

## Alaska Fire Service Fire Operations Fire Management Resources Section (907) 356-5668 • (Fax) (907) 356-5560



## **Application for Fire Specialist Detail**

Name:				
Position Title:	Series/Grade/Step:			
Agency (BLM, NPS, FWS etc	:.):			
Unit (District, Park or Refug	e):			
Business Mailing Address:_	Street or P.O. Box	City	State	Zip
Street Address (for FedEx):	Succession 1.0. Box			
mail Address: Business Number:				
Cell Number:	Fax Number:	Home Number	·:	
upervisor's Name: Supervisor's Business Number:				
Supervisor's Mailing Addres	ss:			
Supervisor's Email Address:	<u></u>			
12 week availability, base f	funding, line gear, PPE, and	l programmable radio costs app	proved by:	
_				
		Supervisor		
What training and experience	do you hope to attain on thi	s detail?		

What strengths will you bring to the Fire Specialist program?

TO APPLY: Mail or fax a completed Fire Specialist Detail Application, resume and a copy of your CURRENT IQCS master record (NO RED CARDS) to:

Dirk Giles Alaska Fire Service, LLAK9F5200