



Missouri Incident Management System (MIMS)

Regional Incident Support Team Application

Description

The Missouri Incident Management System is taking applications for new members. The concept behind MIMS is that during any type of natural or man-made disaster/emergency, many jurisdictions will become overwhelmed. Building a system that will provide consistent support during emergency situations is a priority.

Deployments

Deployments are voluntary, but all efforts to deploy are strongly encouraged. The lengths of deployments can vary in length and are generally longer for an Emergency Management Assistance Compact (out-of-state) assignments. Team members must be prepared with their own personal belongings packed and ready for deployment.

Full-time employees of the State of Missouri may also deploy under special payroll rules. Please see the SEMA IMT Program Manager or SEMA Human Resources for details.

Types of Membership

Membership on the team is not limited to persons with emergency response backgrounds. There are positions, in many Sections of the team, for persons that have training without having emergency response experience.

- Applicant (not deployable)
 - Not currently on the Team however in the process to enable them to reach these requirements in order to become a Trainee.
- Trainee (deployable in trainee status)
 - Not currently credentialed with the AHIMT 0-305 course
 - Or current open position task book (PTB)
- Generalist (deployable)
 - Currently credentialed with the AHIMT 0-305 course
- Position Specific Credentialed (deployable)
 - Currently credentialed in a Type III All Hazards Position
- Team Leadership (deployable)
 - The administrative oversight for the Team

Requirements

MIMS is requiring qualified members. The requirements listed below are the basic standards expected to join the team but further trainings will be required. MIMS Team Leaders have discretionary authority to deploy members considered qualified to meet the assigned role of that deployment.

1. National Incident Management System 100, 200, 300, 400, 700 & 800 (Please provide copies of certificates).
2. Background Check provided by the team member. (Missouri State Highway Patrol Personal Identifier/Name Based Search)
3. IST Memorandum of Agreement with employer/agency.
4. Send the team application and certificates to the Regional Incident Support Team (Regional IST) Leader or designee.

Application Submission

The application process is as follows:

1. Complete the attached application.
2. Please provide copies of certificates (National Incident Management System 100, 200, 300, 400, 700 & 800).
3. Provide completed Memorandum of Agreement with employer.
4. Copy of most recent background check: Personal identifiers search also known as a name-based search through the Missouri State Highway Patrol.

As part of your application process, please provide a cover letter (maximum of two pages) that answers the following questions:

1. What MIMS position or positions would you like to be considered for and why?
2. What specific response experience do you have that would assist the MIMS?
3. What work experience do you have that would assist the MIMS?
4. Please let the committee know of any other information that you believe the committee should be aware of in order to consider your application.

Once all components are completed please submit your application packet to the appropriate Team Leader:

Region C Incident Support Team
Frank Arnoldy, Team Leader
Frank.arnoldy1@regioncist.org

Southwest Incident Support Team
Scott Moore, Team Leader
smoore@battlefieldfire.com

Central Missouri Incident Support Team
Scott Olsen, Team Leader
solsen@bcfdmo.com

Applications are accepted year-round. There is no date for closure on open positions.

Selection Process

1. Your application will be reviewed by the appropriate Team Leader or designee.
2. Applicants will be notified within 60 days of application submission with invitation for further processing or denial.
3. Positions assignment will be made based on relevant qualifications, experience and needs of the team.
4. You will receive a letter of acceptance from the Team Leader upon acceptance into MIMS.



Missouri Incident Management System Team Membership Application

Missouri State Emergency Management Agency
P.O. Box 116
Jefferson City, MO 65102
2302 Militia Dr
Jefferson City, MO 65101
(573) 526-9100 FAX (573) 751-5710

You must fill out all sections of this application completely and honestly. Attach additional sheet(s) if necessary.
Resumes not accepted in lieu of completed application.

