC EDUCATION	3. <input type="checkbox"/> FIRE SERVICE	4. <input type="checkbox"/> LAW ENFORCEMENT
9. <input type="checkbox"/> PUBLIC WORKS	10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY	8. <input type="checkbox"/> CODE DEVELOPMENT	8. <input type="checkbox"/> CODE DEVELOPMENT	4. <input type="checkbox"/> LAW ENFORCEMENT	5. <input type="checkbox"/> VOLUNTEER AGENCY
11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE	12. <input type="checkbox"/> HAZARD MITIGATION	9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION	9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION	6. <input type="checkbox"/> EMERGENCY MANAGEMENT	7. <input type="checkbox"/> HEALTH CARE
13. <input type="checkbox"/> EMERGENCY PREPAREDNESS	14. <input type="checkbox"/> OTHER (Specify) _____	10. <input type="checkbox"/> SUPPORT SERVICES	10. <input type="checkbox"/> SUPPORT SERVICES	8. <input type="checkbox"/> PUBLIC WORKS	
14. <input type="checkbox"/> OTHER (Specify) _____		11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT	11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT		
		12. <input type="checkbox"/> ARSON	12. <input type="checkbox"/> ARSON		
		13. <input type="checkbox"/> LAW ENFORCEMENT	13. <input type="checkbox"/> LAW ENFORCEMENT		
		14. <input type="checkbox"/> DESIGN AND PLANNING	14. <input type="checkbox"/> DESIGN AND PLANNING		
		15. <input type="checkbox"/> OTHER (Specify) _____	15. <input type="checkbox"/> OTHER (Specify) _____		

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)					20a. Ethnicity	
<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	<input type="checkbox"/> HISPANIC or LATINO	<input type="checkbox"/> NOT HISPANIC or LATINO

**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
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**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
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**23. ADDITIONAL ENDORSEMENTS FOR APPLICATION (County OEM):**

County OEM		Date	
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<p>24a. FOR STATE OF NEW JERSEY DELIVERY COURSES ONLY SUBMIT APPLICATION TO:</p> <p align="center"><b>STATE OF NEW JERSEY NJ STATE POLICE HQS. P.O. BOX 7068 WEST TRENTON, NJ. 08628 TRAINING &amp; EXERCISE UNIT (TEU)</b></p>	<p>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.</p> <p>24c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.</p>
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25. DISPOSITION <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	SIGNATURE OF REVIEWER	DATE
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**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.