

CA-TF6 PERSONNEL INFORMATION FORM

Updated:				Primary Task Force Assignment
Date of OF612		Group		
Date of SF171		Team Hire		Secondary Task Force Assignment
Day of Hire		FEMA ID		

I. General Information

Last Name	First Name	Title	Current Status
Home Address	City	State	Zip Code
Home Phone	Work Phone	Fax	Cell
Work E-Mail	Driver's License	License Class	
SSN	Date of Birth	Place of Birth	Height Weight
Passport Name	Passport Number	Issue City/State	Expiration Date
Emergency Contact	Relation	Phone	Religious Preference
Emergency Contact Address			

II. Employer Information

Employer Address	24 Hour Phone
Agency	Shift Identification Number

III. Skills/ Background / Licenses / Certifications

Type	Yes	No	Type	Ye s	No	Military Service
Carpenter			Electronic Technician			
Electrician			Computer Technician			Military Occupational Spec.
Plumbing			SCBA Technician			
Welding			Heavy Equipment Operator			Foreign Languages Spoken
Mech-Small Engines			Licensed Bus Driver			
Mech-Hydro/Pneum			Pilot-Fixed or Rotor Wing			

Engineer License Number	Medical License or Cert Number	DEA Number

Other Skills, Relevant Training, Licenses, Certifications or Expertise:

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IV. Medical Information

Medical Provider and Physican	Phone #	Allergies	Blood Type	Medications

MEDICAL HISTORY

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