Top 8 Tips for Completing a Successful EMI Application

#8: If a prerequisite includes a specific certification, we expect to see a copy of that certification attached to the 119-25-1. **If it's not attached, the application package is NOT complete.**

#7: If a prerequisite includes an education requirement, we expect to see that information in **Block #10**.

#6: Address the student selection criteria completely. This should be done in **Block #16**. Keep in mind that this is where we:

- **DO** want to know what you do that qualifies you for the class you are applying for.
- **DO NOT** want to know how you think you will benefit from this class.

#5: Take the student selection criteria from the course catalog and repeat it back in **Block #16** as it applies to your position. For example, if the selection criteria calls for a minimum of 36 months experience, the reviewer is looking for a statement indicating that you have xx months of experience.

#4: A Job Description does not tell us what experience you have. Elaborate on what you do in your job that matches the selection criteria.

#3: Don't forget to attach a Department organizational chart showing your position in the organization. Be sure to circle or highlight your position on the chart so it stands out.

#2: SIGN YOUR APPLICATION! Missed signatures are common, and while that error is correctable, it still takes time and the applications fall into a pending category until such time as a signature is forwarded.

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION

See Reverse for Privacy Act Statement

O.M.B. No. 1660-0100
Expires August 31, 2013

SECTION I - GENERAL INFORMATION

1. U.S. Citizen ☐ YES ☐ NO If No, City and Country of Birth: _____

2. NAME (Last, First, Middle Initial, Suffix)

3. SOCIAL SECURITY NUMBER

4. HOME ADDRESS (Street, avenue, road no./city or town, state, and zip code)

5. WORK PHONE NO. ( )

6. HOME PHONE NO. ( )

7. FAX NO. ( )

8. E-MAIL ADDRESS:

9a. ENTER COURSE CODE AND TITLE: (If you wish to apply for more than one course, please attach a sheet of paper to this application)

9b. COURSE LOCATION

9c. DATES REQUESTED *(Please give three choices)*

10. COMPLETE THE ITEMS BELOW REGARDING THE PREREQUISITES OF THE COURSE FOR WHICH YOU ARE APPLYING

INSTITUTION	DEGREE/CERTIFICATE	DATE EARNED	COURSE/FIELD OF STUDY

11. DO YOU HAVE ANY DISABILITIES *(Including special allergies or medical disabilities)* WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING?
☐ NO ☐ YES *(If yes, describe & indicate any special assistance required on a separate sheet)*

SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION

12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED

12b. NFIRS # (NFA STUDENTS ONLY)

13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION

14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION

14 a. JURISDICTION
1. ☐ STATEWIDE
2. ☐ COUNTY GOVERNMENT
3. ☐ CITY/TOWN/VILLAGE
4. ☐ SPECIAL DISTRICT/TOWNSHIP/ TRIBAL NATION
5. ☐ FEDERAL/MILITARY (non-DHS)
6. ☐ INDUSTRY/BUSINESS
7. ☐ FOREIGN
8. ☐ DHS/FEMA
9. ☐ NDER/IMA

14 b. ORGANIZATION
1. ☐ ALL CAREER
2. ☐ ALL VOLUNTEER
3. ☐ COMBINATION

15. CURRENT STATUS
1. ☐ PAID FULL TIME
2. ☐ PAID PART TIME
3. ☐ VOLUNTEER
4. ☐ DISASTER RESERVIST

16. Briefly describe your activities/responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented and indicate your position. If you need more space, please attach a sheet to this application.

17. CHECK **ONE** BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.

17a. PRIMARY RESPONSIBILITY
1. ☐ MANAGEMENT
2. ☐ TRAINING/EDUCATION
3. ☐ SCIENTIFIC/ENGINEERING
4. ☐ INVESTIGATION
5. ☐ FIRE PREVENTION
6. ☐ FIRE SUPPRESSION
7. ☐ PROGRAM/ACTIVITY
8. ☐ HEALTH
9. ☐ PUBLIC WORKS
10. ☐ DISASTER RESPONSE/RECOVERY
11. ☐ EMERGENCY MEDICAL SERVICE
12. ☐ HAZARD MITIGATION
13. ☐ EMERGENCY PREPAREDNESS
14. ☐ OTHER (Specify) _____

17b. TYPE OF EXPERIENCE
1. ☐ INCIDENT COMMAND
2. ☐ ADMINISTRATION/STAFF SUPPORT
3. ☐ SUPERVISION
4. ☐ BUDGET/PLANNING
5. ☐ PROGRAM DEVELOPMENT/DELIVERY
6. ☐ COORDINATION/LIAISON
7. ☐ PUBLIC EDUCATION
8. ☐ CODE DEVELOPMENT
9. ☐ CODE ENFORCEMENT/INSPECTION
10. ☐ SUPPORT SERVICES
11. ☐ RESEARCH AND DEVELOPMENT
12. ☐ ARSON
13. ☐ LAW ENFORCEMENT
14. ☐ DESIGN AND PLANNING
15. ☐ OTHER (Specify) _____

17c. NUMBER OF YEARS OF EXPERIENCE _____

17d. SIZE OF DEPARTMENT _____

17e. BUSINESS TYPE
1. ☐ GOVERNMENT
2. ☐ EDUCATION
3. ☐ FIRE SERVICE
4. ☐ LAW ENFORCEMENT
5. ☐ VOLUNTEER AGENCY
6. ☐ EMERGENCY MANAGEMENT
7. ☐ HEALTH CARE
8. ☐ PUBLIC WORKS

18. DATE OF BIRTH

19. GENDER ☐ Male ☐ Female

20a. ETHNICITY ☐ HISPANIC or LATINO ☐ NOT HISPANIC or LATINO

20b. RACE (Please check all that apply)
1. ☐ AMERICAN INDIAN or ALASKA NATIVE 2. ☐ ASIAN 3. ☐ BLACK or AFRICAN AMERICAN 4. ☐ WHITE 5. ☐ NATIVE HAWAIIAN or PACIFIC ISLANDER

FEMA Form 119-25-1, AUG 2010 **PREVIOUSLY FEMA Form 75-5**

SECTION III - ENDORSEMENT AND CERTIFICATION

21a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).

21b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief or designee.

21c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.

21d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC, and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) and FEMA-wide courses.

SIGNATURE OF APPLICANT

DATE

22. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION

"By signing this application, I certify that my organization does not discriminate on the basis of age, sex, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees."

22a. SIGNATURE

22b. PRINTED NAME AND TITLE

#1: The most important thing to remember is that your application **MUST BE COMPLETE** before it can be processed.