

# 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)

**\*Drivers License Number** (00000000 or 00-00-0000)

\*\*See Policy for further instructions\*\*

**\*Birth Date** (mm/dd/yyyy)

**\*Program/Department you work for**

**\*Job Title or Position**

**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>.