

New Jersey Office of Emergency Management

FIELD TRAINING UNIT

P. O. Box 7068

W. Trenton, New Jersey 08628

Fax No. 609 671-0160

www.nj.gov/njoem

TRAINING APPLICATION

PLEASE TYPE OR PRINT:

First Name Middle Initial Last Name

Social Security Number (optional) M F Sex Job Title

(HOME INFORMATION)

() _____
Phone Number Email Address

Street/P.O. Box

City County Zip

(WORK INFORMATION)

() _____
Phone Number Employer/Agency you Represent

Street/P.O. Box Email Address

City County Zip

Do you have any disabilities which would require special consideration during your attendance at this course?
NO _____ Yes _____ Please describe and indicate any special considerations required on a separate sheet attached to this application. All requests for accommodations must be made 20 days prior to the start of the course.

(COURSE INFORMATION)

Enter Course Requested Date

Enter Course Requested Date

Enter Course Requested Date

APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL.

Signature of Applicant Date

Signature of County Coordinator Date

Signature of Regional Coordinator Date

ALL SIGNED APPLICATIONS SHOULD BE FAX TO THE FIELD TRAINING UNIT AT 609-671-0160.