

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL DEFENSE EXECUTIVE RESERVE
PERSONAL QUALIFICATIONS STATEMENT

See Privacy Act Statement and
 Paperwork Burden Disclosure Notice on
 page 2

O.M.B. No. 1660-0001
 Expires August 31, 2009

| | | | |
|--|--|---|---|
| RETURN ORIGINAL TO: (Sponsoring Agency) | | 1. NAME (last, First, Middle) | |
| | | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. OTHER TITLES USED (Gen, Dr., etc.) <input type="checkbox"/> Miss <input type="checkbox"/> Ms. | |
| 2. HOME ADDRESS (City, state and zip code) | | 3. PREFERRED MAILING ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS | |
| 4. SOCIAL SECURITY NO. | 5. ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO | 6. BIRTH DATE (Month, day, year) | 7. BIRTHPLACE |
| 8. HOME TELEPHONE (Including area code) | | HOME E-MAIL | |
| | | FAX | |
| 9. BUSINESS TELEPHONE (Including are code) | | BUSINESS E-MAIL | |
| | | FAX | |
| 10. HIGH SCHOOL GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 11. Name of College or University | Dates Attended (mo/yr) From To | Major and Other Principal Subjects | Degree Received Year Received |
| | | | |
| 12. SKILL AREAS (Select Primary and Secondary Skills From Listing on Page 3 of this Form) | | | |
| 12a. PRIMARY | | 12b. SECONDARY | |
| 13. EMPLOYMENT EXPERIENCE (Start with you most recent position and work back at least 5 years. If more space is required, continue on a separate sheet of paper with your name at the top and give similar information.) | | | |
| 13a. NAME & ADDRESS OF ESTABLISHMENT (if retired, please indicate) | | TYPE OF BUSINESS (Select from listing on page 3 of this form) | |
| | | Number of Employees you Supervise(d) | Number of Employees in you Establishment <input type="checkbox"/> Less than 500 <input type="checkbox"/> 5000 - 5000 <input type="checkbox"/> Over 5000 |
| DATES OF EMPLOYMENT | | NAME AND TITLE OF YOUR SUPERVISOR | |
| FROM | TO PRESENT | TITLE OF YOUR POSITION | |
| DESCRIPTION OF WORK (Describe your specific duties) | | | |
| | | | |
| 13a. NAME & ADDRESS OF ESTABLISHMENT (if retired, please indicate) | | TYPE OF BUSINESS (Select from listing on page 3 of this form) | |
| | | Number of Employees you Supervise(d) | Number of Employees in you Establishment <input type="checkbox"/> Less than 500 <input type="checkbox"/> 5000 - 5000 <input type="checkbox"/> Over 5000 |
| DATES OF EMPLOYMENT | | NAME AND TITLE OF YOUR SUPERVISOR | |
| FROM | TO PRESENT | TITLE OF YOUR POSITION | |
| DESCRIPTION OF WORK (Describe your specific duties) | | | |
| | | | |

14. LIST BELOW ANY ACTIVITIES AND MEMBERSHIPS (Such as CPA, Bar membership, Professional and Learned Societies, Trade Associations, etc.)

15. PREVIOUS GOVERNMENT EXPERIENCE (Federal, state, or local; also include WOC (Without compensation) positions, but exclude committee memberships)

| FROM | TO | AGENCY |
|------|----|--------|
| | | |
| | | |
| | | |

16. WOULD YOU SERVE ANYWHERE IN THE UNITED STATES IF CALLED TO ACTIVE DUTY AS AN EXECUTIVE RESERVIST? (If "NO" specify acceptable geographical area(s) in which you would be willing to serve)

YES NO

17. DO YOU HAVE ANY OBLIGATION THAT MIGHT INTERFERE WITH AN EXECUTIVE RESERVE CALL-UP? (Such as military, civil defense, elected public office, etc.) (If yes, specify)

YES NO

18. APPLICANT'S SIGNATURE (Sign in ink)

DATE

19. SPONSORING AGENCY PROPOSED NDER ASSIGNMENT

19a. POSITION TITLE

19b. GEOGRAPHICAL LOCATION (Specify)

National Office Region (specify) _____

19c. BRIEF DESCRIPTION OF DUTIES

20. DATE OF PRECLEARANCE SECURITY NAME CHECK

21. REQUESTING OFFICIAL (Name and title)

DATE

22. ACTION BY FEMA: RECRUITMENT OF CANDIDATE

APPROVED DISAPPROVED OTHER (See attached memo)

23. NDER COORDINATOR

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions and searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0001). **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

Under Section 710(e) of the Defense Production Act of 1950, as amended, and Executive Order (E.O.) 12919 Part VI, Section 601, the President of the United States authorizes the Federal Emergency Management Agency to provide for the establishment and training of a nucleus executive reserve for employment in executive positions in government during periods of emergency. Sponsoring Federal departments and agencies are authorized to recruit for National Defense Executive Reservists.

