

Resource Manager Web Personnel Application

***Required Fields:** Any field preceded by an asterisk (*) is a required field.

Person Tab Information

Prefix (Mr, Miss, Ms.)

***Last Name**

***First Name**

Middle Initial

Suffix (Jr, Sr)

***ID DL Number** (00000000 or 00-00-0000)

See Policy for further instructions

Birth Date (mm/dd/yyyy)

***Organization Name**

***Rank**

Status (Active, Full Time, Part Time, Volunteer)

Date of Hire (mm/dd/yyyy)

Date of Termination (mm/dd/yyyy)

Application Approval (Office Use Only)

***Approved By**

Card Issue Date

Card Expiration Date

*Not to exceed 4 years from issue date

Contact Tab Information

Address Type (Home, Mailing, Other, Work)

Address One

Address Two

City

State

Zip Code

Driver License

License State

License Expiration

Home Phone

Work Phone

Fax

Mobile Phone

Email Address

Qualifications Tab Information

Qual Code	Qual Description	Certification Number	Issue Date	Expiration Date

For information on appropriate Federal Qualifications please go to <https://www.fema.gov/resource-management-mutual-aid>.