

**Oklahoma Executive Fire Officer Leadership Program
Admissions Application**

1. NAME (Last, First, Middle Initial, Suffix)		2. DATE OF BIRTH (MM/DD/YYYY)	
3. HOME MAILING ADDRESS		4. WORK PHONE NUMBER:	
		5. HOME PHONE NUMBER:	
		6. CELL PHONE NUMBER:	
		7. FAX NUMBER:	
8. E-MAIL ADDRESS:			
9. NAME AND ADDRESS OF ORGANIZATION		10. CURRENT POSITION AND NUMBER OF YEARS IN POSITION	
11. JURISDICTION			
<input type="checkbox"/> STATEWIDE <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP <input type="checkbox"/> FOREIGN <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> COUNTY GOVERNMENT <input type="checkbox"/> FEDERAL/MILITARY <input type="checkbox"/> DHS/FEMA _____ <input type="checkbox"/> CITY/TOWN/VILLAGE <input type="checkbox"/> INDUSTRY/BUISNESS <input type="checkbox"/> TRIBAL NATION _____			
12. Organization		13. CURRENT STATUS	
<input type="checkbox"/> ALL CAREER <input type="checkbox"/> ALL VOLUNTEER <input type="checkbox"/> COMBINATION		<input type="checkbox"/> PAID FULL TIME <input type="checkbox"/> PAID PART TIME <input type="checkbox"/> VOLUNTEER	
14. GENDER		15. ETHNICITY	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO	
16. RACE			
<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> OTHER: _____ OR ALASKAN NATIVE AFRICAN AMERICAN OR PACIFIC ISLANDER			
17a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of acceptance.			
17b. I hereby authorize the release of any and all information concerning my enrollment in this program to the chief officer in charge, designee, of my organization. All requests for information shall be in writing from said chief or designee.			
17c. I agree to abide by the rules, policies, and regulations of OSU, OSU-FST, Oklahoma Fire Chiefs Association, and Council on Firefighter Training. Failure to do so will result in denial of the student application, expulsion from the program, and possible barring from future OKEFOLP programs.			
SIGNATURE OF APPLICANT			DATE
EQUAL OPPORTUNITY STATEMENT			
OKEFOLP will not discriminate on the basis of age, gender, race, color, religious belief, national origin, sexual orientation, or disability in the admission and student related procedures. OKEFOLP will make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply.			
PRIVACY ACT STATEMENT			
GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for admission to OKEFOLP.			
PURPOSES - To determine eligibility for participation in OKEFOLP. Information such as age, gender, and ancestral heritage are used for statistical purposes only.			

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SECTION I - GENERAL INFORMATION

1. Please describe your organization fully in terms of functions or service provided. (Attach additional pages as needed)

2. Please describe your specific duties and responsibilities within the organization at an officer level. (Attach additional pages as needed)

SECTION II - BRIEF ESSAY QUESTIONS

3. Describe your most substantial professional achievement and explain why you view it as such. (Attach additional pages as needed)

4. What goals do you expect to realize by participating in the Oklahoma Executive Fire Officer Leadership Program and how might achieving those goals enhance your career? (Attach additional pages as needed)

SECTION II - BRIEF ESSAY QUESTIONS

5. How do you expect your background, experience, and capabilities will contribute to the Program and to your fellow participants.
(Attach additional pages as needed)

6. Please describe briefly the two most challenging management problems facing you on your job, explaining how they affect attainment of your organization goals. (Attach additional pages as needed)

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APPLICATION REQUIREMENT CHECKLIST

- COMPLETED APPLICATION WITH ADDITIONAL PAGES ATTACHED
- RESUME
- 2-3 PAGE LETTER STATING WHY YOU SHOULD BE CHOSEN
- LETTER OF COMMITMENT FROM YOUR ORGANIZATION
- LETTER OF RECOMMENDATION FROM YOUR CITY MANAGER, CHIEF, OR OFFICER

MAIL COMPLETED APPLICATION TO:

**OSU FST
Attn: Rodney Foster
1723 W. Tyler
Stillwater, OK 74078**

