Resource Manager Web Personnel Application

*Required Fields: Any field proceeded 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

Private 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**

*Emergency Contact 1   ***Contact Phone 1**

Emergency Contact 2   **Contact Phone 2**

Religion   **Radio Number / Other ID**

Medical Tab Information

The following medical information is **optional** and may be used to create a
Medical Barcode.

Gender

Blood Pressure

Resting Pulse

Respirations

Blood Type (A-, A+, AB-, AB+, B-, B+, O-, O+, Unknown)

Organ Donor (Y/N)

Allergy 1

Allergy 2

Hair Color

Eye Color

Medical History Short (32 Characters Max.)

Physician

Physician Phone

Insurance

Policy Number

Medication 1

Medication 2

Height (Inches)

Weight (Pounds)

Detailed History

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.