

Geographic Area Engine Academy

Candidate Profile Form

Candidate Name: _____ IQCS Number: _____

Agency: _____ Unit: _____

Work Address: _____
Street City State Zip

Phone: _____ Email: _____

Home Address: _____
Street City State Zip

Current Working Title: (AFEO, FEO, FPT, WT, Etc.) _____ Present Series/Grade: _____

Type of Appointment: _____ Years of Service: _____ Years in Current Grade: _____

Current Red Card Qualifications: _____

State Driver's License Number: _____ Expiration Date: _____ Type/Class: _____

Restrictions: _____

Endorsements: _____ Medical Card Expiration Date: _____

Agency Driver's Qualifications: _____

Total Years of Driving Experience: Class "A" _____ Class "B" _____ Class "C" _____ Other _____

Have you ever attended a Geographic Area Engine Academy Yes/No? _____

If yes, which Academy and date of attendance? _____

Are you currently in the Random Drug Testing Program? YES NO

List previous large vehicle and/or engine driving experience: (by vehicle type/engine model). List hours of experience:

Engine Types Operated: _____ **Total Hours behind the Wheel Driving Experience:** _____

Crew Carrier: _____ **Total Hours behind the Wheel Driving Experience:** _____

Pump Panel Ops: _____ **Total Hours Pump Operations Experience:** _____

I hereby warrant that the above candidate meets eligibility prerequisite requirements as stated in the attached course announcement letter.

DFMO/ADFMO Signature: _____ Date: _____

Approved by Unit Training Officer: _____
(Signature of Unit Training Officer)

FMO/Chief: Name _____ Email: _____ Phone: _____