Personal Informtion:

Name (Last, First, Middle Initial):

Address (Street and Number or RFD):

City:	State:	Zip:
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Cell Phone Number:	FEMA SID #:
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Home Telephone Number:	
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Work Telephone Number:	ext
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May we contact you at work?	YES	NO
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Email Address:

Have you notified your supervisor that you are applying for this position?	YES	NO
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Is the IST Member/Team Memorandum of Agreement completed and enclosed?	YES	NO
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Is the IST Member/ Sponsoring Agency Memorandum of Agreement completed and enclosed?	YES	NO
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Is your letter of recommendation from your supervisor enclosed?	YES	NO
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Are you covered for Workers Comp and Liability by your employer or other agreement?	YES	NO
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Is your Criminal History enclosed? (see attachment A)	YES	NO
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Is your Emergency Contact form enclosed?	YES	NO
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Please Check the box for each course you are certified in and attach certification.

Incident Commander	Public Information Officer	Safety Office	Liaison Officer
Division/Group Supervisor	Operations Section Chief	Logistics Section Cheif	Supply Unit Leader
Medical Unit Leader	Communications Unit Leader	Facilities Unit Leader	Planning Section Chief
Doc Unit Leader	Situation Unit Leader	Resource Unit Leader	GIS Specialist
Demob Unit Leader	Finance/Admin Section Chief	Comp/Claims Unit Leader	Procurement Unit Leader
Time Unit Leader	Other (specify)		

EDUCATION & SKILLS:

POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC.) Please list all education beginning with most recent. Indicate diploma or degree earned and attach transcripts/completion certificate.

Name & Location of School / College	Degree Type	Major/Minor

**What positions are you most qualified, or interested in being trained for?
Please pick two, 1 Primary (P) and 1 Secondary (S)**

Incident Commander	Public Information Officer	Safety Office	Liaison Officer
Division/Group Supervisor	Operations Section Chief	Logistics Section Chief	Supply Unit Leader
Medical Unit Leader	Communications Unit Leader	Facilities Unit Leader	Planning Section Chief
Doc Unit Leader	Situation Unit Leader	Resource Unit Leader	GIS Specialist
Demob Unit Leader	Finance/Admin Section Chief	Comp/Claims Unit Leader	Procurement Unit Leader
Time Unit Leader	Other (Specify):		

MILITARY SERVICE: Attach a copy of Form DD214

Branch of Service	Entry Date Mo/Yr	Discharge Date Mo/Yr	Type of Discharge
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CERTIFICATES/LICENSES: If you are currently certified, registered, or licensed to practice a profession or occupation, give the following and attach a copy of the certificate/license.

License/Certificate Issued By:	Field/Trade/Specialization	License/Certificate Number	Date of Issue	Expiration Date

SKILLS

Have you completed the required ICS/NIMS courses below. Attach copy of certificates.

IS 100 IS 200 IS 300 IS 400 IS 700 IS 800

Have you attended the All Hazards Incident Management Team Training? YES NO

Are you an IST Generalist? YES NO

List any and all additional ICS or NIMS courses you have received a certificate in. Attach copy of certificate.

PERSONAL DATA

Below please list any additional information or skills you feel pertinent in qualifying you for this position.

Do you have any of the following social media accounts?

Facebook Twitter Instagram Other:

Are you authorized to work in the U.S.?	YES	NO
Are you willing to travel if the position requires it?	YES	NO
Do you have a security clearance?	YES	NO

EMPLOYMENT HISTORY:			
<ul style="list-style-type: none"> List your employment history in reverse order most recent to last. If you have more than one job with the same organization, list each as a separate period of employment. Explain gaps in employment history. Attach extra sheets if necessary following the same format used herein. Be sure to indicate where the record of your experience may be verified. This information will be used in reference checks. Failure to answer all items may eliminate you from further consideration. A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW 			
EMPLOYER'S NAME:			
EMPLOYER'S ADDRESS:			
TYPE OF BUSINESS:			
YOUR JOB TITLE:			
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	LAST MONTH SALARY:
SUPERVISOR'S NAME AND TITLE:			TELEPHONE:
MAY WE CONTACT YOUR SUPERVISOR? YES NO			
REASON FOR LEAVING			
IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THAT NUMBER.			
EMPLOYER'S NAME:			
EMPLOYER'S ADDRESS:			
TYPE OF BUSINESS:			
YOUR JOB TITLE:			
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	LAST MONTH SALARY:
SUPERVISOR'S NAME AND TITLE:			TELEPHONE:
MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REASON FOR LEAVING:			
IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THAT NUMBER.			
LIST ANY LARGE INCIDENT EXPERIENCE AND THE POSITION YOU HELD AND ATTACH THE ICS 225.			

