

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 November 30, 2016*

SECTION I - GENERAL INFORMATION		1. U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT		If No, City and Country of Birth: _____	
2. NAME (Last, First, Middle Initial, Suffix) _____			3. STUDENT IDENTIFICATION (SID) NUMBER _____		
4. HOME MAILING ADDRESS (Street, avenue, road no, P.O. box/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	
11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO (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		4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP		7. <input type="checkbox"/> FOREIGN	
1. <input type="checkbox"/> STATEWIDE		5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS)		8. <input type="checkbox"/> DHS/FEMA	
2. <input type="checkbox"/> COUNTY GOVERNMENT		6. <input type="checkbox"/> INDUSTRY/BUSINESS		9. <input type="checkbox"/> TRIBAL NATION	
3. <input type="checkbox"/> CITY/TOWN/VILLAGE				10. <input type="checkbox"/> COMBINATION	
14 b. ORGANIZATION			1. <input type="checkbox"/> ALL CAREER		15. CURRENT STATUS
			2. <input type="checkbox"/> ALL VOLUNTEER		1. <input type="checkbox"/> PAID FULL TIME
			3. <input type="checkbox"/> COMBINATION		2. <input type="checkbox"/> PAID PART TIME
					3. <input type="checkbox"/> VOLUNTEER
					4. <input type="checkbox"/> 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		17b. TYPE OF EXPERIENCE		17c. NUMBER OF YEARS OF EXPERIENCE _____	
1. <input type="checkbox"/> MANAGEMENT		1. <input type="checkbox"/> INCIDENT COMMAND		17d. SIZE OF DEPARTMENT _____	
2. <input type="checkbox"/> TRAINING/EDUCATION		2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT		17e. BUSINESS TYPE	
3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING		3. <input type="checkbox"/> SUPERVISION		1. <input type="checkbox"/> GOVERNMENT	
4. <input type="checkbox"/> INVESTIGATION		4. <input type="checkbox"/> BUDGET/PLANNING		2. <input type="checkbox"/> EDUCATION	
5. <input type="checkbox"/> FIRE PREVENTION		5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY		3. <input type="checkbox"/> FIRE SERVICE	
6. <input type="checkbox"/> FIRE SUPPRESSION		6. <input type="checkbox"/> COORDINATION/LIAISON		4. <input type="checkbox"/> LAW ENFORCEMENT	
7. <input type="checkbox"/> PROGRAM/ACTIVITY		7. <input type="checkbox"/> PUBLIC EDUCATION		5. <input type="checkbox"/> VOLUNTEER AGENCY	
8. <input type="checkbox"/> HEALTH		8. <input type="checkbox"/> CODE DEVELOPMENT		6. <input type="checkbox"/> EMERGENCY MANAGEMENT	
9. <input type="checkbox"/> PUBLIC WORKS		9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION		7. <input type="checkbox"/> HEALTH CARE	
10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY		10. <input type="checkbox"/> SUPPORT SERVICES		8. <input type="checkbox"/> PUBLIC WORKS	
11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE		11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT			
12. <input type="checkbox"/> HAZARD MITIGATION		12. <input type="checkbox"/> ARSON			
13. <input type="checkbox"/> EMERGENCY PREPAREDNESS		13. <input type="checkbox"/> LAW ENFORCEMENT			
14. <input type="checkbox"/> OTHER (Specify) _____		14. <input type="checkbox"/> DESIGN AND PLANNING			
		15. <input type="checkbox"/> OTHER (Specify) _____			
18. DATE OF BIRTH _____			19. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		
20. RACE (Please check all that apply)					
1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE		2. <input type="checkbox"/> ASIAN		3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN	
		4. <input type="checkbox"/> WHITE		5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER	
				20a. Ethnicity <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO	

FEMA Form 119-25-1, (2/12) PREVIOUS EDITION FF75-5 OBSOLETE

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) 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, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees."

22a. SIGNATURE _____ 22b. PRINTED NAME AND TITLE _____

PERSONAL ENDORSEMENT TO THE EMERGENCY MANAGEMENT INSTITUTE:

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