

Application Form for ICS Position on DE IMT

IMT Position(s) Applying For:	Primary:
(Candidates are limited to applying for no more than 2 positions on the IMT)	Secondary:
<u>Personal Information</u>	
Name:	
Job Title/Rank:	
Agency/Organization:	
Phone Number:	
Fax Number:	
E-Mail:	

<u>Applicant's Supervisor Information</u>	
Name:	
Phone Number:	
Supervisor's Statement of Endorsement: I endorse the above named nominee for participation on the Delaware State IMT. The agency/organization is fully prepared to support this commitment within the limits of our agency/organization's operational capacity. We understand there will be a time commitment required for participation in training, exercises, and incident deployments.	
Signature: _____ Date: _____	

Briefly describe your emergency response operations experience (use continuation form or provide attachment if necessary – include resume):

Please list any ICS training and other training specific to the position(s) for which you are applying (use continuation form or provide attachment if necessary):

Acknowledgement of Commitment

I acknowledge that selection to the DE IMT will require a commitment of time for participation in training, exercises, and incident deployment and am fully prepared to honor this commitment.

Signature of DE IMT Applicant

Date

Delaware State Incident Management Team

CONTINUATION FORM