PERSONAL AND BUSINESS REFERENCE: Please provide a list of requested references below

Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number:

Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number:

Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number:

Name:	Relationship with contact:
Company Organization	Title
Address (City, State, Zip)	Telephone Number:

Application Certification

PLEASE READ CAREFULLY AND SIGN – I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for rejection of my application. I further understand that the Missouri State Emergency Management Agency has the right to review my education, previous employment, driving and criminal records and other background data.

Applicant's Signature:	Date:
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Authorization for Release of Information

I hereby authorize my current and previous employers or any educational institution I have attended and disclose to any Missouri State Emergency Management Agency authorized representative any information they have regarding my character, academic record or employment history, whether on record or not. I also authorize any enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the Missouri Division State Emergency Management Agency to examine, copy or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers agents and employees for any liability for any damage whatsoever for issuing such information.

Signature:	Date:
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Missouri Incident Management System (MIMS)
INCIDENT SUPPORT TEAM
Liability, Reimbursement and MOA Information

Liability Coverage

The protection of our team members is critically important. It is the intent of the Missouri Incident Management System to take all the necessary precautions to protect our team members while on team training or deployments.

The MISSOURI INCIDENT MANAGEMENT SYSTEM does not provide any coverage for Workers Compensation Insurance, Liability Insurance, or Health Insurance. In order to participate with the team, a memorandum of agreement (MOA) must be signed. There are two options of MOAs to utilize. It is suggested that the team member gain support from their agency by having the agency sign the Agency MOA. If you choose to volunteer without agency support then please return only the Team Member MOA.

The Team Member MOA must be signed and returned prior to being accepted on the team. If the team member agency is sponsoring please return both MOA's.

1. Agency MOA: This MOA is between the MISSOURI INCIDENT MANAGEMENT SYSTEM and your employer. This MOA identifies that all insurance coverage will be provided by your employer while you complete training or deployments with the team.
2. Team Member MOA: This MOA is between the MISSOURI INCIDENT MANAGEMENT SYSTEM and you as an individual member. By signing this MOA, you understand and agree that no insurance coverage will be provided by the team and you are responding on any training or deployments at your own risk. Under this agreement, you may NOT deploy on any deployments requested through the Emergency Management Assistance Compact (EMAC) which is the typical means for out of state deployments.

Reimbursements

The team is very appreciative of your time and willingness to participate on the team. As we recognize the sacrifice to be a member of the team, we make every effort, when able, to compensate team members for the time on deployments. For all non-EMAC deployments (which are typically in-state deployments), we deploy with the understanding that we are not going to be reimbursed for our time and expenses. There is the possibility for reimbursement on in-state deployments but that is incident dependent. Out of state deployments will typically go through the Emergency Management Assistance Compact process. All EMAC deployments should include time compensation.

SEMA is the EMAC coordination entity for the State of Missouri. The SEMA Director has the authority to approve EMAC requests from other states. SEMA may become the fiscal agent for the EMAC request at its discretion. EMAC requires those deploying to have Workers Compensation Insurance Coverage during deployment. This may be accomplished through the below MOA with your employer. When reimbursement for deployment is available, EMAC and SEMA fiscal policies will be followed for reimbursement of time compensation and expenses.

If you have questions about the MISSOURI INCIDENT MANAGEMENT SYSTEM, please contact your Team Leader.

Missouri Incident Management System (MIMS)

AGENCY MEMORANDUM OF AGREEMENT

This Memorandum of Agreement, is executed between _____ (member's agency) and **Missouri Incident Management System (MIMS)** on this _____ day of _____ 20____.

The MIMS is an All-Hazards Incident Management Team. The MIMS cooperates with the Missouri State Emergency Management Agency, to provide guidance and organization to team policies and procedures.

I understand that _____ is applying to become a member of the MIMS. He/She has my permission and support to serve in the capacity that he/she has applied for. I also understand that calls for assignments may come at any time, and that normal assignments will last up to 72 hours, but possibly a longer term can be given considering the circumstances of the emergency. I am willing to allow the employee to respond to the MIMS deployment when called upon to do so. The team member will not be requested to deploy with the Incident Support Team if his/her jurisdiction is involved with the emergency/disaster affected or is needed to be in their own jurisdiction due to another emergency/disaster.

