



Department of Public Safety
 State Fire Marshal Division
Fire Service Training Section
 107 Jacobsen Way
 Carson City NV 89711
 (775) 684-7520 • (775) 684-7518 Fax

INSTRUCTOR APPLICATION

I am applying for an **instructor** registration or **adjunct instructor** status.

CONTACT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	E-MAIL ADDRESS
HOME ADDRESS	CITY	STATE	ZIP EMPLOYER
HOME PHONE	WORK PHONE	SOCIAL SECURITY NUMBER	TITLE/POSITION

JURISDICTION			
<input type="checkbox"/> STATEWIDE	<input type="checkbox"/> COUNTY	<input type="checkbox"/> CITY	<input type="checkbox"/> SPECIAL DISTRICT <input type="checkbox"/> FEDERAL/MILITARY
<input type="checkbox"/> OTHER _____			

TYPE OF ORGANIZATION			
<input type="checkbox"/> ALL PAID	<input type="checkbox"/> VOLUNTEER CALL	<input type="checkbox"/> COMBINATION	<input type="checkbox"/> ACADEMIC
NUMBER OF PERSONNEL IN ORGANIZATION _____			

YOUR STATUS		
<input type="checkbox"/> PAID FULL TIME	<input type="checkbox"/> PAID PART TIME	<input type="checkbox"/> VOLUNTEER

EDUCATION	
HIGHEST EDUCATION LEVEL	
HIGH SCHOOL: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	COLLEGE: <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16
FIELD OF STUDY _____	
HIGHEST DEGREE: <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE	
FIRE SERVICE INSTRUCTOR LEVEL <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III(MSTR) (ATTACH DOCUMENTATION)	
CERTIFIED NV STATE EVALUATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE CERTIFIED _____	
ATTENDED NV STATE FIRE MARSHAL HIGH HAZARD TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES DATE _____ AND LOCATION _____ OF HIGH HAZARD COURSE.	
ATTENDED NV STATE FIRE MARSHAL EVALUATOR SEMINAR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES DATE _____ AND LOCATION _____ OF EVALUATOR SEMINAR.	

PREVIOUS INSTRUCTIONAL EXPERIENCE		
<i>Date</i>	<i>Course</i>	<i>Organization</i>

EMPLOYMENT HISTORY		
<i>Organization</i>	<i>Dates</i>	<i>Position</i>

REFERENCES				
<i>Name</i>	<i>Position</i>	<i>Address</i>	<i>Phone</i>	<i>E-Mail</i>

I certify that the information on this application is correct to the best of my knowledge. I agree to abide by the rules, policies, and regulations set forth by the Nevada State Fire Marshal Training Section. I understand that if employed, falsification of information on this application may result in the termination as an Adjunct Instructor. Further I understand that the Nevada State Fire Marshal, Training Section is not authorized to provide medical, liability, or health insurance for Adjunct Instructors.

Signature of Applicant

Printed Name of Applicant

Date

<i>For Office Use Only</i>	
DATE RECEIVED ____ / ____ / ____	COPIES OF CERTIFICATES RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDITIONAL INFO REQUESTED OR NOTES	SIGNED CONTRACT ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A



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ADJUNCT INSTRUCTOR

Authorization for Release of Information

I, _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certification.

I further authorize all law enforcement agencies, U.S. Military Agencies, Federal, State and or Local government agencies to furnish the Nevada State Fire Marshal, Training Section with any and all information regarding me in order to determine suitability for employment as an Adjunct Instructor. I further release said agency or person from all liability from any damages whatsoever that may occur from furnishing such information to the Nevada State Fire Marshal, Training Section.

A photo-static copy of this authorization will be considered as effective and valid as the original.

Date of Birth

Social Security Number

Driver's License Number

State of Issue

Signature

Printed Name

Date



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INSTRUCTOR

Authorization for Release of Information

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I further authorize all law enforcement agencies, U.S. military agencies, Federal, State and or Local government agencies to furnish the Nevada State Fire Marshal Training, with any and all information regarding me in order to determine suitability as an Instructor. I further release said agency or person from all liability from any damages whatsoever that may occur from furnishing such information to the Nevada State Fire Marshal Training.

A photo-static copy of this authorization will be considered as effective and valid as the original.

Date of Birth

Social Security Number

Driver's License Number

State of Issue

Signature

Printed Name

Date