State of Connecticut
Department of Emergency Services and Public Protection

Connecticut Fire Academy Recruit Firefighter Program Application

Class 56—Fall 2015

SECTION 2 (OF 2)

APPLICANT PACKET

*** To be Collected First Day of Class; August 31, 2015 ***

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The Department of Emergency Services and Public Protection
The Connecticut Fire Academy

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Recruit Personal Information

To Be Completed by Recruit

EDUCATION:

Please check the highest level completed

☐ G.E.D. ☐ High School Graduate Attended College: ☐1 ☐2 ☐ 3 ☐4

Please list any type of Degree(s) received along with the Major or Minor course of study

☐AS ☐BS ☐AA ☐BA ☐Master's Degree: _____
Minor Course of Study: _____

☐AS ☐BS ☐AA ☐BA ☐Master's Degree: _____
Minor Course of Study: _____

MILITARY SERVICE:

Please check the appropriate box that indicates past or present active or reserve duty.

- ❑ United States Army
- ❑ United States Navy
- ❑ United States Air Force
- ❑ United States Marine Corps
- ❑ United States Coast Guard

Length of Service: _____

Military Specialty / Occupation: _____ Rank: _____

FIRE SERVICE BACKGROUND:

Please list any association, membership and / or employment with a Fire Department or Fire Service Agency or Organization.

Fire Dept. / Agency: _____ How Long? _____
City/Town: _____ State: _____

Fire Dept. / Agency: _____ How Long? _____
City/Town: _____ State: _____

Fire Dept. / Agency: _____ How Long? _____
City/Town: _____ State: _____

Please check the appropriate box indicating FIRE SERVICE <u>certification</u> levels that you have obtained and indicate any others not listed.

- ❑ Firefighter I
- ❑ Firefighter II
- ❑ Fire Officer I
- ❑ Fire Officer II
- ❑ Safety Officer
- ❑ Fire Marshal
- ❑ Other _____
- ❑ Fire Service Instructor I
- ❑ Fire Service Instructor II
- ❑ Pump Operator
- ❑ Aerial Operator
- ❑ Hazmat Technician
- ❑ Fire Inspector

Other _____

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Recruit Medical Information

To Be Completed by Recruit

Medications: All physician prescribed and over the counter medications must be declared

List Medications (prescribed or over the counter) you are currently taking

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

☐ Yes ☐ No Does your physician(s) know that you are participating in a High Intensity exercise program specific to firefighter training?

☐ Yes ☐ No Have you had any previous orthopedic injuries, surgeries or therapy that would limit or prevent you from fully participating in the Physical Fitness and/or Practical Skills Training.

Please describe any reasons and limitations: _____

_____

Health History: Do you now or have you had in the past:

☐ Yes ☐ No History of heart problems, chest pain, or stroke
☐ Yes ☐ No Increased blood pressure
☐ Yes ☐ No Any chronic illness or condition
☐ Yes ☐ No Difficulty with exercise
☐ Yes ☐ No Advice from a physician not to exercise
☐ Yes ☐ No Recent surgery (within the past 12 months)
☐ Yes ☐ No Pregnancy (now or within the past 3 months)
☐ Yes ☐ No History of breathing or lung related problems
☐ Yes ☐ No Muscle, joint, or back disorder, or any previous injury still affecting you
☐ Yes ☐ No Diabetes or thyroid disorder
☐ Yes ☐ No Smoke tobacco (within the last 12 months)
☐ Yes ☐ No Obesity (greater than 20% over ideal body weight)
☐ Yes ☐ No Been told you have high cholesterol levels
☐ Yes ☐ No Hernia or any other condition that may be aggravated by lifting weights
☐ Yes ☐ No History of heart or coronary artery disease or stroke in any members of your immediate family

Please explain any "yes" answers: _____

_____

_____

The Medical Information is strictly used for the Safety and Welfare of the Recruit.

