



Georgia State Firefighters Association 2017 Awards Program

COMPANY OFFICER OF THE YEAR APPLICATION

NOTE: Nominee must be a member of the Georgia State Firefighters Association

The Company Officer of the Year is one who, despite being in the early stages of his or her leadership career, already exemplifies the leadership, initiative and motivation of a next-generation leader. This individual goes above and beyond in their commitment to their crew, fire service safety, training and effectiveness, and ultimately serves as a mentor to members of all ranks.

About

Nominee's Full Name: Last _____ First _____ MI _____

Email Address _____

Address _____

City _____ State _____ Zip Code _____

Education (List name of school and year graduated)

High School _____ College/Trade School _____

Military School _____ Branch _____

Employment

Title/Position _____ Dates of Employment _____ to _____

Department Name _____

Department Address _____

Telephone Number _____

Has applicant ever been convicted of a felony? Circle one: Yes / No

Fire Department Involvement

1. Describe the career of the nominee, including some background and scope of work responsibilities.



Georgia State Firefighters Association 2017 Awards Program

COMPANY OFFICER OF THE YEAR APPLICATION

Fire Department Involvement (Cont.)

2. Provide information on the nominee's distinguished departmental achievements in his/her field over and above job requirements.

3. Describe how the nominee has helped fellow professionals improve their careers or work performance.



Georgia State Firefighters Association 2017 Awards Program

COMPANY OFFICER OF THE YEAR APPLICATION

Community Involvement

Describe nominee's pursuit of educational/training incentives over and above requirements of job. Attach any certificates of recognition, etc.

Continuing Education/Training

Provide information on nominee's pursuit of educational/training incentives over and above requirements of job.



Georgia State Firefighters Association 2017 Awards Program

COMPANY OFFICER OF THE YEAR APPLICATION

Special Efforts/Accomplishments

Provide information/documentation on any outstanding accomplishments of nominee not covered above.

State reasons why you feel nominee should receive this award.

*Additional information may be attached on a separate sheet.

Nominator Information

Name _____ Title/Position _____
Employer/Fire Department _____
Email Address _____
Phone Number _____

I have completed this form to the best of my ability. I, in no way, have falsified information or misrepresented the above mentioned award nominee.

Signature _____ Date _____

****ALL NOMINATIONS MUST BE RECEIVED BY GSFA NO LATER THAN JUNE 15, 2017.****