

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
MARKETING AND REGULATORY PROGRAMS
EMPLOYEE SERVICES DIVISION
TRAINING AND DEVELOPMENT BRANCH

**Fundamentals of APHIS Human Resource Management for
Probationary Supervisors Course
(FAHRM)
Application Form**

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|--|-------------------|
| 1. APPLICANT'S NAME (<i>Last, First, Middle Initial</i>) | 2. POSITION TITLE |
|--|-------------------|

| | |
|------------------|---|
| 3. PROGRAM TITLE | 4. WORK ADDRESS (<i>Street package delivery address ONLY; Do not use Post Office Box numbers</i>) |
|------------------|---|

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|---------------|---------------|-------------------|
| 5. WORK PHONE | 6. FAX NUMBER | 7. E-MAIL ADDRESS |
|---------------|---------------|-------------------|

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|----------------------|--------------------------------|
| 8. SUPERVISOR'S NAME | 9. SUPERVISOR'S E-MAIL ADDRESS |
|----------------------|--------------------------------|

10. PLEASE CHECK THE QUARTER YOU ARE APPLYING FOR
(Consult current announcement for dates)

| | | | |
|--------------------------|--------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | 1ST QUARTER - MOUNTAIN STANDARD TIME | <input type="checkbox"/> | 2ND QUARTER - CENTRAL STANDARD TIME |
| <input type="checkbox"/> | 3RD QUARTER - PACIFIC STANDARD TIME | <input type="checkbox"/> | 4TH QUARTER - EASTERN STANDARD TIME |

11. PLEASE CHECK WHICH APPLY

| | |
|--------------------------|---|
| <input type="checkbox"/> | I AM A PROBATIONARY SUPERVISOR, MY PROBATION PERIOD ENDS _____ |
| <input type="checkbox"/> | I AM A TEAM LEADER RESPONSIBLE FOR SOME ASPECTS OF HUMAN RESOURCES MANAGEMENT |
| <input type="checkbox"/> | OTHER (specify) |

| | |
|------------------------|------|
| APPLICANT'S SIGNATURE | DATE |
| SUPERVISOR'S SIGNATURE | DATE |

NOTE: Please complete the application, and fax to 301 734-3153. To e-mail, please complete the form using Adobe Acrobat 6.0 Professional or Adobe Acrobat 6.0 Standard or later version, instead of Adobe Reader. Then e-mail to: Training.Applications@aphis.usda.gov
An SF 182 will be required once your enrollment for this course has been confirmed. Thank You for your interest in the FAHRM course.