



Missouri Incident Management System (MIMS)

Missouri State Incident Management Team Application

Leadership from the Missouri Incident Support Teams and SEMA have completed a planning process that led to a unified Missouri Incident Management System (MIMS) SOG and Concept of Operations document. The Missouri Incident Management System (MIMS) unifies the resources of the Missouri Regional Incident Support Teams as well as SEMA. During this time SEMA has been training over 40 members of their staff to develop an Incident Management Team to support State Emergency Operations Center operations, MACCs, and incidents in support of state resources.

To support the MIMS systems SEMA will be hiring up to 33 part-time employees as members of the state Incident Management Team. These employees will be State of Missouri hourly employees, and will be covered under the state's workers compensation and liability insurance. The employees will most often deploy to the State EOC in Jefferson City but may be assigned to incidents across the state. The current pay range is \$28.00-\$35.00 per hour for instate deployments and \$45.00-\$55.00 for EMAC deployments dependent on assigned position. The hourly rate will apply to hours during emergency activations only. Individuals may be members of regional Incident Support Teams and the State Incident Management Team concurrently.

The MIMS encourages individuals from a broad cross section of disciplines and jurisdictions including law enforcement, fire, EMS, public works, emergency management, public health and medical, finance and general administration to apply to the team. All members must complete all of the required prerequisite training outlined in the MIMS member application prior to submitting an application. The applicant must provide the permission of their supervisor/chief who has the authority to allow them to be away from their daily assignment for extended times and understand the need to backfill in their home position when called to work within MIMS.

A. Admission Requirements for State Incident Management Team

1. Applicants must complete a background check if not currently employed by SEMA.
2. Applicants must score 80% or higher on a written test based on National Incident Management System (NIMS) practices.
3. Applicants must successfully pass an Assessment Center/Peer Review.
4. Must have completed National Incident Management System 100, 200, 300, 400, 700, & 800 courses. (Provide copies of certificates).

5. In addition to the above, applicants will be required to follow the State hiring process for the State Incident Management Team (State IMT).

B. Retention Requirement for the State IMT

1. Meet with requirements of position specific certification.
2. Members are required to be task book qualified in two assigned positions.
3. Team members will receive an annual evaluation for continued membership.

C. MIMS Application Process

1. Once you have determined, if you meet the application requirements submit your application to the SEMA Operations Section.
2. If you are applying to be a part of the State IMT, once accepted for membership you will also need to complete the State of Missouri employment application process.

D. Expectations of MIMS members:

1. Members must be reasonably available for major incidents away from his/her home unit.
2. No individual will self-deploy to any incident.
3. Team members can expect to be deployed up to 16 days
4. Members are expected to fulfill training requirements.
5. It is the expectation that the team member has a signed MOA (including workers compensation and liability coverage) by the sponsoring agency and is maintained on an annual basis.
6. The team member will operate within the vision and scope of the MIMS guidelines, goals, and policies.
7. MIMS personnel may be dismissed from the team for cause.

E. Application

All State IMT applications shall be completed in full and submitted, to the SEMA Response Division Manager (or designee) along with a resume' and one to two page cover letter outlining the applicant's relevant qualifications. It should be noted that the application process will require a background check.

1. All MIMS team members are subject to criminal background checks at the time of acceptance to the team as well as annually (if not affiliated with a public safety agency) throughout their tenure as team members per the direction of Team Leader. "Convictions Which Serve as Bar to Licensure / Employment that Allows Access to Children in the State of Missouri" will be grounds for denial of membership.
2. Once application process is successfully completed the team member will receive an acceptance letter and will be assigned a Team Leader to assist in their orientation and onboarding.
3. The MIMS Application Form may be obtained by request of the SEMA Response Division Manager (or designee).

4. If applying for the Regional IST they will turn in their application to the appropriate Team Leader.
5. The MIMS Emergency Contact Form is part of the MIMS Welcome Packet. The form shall be kept current, at a minimum reviewed annually and kept on file with the members team IC and SEMA's HR Manager. It is highly recommended a copy be kept in a sealed envelope and carried as part of your "go-kit".

F. State Training and Exercise Requirements

In addition to the prerequisite training, all MIMS personnel must meet the following training and exercise requirements on an annual basis:

1. Completion of ongoing position-specific professional development training that is approved by the Team Leader.
2. Participation in three training opportunities, which may include seminars, workshops, tabletops, drills, and functional exercises. Real world events can count toward this requirement.
3. It is recognized that training in multiple positions is valuable in understanding the operations of the IMT, but this training may be at the individual's expense. The State will pay for you to maintain two positions however...

Proof of all such training and exercise completion shall be screened for compliance by the Team Leader. For real-world events or non-MIMS sponsored exercises, ICS 214s and/or ICS 225 and an explanation of the team member's involvement should be submitted as proof of participation. The failure of a team member to complete the annual training and exercise requirements may result in removal from MIMS at the sole discretion of the appropriate Team Leader.

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.

If you have further questions please contact:

Michael White
Deputy Operations Chief
C/O SEMA
PO Box 116
Jefferson City MO 65102
Michael.White@sema.dps.mo.gov
573-526-9141



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: | |
| Cell Phone Number: | | FEMA SID #: | |
| Home Telephone Number: | | | |
| Work Telephone Number: ext | | | |
| May we contact you at work? YES NO | | | |
| Email Address: | | | |
| Have you notified your supervisor that you are applying for this position? | | YES | NO |
| Is the IST Member/Team Memorandum of Agreement completed and enclosed? | | YES | NO |
| Is the IST Member/ Sponsoring Agency Memorandum of Agreement completed and enclosed? | | YES | NO |
| Is your letter of recommendation from your supervisor enclosed? | | YES | NO |
| Are you covered for Workers Comp and Liability by your employer or other agreement? | | YES | NO |
| Is your Criminal History enclosed? (see attachment A) | | YES | NO |
| Is your Emergency Contact form enclosed? | | YES | NO |
| 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 |
|-------------------|------------------|----------------------|-------------------|

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: |
|-------------------------------|--------------|

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: |
|-------------------|--------------|



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 ☐ MALE ☐ FEMALE DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER RACE ☐ BLACK ☐ WHITE ☐ INDIAN ☐ ASIAN ☐ OTHER

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.)

- ☐ **\$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.
- ☐ **\$20.00 FINGERPRINT SEARCH**
☐ Open Records
☐ Open and Closed Records
- ☐ **\$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: _____