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**THE UNITED STATES FIRE DEPARTMENT RESERVE CORPS**

**PROFESSIONAL RECOMMENDATION FORM**

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| **DIRECTIONS:** |
| This form allows for one individual to provide a recommendation for membership in the United States Fire Department Reserve Corps, (USFDRC) Inc. Provide a separate Recommendation for Membership Form to each individual who will be completing a Professional Recommendation on your behalf. Recommendations for membership may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant. The same person may not complete more than one recommendation per applicant. All information must be TYPED. Handwritten forms will be denied. This is a two-part form. * Part One is completed by the applicant and given to the individual providing the recommendation.
* Part Two is completed by the individual providing the recommendation. This individual will submit the completed recommendation form to USFDRC by mail, or email. (see below).
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| **Mail:**  | USFDRC - ADM: CANDIDATES SERVICES4700 Millenia Blvd., Suite 175Orlando, Florida 32839 | **E-Mail:** **Subject Line:** | recruitment@usfdrc.orgRecommendation (applicant name) |
| **REQUIREMENT:** |
| **Professional Recommendation Definition:** A professional recommendation is provided by an individual who has direct knowledge of the applicant’s on-the-job performance. The professional recommendation should discuss the applicant’s work performance as it relates to the role and expectations required of the command (Service Branch) of membership. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the USFDRC an idea of the type of individual applying for membership. Individuals providing a recommendation may not be in a subordinate position to the applicant. |
| **ALL INFORMATION MUST BE TYPED. HANDWRITTEN FORMS WILL BE DENIED.** |
| **PART 1: TO BE COMPLETED BY THE APPLICANT PRIOR TO PROVIDING TO AN INDIVIDUAL FOR COMPLETION.** |
| Applicant Name: Click or tap here to enter text. |
| Command Applied For: Choose an item. |
| Name of the Recruiter, if known: Click or tap here to enter text. | Telephone: Click or tap here to enter text. |
| Name of Individual Providing the Recommendation: Click or tap here to enter text. |
| **PART 2: TO BE COMPLETED BY THE RECOMMENDER AND SUBMITTED DIRECTLY TO THE USFDRC.** |
| Last Name: Click or tap here to enter text. | First Name: Click or tap here to enter text. |
| Title: Click or tap here to enter text. | Employer: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. | Business Phone: Click or tap here to enter text. |
| [ ]  Work or [ ]  Home Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip Code: Click or tap here to enter text. |

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| **Section A: Please describe the nature of your relationship with the applicant, including how you are eligible to provide the applicant with a recommendation for certification.** |
| Click or tap here to enter text. |
| **Section B Continued: Please describe why you believe the applicant would be a successful member of the USFDRC in the command in which he or she is seeking membership. Please include specific examples where you observed the applicant successfully demonstrating the professional skills expected.** |
| Click or tap here to enter text. |
| **Section C: Attestation** |
| I affirm that all the information that I have provided on this form and any provided attachments is true, to the best of my knowledge. [ ]  I affirm. [ ]  I do not affirm.  I affirm that I recommend the applicant listed in Part 1 of this form for membership with the USFDRC. [ ]  I affirm. [ ]  I do not affirm. |
| **Recommender’s Signature (The USFDRC accepts manual and electronic signatures)** Click or tap here to enter text. | **Date:****Click or tap to enter a date.** |