

PIERRE FIRE DEPARTMENT

Officer Qualification Worksheet

*** NO CLASS MAY BE COUNTED MORE THAN ONCE ***

General Information

NAME: _____ COMPANY: _____

Years of Service on Department

MONTH/YEAR JOINED DEPARTMENT: _____

Previous Officers Positions Held

HIGHEST PREVIOUS OFFICERS POSITION HELD: _____

OTHER PREVIOUS OFFICER POSITIONS HELD: _____

Firefighter Certification Courses

DATE COMPLETED FIREMANSHIP 1 OR FIREFIGHTER 1: _____

DATE COMPLETED FIREFIGHTER 2: _____

DATE COMPLETED CERTIFIED FIREFIGHTER: _____

DATE COMPLETED CERTIFIED FIREFIGHTER UNIT 1: _____

DATE COMPLETED CERTIFIED FIREFIGHTER UNIT 2: _____

Incident Command System (ICS) Classes

<u>COURSE TITLE</u>	<u>NUMBER OF HOURS</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Leadership Training

<u>COURSE TITLE</u>	<u>NUMBER OF HOURS</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company Officer Training

<u>COURSE TITLE</u>	<u>NUMBER OF HOURS</u>	<u>DATE</u>
<hr/>	<hr/>	

Firefighter Safety Training

<u>COURSE TITLE</u>	<u>NUMBER OF HOURS</u>	<u>DATE</u>
<hr/>	<hr/>	

Building Construction Training

<u>COURSE TITLE</u>	<u>NUMBER OF HOURS</u>	<u>DATE</u>
<hr/>	<hr/>	

ACFR Training

<u>COURSE TITLE</u>	<u>NUMBER OF HOURS</u>	<u>DATE</u>
<hr/>	<hr/>	

Fire / Arson Investigation Training

<u>COURSE TITLE</u>	<u>NUMBER OF HOURS</u>	<u>DATE</u>
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Hazardous Materials Training

<u>COURSE TITLE</u>	<u>NUMBER OF HOURS</u>	<u>DATE</u>
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Management / Administration Training

<u>COURSE TITLE</u>	<u>NUMBER OF HOURS</u>	<u>DATE</u>
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

I certify that I have completed all of the training listed above and ask that the elections committee review my qualifications to be placed on the eligibility list for election to the highest position for which I qualify. I understand that qualification for an officer's position does not mean that I must serve in that position.

SIGNATURE

DATE



DEPARTMENT USE ONLY

Highest Officer Position Qualified for (Circle): **Chief** **Captain** **1st Lt.** **2nd Lt.**

Years of Service: _____

Highest Previous Position: _____

Certified Course: Firemanship: _____ FF 1: _____ FF 2: _____ CFF: Unit 1: _____ Unit 2: _____

ICS Classes: _____ ACFR Training: _____

Leadership Hours: _____ Fire Arson Investigation Hours: _____

Company Officer Hours: _____ Hazardous Materials Hours: _____

Firefighter Safety Hours: _____ Management / Admin. Hours: _____

Building Construction Hours: _____