



STATE OF FLORIDA DIVISION OF EMERGENCY MANAGEMENT



Ron DeSantis, Governor

Kevin Guthrie, Executive Director

Application for Historical Recognition of EOC Position Qualifications

Section 1: General Information

Full Name: _____
Last Name First Name M.I. Suffix

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Employer: _____ Title: _____

Position Applying for: _____

Section 2: References

List at least two professional references. Attach a letter of recommendation from each listed reference.

REFERENCE #1

Full Name: _____ YES Recommendation Attached?
Organization: _____ Title: _____
Email Address: _____ Phone: _____

REFERENCE #2

Full Name: _____ YES Recommendation Attached?
Organization: _____ Title: _____
Email Address: _____ Phone: _____

REFERENCE #3

Full Name: _____ YES Recommendation Attached?
Organization: _____ Title: _____
Email Address: _____ Phone: _____



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Section 3: Relevant Experience

List at least two qualifying experiences (incident, event, or exercise). At least one experience must be an incident.

EXPERIENCE #1

_____ <i>Experience Name</i>		_____ <i>Complexity</i>	_____ <i>Category</i>	_____ <i>Position Title During Experience</i>
_____ <i>Supervisor Name</i>		_____ <i>Supervisor Email</i>		_____ <i>Supervisor Phone</i>
_____ <i>Start Date</i>	_____ <i>End Date</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE _____ <i>Supplemental Documentation Attached (Part B)</i>		

EXPERIENCE #2

_____ <i>Experience Name</i>		_____ <i>Complexity</i>	_____ <i>Category</i>	_____ <i>Position Title During Experience</i>
_____ <i>Supervisor Name</i>		_____ <i>Supervisor Email</i>		_____ <i>Supervisor Phone</i>
_____ <i>Start Date</i>	_____ <i>End Date</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE _____ <i>Supplemental Documentation Attached (Part B)</i>		

EXPERIENCE #3 (Optional)

_____ <i>Experience Name</i>		_____ <i>Complexity</i>	_____ <i>Category</i>	_____ <i>Position Title During Experience</i>
_____ <i>Supervisor Name</i>		_____ <i>Supervisor Email</i>		_____ <i>Supervisor Phone</i>
_____ <i>Start Date</i>	_____ <i>End Date</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE _____ <i>Supplemental Documentation Attached (Part B)</i>		

EXPERIENCE #4 (Optional)

_____ <i>Experience Name</i>		_____ <i>Complexity</i>	_____ <i>Category</i>	_____ <i>Position Title During Experience</i>
_____ <i>Supervisor Name</i>		_____ <i>Supervisor Email</i>		_____ <i>Supervisor Phone</i>
_____ <i>Start Date</i>	_____ <i>End Date</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE _____ <i>Supplemental Documentation Attached (Part B)</i>		

Part B: Attach supplemental documentation for each experience (see instructions for Section 3, Part B).

Part C: Attach a current resume (see instructions for Section 3, Part C).



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Section 4: Relevant Training

Upload copies of training certificates pertinent to the position for which you are requesting Historical Recognition into SERT TRAC at <https://trac.floridadisaster.org/>.

When submitting this application, attach a copy of your SERT TRAC transcript as supplemental documentation.

All applicants must provide a SERT TRAC transcript that indicates successful completion of the courses listed below. The most recent versions of IS-100, IS-700, and IS-800 are required.

- IS-100.c: Introduction to Incident Command System
- IS-700.b: An Introduction to the National Incident Management System
- IS-800.d: National Response Framework, An Introduction
- IS-2200: Basic EOC Functions
- G0191: EOC / ICS Interface
- E/L/G-2300: Intermediate EOC Functions

Required position specific trainings:

None

Acknowledgement and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that providing false or inaccurate information may result in rejection of this application and future applications may not be considered.

Applicant Signature: _____

Date: _____