I understand that continuing training and drills will be required of MIMS members approximately four times per year. I understand that while my agency and employee is providing a valuable service to the **Missouri Incident Management System**, I also understand there will be no payroll reimbursement, mileage, Workers Compensation, Insurance, Liability Insurance, Health Insurance, or any other compensation or reimbursement being provided to my agency for my employee's service to the team. I understand that it is the responsibility of my agency to continue to provide my employee with any of the above compensation or insurance while they are deployed as an MIMS Team member. Team members must have Workers Compensation Insurance coverage if participating in Emergency Management Assistance Compact (EMAC) deployments.

In the event that funds are provided by an agency for reimbursement of the MIMS's cost, the employee's agency will be contacted and provided an opportunity to request reimbursement for actual costs incurred due to their employee's deployment.

The members of the **Missouri Incident Management System** will be provided with a high level of training and exercises that will enhance their leadership and response capabilities for MIMS and within their own agency. All training will be provided at no cost to the team members. The MIMS members' safety and security will be of the utmost importance. The MIMS Safety Officer will formulate a plan that addresses the team members' safety and security while on deployment.

I fully understand and accept the terms in the above memorandum of agreement.

Agency	Agency Representative	Date
MIMS Member		Date
MIMS Team Leader	(Team Name)	Date

Missouri Incident Management System (MIMS)

TEAM MEMBER MEMORANDUM OF AGREEMENT

This Memorandum of Agreement, is executed between _____ (member) and **Missouri Incident Management System** on this _____ day of _____ 20_____.

The MIMS is an All-Hazards Incident Management Team. The MIMS cooperates with the Missouri State Emergency Management Agency, to provide guidance and organization to team policies and procedures.

I understand as a member of the **Missouri Incident Management System**, calls for assignments may come at any time. Most normal assignments will last up to 72 hours but it's possible the term could last longer considering the circumstances of the emergency. I am willing to respond to the MIMS deployment when called upon to do so, making every effort to deploy.

I understand that continuing trainings and drills will be required of MIMS members approximately four times per year. I understand that as a member of the MIMS, I am providing a valuable service to the Missouri Incident Management System. I also understand that there is no payroll reimbursement, mileage, Workers Compensation Insurance, Liability Insurance, Health Insurance, or any other compensation or reimbursement being provided to myself for service to the team. A sponsoring agency may sign a Memorandum of Agreement (MOA) to provide some or all of these benefits while I am training or deployed with the MIMS. Team members must have Workers Compensation Insurance coverage if participating in Emergency Management Assistance Compact (EMAC) deployments.

The members of the **Missouri Incident Management System** will be provided with a high level of training and exercises that will enhance their leadership and response capabilities for the MIMS and within their own agency. All trainings will be provided at no cost to the team members. The MIMS members' safety and security will be of the utmost importance. The MIMS Safety Officer will formulate a plan that addresses the team members' safety and security while on deployment.

I fully understand and accept the terms in the above memorandum of agreement:

Team Member

Date

MIMS Team Leader

(Team Name)

Date



MISSOURI STATE HIGHWAY PATROL
REQUEST FOR CRIMINAL RECORD CHECK

SHP-158R 08/16

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

APPLICANT'S LAST NAME		FIRST	MIDDLE	JR / SR
MAIDEN / ALIAS LAST NAME		FIRST	MIDDLE	JR / SR
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RACE <input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN	
ADDRESS	STREET - P.O. BOX	CITY	STATE	ZIP CODE

TYPE OF RECORD CHECK — PROCESSING FEE — METHOD OF PAYMENT

(per Sections 43.527 and 43.530, RSMo.)

- | | | |
|--|---|--|
| <input type="checkbox"/> \$13.00 NAME SEARCH
Based on NAME, DATE OF BIRTH,
AND SOCIAL SECURITY NUMBER.
Response will be returned with all open
records and records of conviction. | <input type="checkbox"/> \$20.00 FINGERPRINT SEARCH
<input type="checkbox"/> Open Records
<input type="checkbox"/> Open and Closed Records | <input type="checkbox"/> \$2.00 NOTARY LETTER |
|--|---|--|

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."

