

**2020 National Adverse Wetland Determination
Cadre (NWAD Cadre) Membership Application**

Applicant's Name

Administrative Region of Duty Station

Work Email Address

Work Phone

Official Duty Station/Office

Work Address

Current Title/Position

Series & Grade

NWAD Cadre Vacancy Selection:

Candidates must be full-time NRCS employees be located within the geographical region for which they are applying. Applicants wishing to be considered for both their geographical region and "Nation At-large" should select both options below. Applicants must have a working knowledge of Wetland Conservation (WC) policy and procedure and, at a minimum, should have completed Phases I, II and III of the Wetland Identification for Food Security Act Purposes. It would be advantageous for the applicant to have attended the Wetland Determination for FSA Purposes – Advanced Course and/or be seeking enrollment in the Wetland Identification on Complex Sites course.

Applicant wishes to apply and represent the following NWAD Cadre position:

Northeast Region

Southeast Region

Central Region

West Region

Nation At-Large

Application Package Requirements:

In addition to this completed and signed form, please attach a resume (no more than 2 pages) detailing relevant experience and qualifications for the vacancy, and a cover letter (no more than 1 page) explaining your interest in the position and what unique qualities you will bring with you. Within your resume/cover letter, please include the following:

1. List any relevant WC or QA/QC trainings and the dates received.
2. Describe current responsibilities or past experience relevant to the duty.
3. Explain why you would like to serve on the Cadre.
4. Describe oral or written communication skills.
5. List previously held positions, detail assignments, or other relevant experiences either with NRCS or outside the agency, and any awards/recognition received.
6. Applicants may list up to three references.

Application Submittal: By signing, I hereby understand and acknowledge that late and/or incomplete applications will not be accepted.

Applicant’s Name

Position Title

Signature: _____

Date: _____

Supervisory Concurrence: By signing, I certify that I understand the requirements of the position and will support the candidate by granting up to 15% of their time for NWAD Cadre work activities.

Supervisor/Line Officer’s Name

Position Title

Signature: _____

Date: _____

State Conservationist or Director (as appropriate) Concurrence: By signing, I certify that I understand the requirements of the position and will support the candidate by granting up to 15% of their time for NWAD Cadre work activities.

Name

Position Title

Signature: _____

Date: _____