

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. SSN (Last four Digits)	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
BIOLOGICAL SCIENCES Bacteriology Biology Botany	ENGINEERING Aeronautical Architectural Chemical Civil Electrical Environmental Industrial Marine	Physics Psychology Statistics
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	SOCIAL SCIENCES Economics International Relations
COMMUNICATION Journalism Radio & Television Telecommunications	LAW NATURAL RESOURCES Agriculture Natural Resources Management	
COMPUTERS & INFORMATION SCIENCES	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
CONSTRUCTION Building Other than building Special Trade	PUBLIC ADMINISTRATION Economic Environmental & Housing Finance General Government Human Resources	Water
FINANCE Banking Credit Agencies Stock Brokerage	International Justice	WHOLESALE TRADE Durable Nondurable
INSURANCE Agents & Brokers Carriers	REAL ESTATE Agents & Managers Operators & Lessors	NONCLASSIFIABLE ESTABLISHMENTS (Specify)
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	RETAIL TRADE Apparel Automotive Dealers & Gasoline Stations Building materials Hardware & Garden Supply Eating & Drinking Places Food Furniture General Merchandise	
	SERVICES Automotive Repair Business Computer Consulting Educational Electric Engineering/Accounting/Research/Management Gas Health	

(Please detach this portion before submitting this form)