

FPM New Employee Form

Employee Last Name	USACE UXO Database No.			
Employee First Name				
Employee Middle Name/Initial	EOD/UXO Experience	Yrs:	Months:	Total:
SS#				
Address (Street)	NAVSCOLEOD grad date			
Address (Street 2)	Army Delta 10 grad date			
City	Navy Assist grad date			
State	Other Mil EOD grad date			
Zip				
Tel#	UXO Tech 1 School			
Email	UXO Tech 1 grad date			
Availability Date:				
Desired Location:				

Mil EOD Assignments (list)

Civ UXO Assignments (Check all that apply)

T6 SUXOS
T5 UXOSO/UXOQCS
T4Q UXOQCS
T4S UXOSO
T3 UXO Tech 3/Team Leader
T2 UXO Tech 2
T1 UXO Tech 1
UXO Sweeper
Other