We request your social Security Number (SSN) under authority of E.O. 9397 and your date of birth (DOB) to keep our records straight because other people may have the same name and birth date. In the event you become a member of the NDER and are activated to serve in an executive position, your SSN and DOB will be used to complete the forms for Federal employment.

We will use the information to evaluate your qualifications to serve as a reservist, to grant approval of your appointment to other Federal agencies, to facilitate training and for routine management of the NDER program. In addition, we may use the information to obtain a background check or complete an investigation for a security clearance, and to publish a directory of NDER members, which would be available to Federal officials with responsibility for the NDER program.

Completing this form is mandatory for membership in the NDER but furnishing your SSN is voluntary. Failure to provide your SSN, however, will cause confusion and may prevent us from processing the application, which is needed to qualify you as a member of the NDER.

We may give information from your records to: law enforcement agencies where there may be a violation or potential violation of law; the National Archives and Records Administration during records management inspections under 44 USC 2904 and 2906; a federal, state, or local agency if necessary to obtain information relevant to an Agency decision concerning hiring or retention or issuance of a benefit; a member of Congress or Congressional staff member in response to an inquiry made by you; and to a federal agency, court or party in litigation with a federal agency when the government is a party to a judicial proceeding or recipient of a subpoena.

SKILL AREAS

(Select appropriate area(s) and enter in items 12a. and 12b. of this form)

| | | |
|---|---|--|
| ARCHITECTURE & ENVIRONMENTAL DESIGN Architecture City Planning | EDUCATION Training | SCIENCES Chemistry Geology Mathematics Metallurgy Meteorology Physics Psychology Statistics |
| BIOLOGICAL SCIENCES Bacteriology Biology Botany | ENGINEERING Aeronautical Architectural Chemical Civil Electrical Environmental Industrial Marine Mechanical Mining | SOCIAL SCIENCES Economics International Relations |
| BUSINESS Accounting Banking & Finance Hotel & Restaurant Management Insurance International Business Investments & Securities Labor & Industrial Relations Management Marine Transportation Marketing & Purchasing Operations Research Personnel Management Public Utilities Real Estate Transportation | HEALTH PROFESSIONS Doctor Nurse Nutrition Pharmacology Technician | |
| COMMUNICATION Journalism Radio & Television Telecommunications | LAW | |
| COMPUTERS & INFORMATION SCIENCES | NATURAL RESOURCES Agriculture Natural Resources Management | |
| | PUBLIC AFFAIRS Emergency Management Law Enforcement Public Administration | |

BUSINESS TYPES

(Select appropriate types(s) and enter in item 13 of this form)

| | | |
|--|---|---|
| AGRICULTURE Crops Forestry Livestock Services | MANUFACTURING (Continued) Textile Tobacco Transportation Equipment | SERVICES (Continued) Legal Lodging Places Membership Organizations Miscellaneous Repair Motion Pictures Personal Recreation Sanitary Social Telocommunications |
| COMMUNICATION Cable Radio & Television Radiotelephone Telegraph | MINING Coal Metal Nonmetallic Petroleum & Gas | TRANSPORTATION Air Local Motor Freight & Warehousing Railroad U.S. Postal Service Water |
| CONSTRUCTION Building Other than building Special Trade | PUBLIC ADMINISTRATION Economic Environmental & Housing Finance General Government Human Resources International Justice | WHOLESALE TRADE Durable Nondurable |
| FINANCE Banking Credit Agencies Stock Brokerage | REAL ESTATE Agents & Managers Operators & Lessors | NONCLASSIFIABLE ESTABLISHMENTS (Specify) |
| INSURANCE Agents & Brokers Carriers | RETAIL TRADE Apparel Automotive Dealers & Gasoline Stations Building materials Hardware & Garden Supply Eating & Drinking Places Food Furniture General Merchandise | |
| MANUFACTURING Apparel & Fabrics Chemicals Electrical & Electronic Machinery/Equipment/Suppliers Fabricated Metal Food Furniture & Fixtures Industrial/Commercial/Computer Equipment Leather Lumber & Wood (composite) Machinery Measuring & Controlling Instruments Paper Petroleum Primary Metals Printing & Publishing Rubber & Plastics Stone Clay Glass & Concrete | SERVICES Automotive Repair Business Computer Consulting Educational Electric Engineering/Accounting/Research/Management Gas Health | |

(Please detach this portion before submitting this form)