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Allergies

To Be Completed by Recruit

Allergies - Food: *Please list any known allergies to foods*

_____

Symptoms:			**Give Checked Medication** To be determined by Physician Authorizing treatment	
If a food allergen has been ingested, but *no symptoms*:			☐ Epinephrine	☐ Antihistamine
Mouth	-	Itching, tingling, or swelling of lips, tongue, and/or mouth:	☐ Epinephrine	☐ Antihistamine
Skin	-	Hives, itchy rash, swelling of the face or extremities:	☐ Epinephrine	☐ Antihistamine
Gut	-	Itching, tingling, or swelling of lips, tongue, and/or mouth:	☐ Epinephrine	☐ Antihistamine
Throat ⌖	-	Tightening of throat, hoarseness, hacking cough:	☐ Epinephrine	☐ Antihistamine
Lung ⌖	-	Shortness of breath, repetitive coughing, wheezing:	☐ Epinephrine	☐ Antihistamine
Heart ⌖	-	Weak or thread pulse, low blood pressure, fainting, pale, blueness:	☐ Epinephrine	☐ Antihistamine
Other ⌖	-	_____:	☐ Epinephrine	☐ Antihistamine
If reaction is progressing (several of the above areas affected), give:			☐ Epinephrine	☐ Antihistamine

⌖ - Potentially Life Threating. The severity of symptoms can quickly change

The recruit possesses and can administer his own treatment of ☐ Epinephrine ☐ Antihistamine

Allergies - Medication: *Please list any known allergies to medications*

_____

Symptoms: _____

Allergies – Environment/Other: *Please list any known allergies to environment or other*

_____

Symptoms: _____

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Emergency Contact Information

To Be Completed by Recruit

Please list the names, addresses and phone numbers of 2 (two) individuals (i.e. spouse, relatives) and your Physician to be contacted in the event of a medical emergency or serious injury.

Emergency Contact:

1. Name: _____ Relation: _____

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

Mailing Address: _____

City / Town: _____ Zip: _____

2. Name: _____ Relation: _____

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

Mailing Address: _____

City / Town: _____ Zip: _____

Physicians Contact:

Name: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Practice Name: _____

City / Town: _____ Zip: _____

The Department of Emergency Services and Public Protection
The Connecticut Fire Academy

Recruit No.

Medical Demographic Card

FD: _____, City/Town: _____ Date Updated: ___ / ___

Recruit Name: _____ Age: _____ Date of Birth: ___ / ____ / ____

Home Address: _____ Apt.: _____

Town/City: _____ State: □CT, _____ ZIP Code: _____

Height: ___' ___" Weight: _____ lbs.

Medical History: □ None; _____, _____

Allergies to Medicines: □ None; _____, _____

_____, _____

Prescribed Medications: □ None; _____, _____

_____, _____

Over the Counter Medications: □ None; _____, _____

Emergency Contact Person: _____ Relation: □ Wife □ Parent □ Other; _____

Emergency Phone Numbers: □Home □Work: (___) _____ Cell: (___) _____

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The Department of Emergency Services and Public Protection
The Connecticut Fire Academy

Recruit No.

Medical Demographic Card

FD: _____, City/Town: _____ Date Updated: ___ / ___

Recruit Name: _____ Age: _____ Date of Birth: ___ / ____ / ____

Home Address: _____ Apt.: _____

Town/City: _____ State: □CT, _____ ZIP Code: _____

Height: ___' ___" Weight: _____ lbs.

Medical History: □ None; _____, _____

Allergies to Medicines: □ None; _____, _____

_____, _____

Prescribed Medications: □ None; _____, _____

_____, _____

Over the Counter Medications: □ None; _____, _____

Emergency Contact Person: _____ Relation: □ Wife □ Parent □ Other; _____

Emergency Phone Numbers: □Home □Work: (___) _____ Cell: (___) _____

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Authorization for Release of Performance Information

To Be Completed by Recruit

I, _____, a Recruit Firefighter at the Connecticut Fire Academy, give permission to Recruit Firefighter Program Manager and/or designee of the Recruit Firefighter Program to release all information related to my performance during the Recruit Firefighter Program. This information includes but is not limited to Recruit Performance Evaluations and documents described in the Recruit Firefighter Program's Rules & Regulations. This authorization limits the release of information to the recruits' current sponsoring Fire Department's Fire Chief and/or designee, and to any/all fire service related inquires initialed below.

Signature: _____ _____
(Recruit Applicant) Date

The following section applies to Recruit Firefighters sponsored by a Fire Department but who are not considered a career firefighter or an employee of that Fire Department (self-pays).

