



Commission on Fire Prevention and Control

Connecticut Fire Academy RECRUIT INFORMATION FORM

Please complete all information requested in the survey below. The information supplied by you will be used to provide the Recruit Program Lead Instructors with an understanding of your knowledge, skills and abilities to enhance your learning experience. Thank you.

NAME:

FIRE DEPARTMENT: _____

EDUCATION:

Please circle the highest level completed

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

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

Degree: _____

Degree: _____

MILITARY SERVICE:

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

United States Army

United States Marine Corps

United States Navy

United States Coast Guard

United State Air Force

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? _____

Fire Dept. / Agency: _____

How Long? _____

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

Firefighter I

Fire Service Instructor I

Firefighter II

Fire Service Instructor II

Fire Officer I

Pump Operator

Fire Officer II

Aerial Operator

Safety Officer

Hazmat Technician

Fire Marshal

Fire Inspector

Other _____

Other _____



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NAME: _____

EMERGENCY MEDICAL BACKGROUND:

Please check the appropriate box indicating *CURRENT MEDICAL certification* levels that you possess and indicate any others not list.

- Basic First Aid
- Cardio-Pulmonary Resuscitation
- Automatic External Defibrillator
- Medical Response Technician Cert. No. _____
- Emergency Medical Technician – Basic Cert. No. _____
- Emergency Medical Technician – Intermediate Cert. No. _____
- Emergency Medical Technician – Paramedic Lic. No. _____
- Emergency Medical Service Instructor Cert. No. _____

Other: _____

EMPLOYMENT HISTORY:

Beginning with the most recent employment, please listl previous employment or job positions.

1. _____
2. _____
3. _____

DRIVER’S & OTHER LICENSES / CERTIFICATES:

Please check the current type of Driver’s license that you possess and any endorsements or restriction codes. Indicate any other licenses that you possess that are not listed.

NON-COMMERCIAL DRIVER’S LICENSE

- 1 – Non-Comm. including w/veh in tow > 10,000 GVWR
- 2 – Non-Comm. but only w/veh in tow ≤ 10,000 GVWR
- M – Motorcycle

RESTRICTION CODES

List any restriction code letters and define (especially “Q”): _____

COMMERCIAL DRIVER’S LICENSE

- A – Combination veh. W/GVWR > 26,000 w/veh in tow > 10,000 GVWR
- B – Single vehicle > 26,000 GVWR w/veh in tow ≤ 10,000 GVWR
- C – Single vehicle < 26,000 GVWR w/veh in tow ≤ 10,000 GVWR

ENDORSEMENTS

- H – Hazmat
- N – Tank Vehicle
- P – Passenger
- S – School Bus / STV
- T – Double / Triple
- X – N & H Combined

MARINE LICENSES:

- Safe Boating Certificate
- Personal Water Craft Certificate

OTHER PROFESSIONAL / OCCUPATIONAL LICENSES: _____

OUT-OF STATE/OCCUPATIONAL LICENSES: _____