Please commplete and fax this questionnaire along with Detailer's supporting training and experience records to: Chief, FSS Fax:(907) 356-5560

Detailer Information

First (common) Last
First (legal) Middle
SSN
Date of Birth
Home Address
City State Zip
Home Phone #
Home E-Mail

Supervisor Information

Name
Title
E-mail
Phone
Fax

Agency Information

Job Title
Job Series-Grade
Travel Auth #
Work Phone #
Work E-Mail Addr
Work Mailing Add
City State Zip
Shipping Address (if different)
Work Shipping Add
Shipping City St Zip

Do you have an agency charge card? Yes No

Do you have an agency phone card? Yes No

Timekeeper Information

Name
E-mail
Phone
Fax

Recurrent Training

When did you last have the following training:
Also attach certificates or IQCS record for the following

1st Aid CPR
Ann Mishap Rev B3
Fireline Safety Refresher
HEMG Wkshp
Aviation Haz Mat Transport
Defensive Driving
ATV training

Emergency Notification Information

	Contact 1	Contact 2
Name		
Relationship		
Phone #		
Address		
City State Zip		
Doctor / Phone		
Doctor Address		

Allergies

Education

Degree Year
College
Major
Minor

Goals

What training and experience do you hope to attain on this detail?

Red Card / Task Books

What positions are on your current Red Card?

Qualified

Trainee

What Position Task Books do you have?

Detailer Signature_____ Supervisor Signature_____