Authorization for Release of Contact Information

To Be Completed by (Self-Pay) Recruits

I, _____, a Recruit Firefighter at the Connecticut Fire Academy, give permission to Recruit Firefighter Program Manager and/or designee of the Recruit Firefighter Program to release my Contact Information to any/all Fire Departments soliciting for potential candidates.

Signature: _____ _____
(Recruit Applicant) Date

□ Release of Performance Information Documentation to **ANY/ALL** fire service related inquires.

Recruit Initials: _____ Date: ____ /____

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
(Office Only)

Emergency Medical Training

To Be Completed by Recruit

The recruit applicant is required to have current Emergency Medical Training or attend the Recruit Firefighter Program's scheduled American Heart Association BLS for Healthcare Provider CPR/AED and Heartsaver First Aid classes during the program. Recruit applicants with expiring CPR/AED or First Aid cards will be offered those scheduled classes as a refresher/recertification.

A copy of EMS Training Cards, Certification or License is required on the first day.

EMS Training:

□ EMT/P □ EMT/I □ EMT □ EMR □ other _____

Name as Appears on Card: _____ Exp. Date: ___/___/___

□ NO EMS Training; the recruit does not have proof of current EMS related training or completion of Basic First Aid course.

CPR/AED issued from:

□ American Red Cross

□ American Heart Association

□ Other: _____

Name as Appears on Card: _____ Exp. Date: ___/___/___

□ Expired/ Expiring EMS Training; the recruit has an expired or expiring Basic First Aid and/or CPR/AED course certificate.

Last Name: _____ First Initial: _____ M.I.: _____ Recruit No._____
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Mission Statements

Connecticut Fire Academy Mission Statement

To prevent or mitigate the effects of fires and disasters, either natural or manmade, on the citizens of the State of Connecticut. This objective shall be accomplished through the development and delivery of state-of-the-art educational programs designed to meet nationally recognized standards, certification of individuals to such standards and maintenance of up-to-date resources for us by fire service personnel, public educators and other first responders.

Training Division Mission Statement

As part of the Commission on Fire Prevention and Control, the Training Division is responsible for the operation of the Connecticut Fire Academy to provide training, education, technical support and related information and services. Customers benefit from instructors using contemporary methods in a safe environment

Recruit's Fire Department Mission Statement

(to be filled in by the Recruit Firefighter)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

First Day of Class – Reporting Procedure

Start Time: 08:00, ***Students should plan on arriving early***

Reporting In: Students report to the Cafeteria for Sign in. If you enter from the rear parking lot, follow the sidewalk to a glass door in a breezeway between the two major structures. Take a left up the ramp, Cafeteria is on the Left.

Student Parking: Students Vehicles will be parked behind the Administration Building in the designated area, furthest from the building to allow more space for daily traffic parking.

Traffic Cones with signage will be displayed for First Day arrivals to assist with directions for parking.

Required Documents: Prepare Recruit Application – Section 2 documents for collection:

- ☐ PAGE 1 – Recruit Personal Information Form
- ☐ PAGE 2 – Recruit Medical Information Form
- ☐ PAGE 3 – Allergies
- ☐ PAGE 4 – Emergency Contact Information
- ☐ PAGE 5 – Medical Demographic Cards
- ☐ PAGE 6 – Authorization for Release of Performance Information Form
- ☐ PAGE 6 – Authorization for Release of Contact Information Form *(Self-Pays Only)*
- ☐ PAGE 7 – Emergency Medical Training
- ☐ PAGE 8 – Fire Academy and Fire Department Mission Statements
- ☐ Copy of CPAT (Candidate Physical Ability Test) Certification
- ☐ Copy of EMS training Certification/License (EMR/EMT/EMT/P)
- ☐ Copy of CPR/AED Certification

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Recruit Firefighter Program Application

APPLICANT PACKET

*** Due First Day of Class ***

State of Connecticut
Department of Emergency Services and Public Protection
Connecticut Fire Academy
34 Perimeter Road, Windsor Locks, CT 06096-1069
860-627-6363 877-5CT-FIRE
www.ct.gov/cfpc

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