

<b>CRMCS Personnel Information</b>	
<i>*Required Fields: Any field proceeded by an asterisk (*) is a required field.</i>	
*Organization Name	
*Last Name	*First Name
Middle Initial Suffix (Jr, Sr)	Title (Mr, Miss, Ms.)
Rank Status (Active, Full Time, Part Time, Volunteer)	Date of Hire (mm/dd/yyyy)
*ID:	
<i>*Agency Unique Identifier or Driver License Number (as Shown on License)</i>	
Driver License State	Driver License State Expiration Date
Birth Date (mm/dd/yyyy)	
Address One	Address Type (Home, Mailing, Other, Work)
Address Two	Address Type (Home, Mailing, Other, Work)
City	State & Zip Code
Home Phone	Work Phone
Mobile (cell) Phone	
	Fax
Email Address	
<b>Private Tab Information</b>	
Emergency Contact 1	Phone 1
Emergency Contact 2	Phone 2
Radio Number (Call sign)	Other ID
Religion	
<b>Medical Tab Information</b>	
The following medical information is optional and may be used to create a Medical Barcode.	
Gender Blood Pressure Resting Pulse Respirations	
Physician Physician Phone	
Insurance Provider	Insurance Policy Number
Allergy 1	Allergy 2
Medication 1	Medication 2
Height (Inches)	Weight (Pounds)
Hair Color	Eye Color
Medical History Short (32 Characters Max.)	
Blood Type (A-, A+, AB-, AB+, B-, B+, O-, O+, Unknown)	Organ Donor (Y/N)

<b>Qualifications</b>	
List Only the highest qualification for progressive positions)	
NWCG:	Other: