

MNICS Type II IA Crew Program – Member Application



Due Date: March 15th, 2018

Send to: anna.hines@state.mn.us or fax 218-327-4528
or mail to:
402 SE 11th Street
Grand Rapids, MN 55744
Attn: Anna Hines

This application will be used to determine the Leadership Rosters for Type II IA crews for the 2018 fire season.

Full Name:	Agency:
Home Unit Job Title:	Home Unit:
Phone Number:	Email Address:
2 nd Phone Number:	Mailing Address:
Red Card Qualifications:	

Successful applicants must have a <u>commitment from their supervisors</u> , as well as a personal commitment to the MNICS T2IA Program.	
Applicant Signature:	Printed Name:

As the supervisor of this applicant, I approve this application to the MNICS T2IA Crew Program.	
Supervisor Signature:	Supervisor Printed Name & Phone Number:

As the fire management officer/ fire team leader of this applicant, I approve this application to the MNICS T2IA Crew Program.	
FMO/ FTL Signature:	FMO/ FTL Printed Name & Phone Number:

Please write your name here:

1. Were you a member/alternate of a MNICS T2IA Crew in Past Yes No

Crew Boss Crew Boss (T) ICT5/FFT1 FAL2

2. Did you apply to the 2018 MNICS Priority Trainee List? Yes No (if YES which position?)

Crew Boss Crew Boss (T) ICT5/FFT1 FAL2

3. Please select which position(s) you are qualified for, and would be interested in serving:

Crew Boss	Primary <input type="checkbox"/>	Alternate <input type="checkbox"/>	Either <input type="checkbox"/>
Crew Boss (trainee)	Primary <input type="checkbox"/>	Alternate <input type="checkbox"/>	Either <input type="checkbox"/>
ICT5/FFT1	Primary <input type="checkbox"/>	Alternate <input type="checkbox"/>	Either <input type="checkbox"/>
FAL2	Primary <input type="checkbox"/>	Alternate <input type="checkbox"/>	Either <input type="checkbox"/>

4. Please indicate which type of employment you have.

Permanent Employee Federal 1039 Federal AD

5. How many seasons of fire experience do you have?

6. In your career, how many times have you served in these positions on a hand crew?

Crew Boss	<input type="text"/>	Asst Crew Boss	<input type="text"/>	Squad Boss	<input type="text"/>	Crew Member	<input type="text"/>
-----------	----------------------	----------------	----------------------	------------	----------------------	-------------	----------------------

Do you have experience working on hand crews that have been on out of state assignments?

Yes No

7. List other fire line experience you feel is relevant:

8. Are you currently qualified as: EMT 1st Responder N/A

9. Based on your past fire/life experience, write a short narrative describing why you would be a positive member for a T2IA Crew.