Oregon State Qualification System Application Cover Sheet

PERSONAL INFORMATION	
First Name [space] **Last Name:**	**Primary Phone Contact:**
Email:	**Alt Phone Contact:**
Alt email:	**Mailing Address:**
Street Address (Not a P.O. Box):	**City/State/Zip:**

AFFILIATION
What Agency/Entity are you affiliated with: _____

DESIRED POSITION BEING APPLIED FOR (CHOOSE ONE) AN ADDITIONAL APPLICATION WILL BE REQUIRED FOR EACH POSITON REQUEST See difference between Type 3 SQS Position vs EOC Skillset Position on Application Guidance	
Type 3 Position Name:	Notes:

OR
SELECT DESIRED EOC SKILLSET(S) YOU ARE APPLYING FOR

☐ Coordination and Individual Contribution	☐ Resource Sourcing
☐ Leadership	☐ Finance
☐ Policy and Direction	☐ Resource Tracking
☐ Action Tracking	☐ Legal Counseling
☐ Public Affairs Coordination	☐ Safety Advising
☐ Center Management	☐ Organizational Representation
☐ Recovery Coordination	☐ Situational Awareness
☐ Document and Records Management	☐ Performance Improvement
☐ Resource Ordering and Acquiring	☐ Understanding the Resource Requirement
☐ EOC Facility Management	☐ Planning

Please provide a narrative/description of your education and relevant experience for this application.

APPLICANT CONFIRMATION AND SIGNATURE

By signing this application, I confirm that the information contained herein is true and correct. I further understand that I may be required to provide additional and detailed information necessary for the Qualified Review Board to make a recommendation on the application.

Print Name		**Date**	
Applicants Signature			