Either the Date of Birth OR Social Security Number MUST be provided for processing.

For faster processing criminal record checks are available online at: www.machs.mo.gov

Please forward the request and fee to:

**Missouri State Highway Patrol
Criminal Justice Information Services Division
Post Office Box 9500
Jefferson City, MO 65102**

MSHP / CENTRAL REPOSITORY RESPONSE

SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) _____



Criminal Justice Information Services Division General Information

The Missouri Criminal Records Repository (MCRR) collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by Sections 43.500 and 589.400, RSMo. CHRI is information collected by criminal justice agencies on individuals and consists of arrests, prosecutions, final dispositions, correctional supervision, and releases. All felony and serious misdemeanor arrests (referred to as reportable arrests), including offender registration information as defined under Section 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal background checks may be requested by means of:

- 1) A **Personal Identifier Search** (name-based) which searches information based on the name, date of birth, and social security number of an individual.
- 2) A **Fingerprint Based Search** which searches the state's criminal history files by conducting a fingerprint comparison of the applicants fingerprints with the criminal (arrest) fingerprints on file with the Central Repository. Fingerprint images are collected and submitted using the standard federal applicant fingerprint card (FD-258).

The Personal Identifier Search requires a payment of **\$13.00** per request. The background check results are considered a **"possible match"** and will include only open records. Any individual, business, or agency may request and receive open record information by means of a personal identifier search. **Open records include:**

- Records containing convictions, such as plead guilty to, or convicted of.
- Arrest information that is less than 30 days old from the date of arrest.
- Charges filed from the prosecutor, awaiting final disposition from the court.
- Records that contain a suspended imposition of sentence (SIS) during the probation period.

A Fingerprint Based Search requires a payment of **\$20.00** per request. The results of a fingerprint-based background check are considered a **"positive match"** and will provide either open records or closed (complete) records as requested by the applicant.

An applicant may choose to conduct a fingerprint based criminal record check containing open records thus limiting the dissemination of criminal history information to **only** open record information. The Criminal Justice Information Services (CJIS) Division will release fingerprint-based criminal history information containing only open record information to any individual, business, or agency when requested by the applicant.

An applicant may choose to conduct a fingerprint-based criminal record check for release of closed records thus allowing dissemination of all criminal history information on file with the Central Repository. Closed records will only be released with a record check submitted by means of a fingerprint comparison and will only be released directly to the applicant or to a qualified entity if authorized in accordance with Section 610.120 and Chapter 43, RSMo. **Closed records include:**

- All criminal history data, including all arrests (filed or not filed charges).
- Charges that have been nolle prossed, dismissed, or found not guilty in a court of law.
- Suspended Imposition of Sentence (SIS) after the probation period is complete.

Notary Letters are provided upon request and require an additional \$2.00 processing fee, per request. A notary letter may be requested with either a personal identifier search or a fingerprint search.

PENALTY — A person who knowingly violates any provision of Sections 43.532, 43.540, 610.100, 610.105, 610.106 or 610.120 RSMo is guilty of a class A misdemeanor.

FBI Record Requests

The FBI only has open files meaning that if someone has the authority to receive the records; they receive all that is on file.

Individuals that need a Federal or Federal Bureau of Investigation (FBI) background check, for personal reasons or for employment purposes for entities not authorized through Missouri State Statute or the Missouri VECHS program, can submit fingerprints with an \$18.00 fee directly to the FBI. For information on how to obtain a federal background check directly from the FBI, please refer to information regarding the FBI's Identity History Summary Check on the FBI's website at www.fbi.gov.

Name: _____

MISSOURI INCIDENT MANAGEMENT SYSTEM

Emergency Contact Form

Name: _____

Address: _____

Telephone Numbers: _____

Emergency Contact #1:

Name: _____

Address: _____

Telephone Numbers: _____

Relationship: _____

Emergency Contact #2:

Name: _____

Address: _____

Telephone Numbers: _____

Relationship: _____

Emergency Contact for Employer or Agency:

Name: _____

Address: _____

Telephone Numbers: _____

Relationship: _____