



<b>For Office use only</b> <input type="checkbox"/> Registrar <input type="checkbox"/> Program Manager <input type="checkbox"/> Coordinator
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## Recruit Application

### Data Privacy Warning

The legible information provided by you on this form will be solely and exclusively for providing you and like applicants with services. Your social security number is classified as private data. It is used to track your student records for programs that you have participated in with the Connecticut Fire Academy. The only consequence of not providing all of the information on this form is that the service may be delayed, restricted, or withheld. Further, personal data retrieval will be delayed.

Please print or type information requested below

Student I.D. # \_\_\_\_\_ - \_\_\_\_\_  Male  Female  
 Your I.D. consists of the FIRST (3) Letters of your LAST Name and the LAST (4) Numbers of your Social Security Number.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If Different from Home Address

Mailing Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers / E-Mail:

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fire Department / Organization: \_\_\_\_\_, \_\_\_\_\_  
Fire Department Name City/Town

As Chief of the \_\_\_\_\_ Fire Department I hereby authorize the above applicant to participate in the Connecticut Fire Academy's Recruit Firefighter Program and therefore, understand that the above-named individual will be covered by Workers Compensation Insurance while participating in such training, and that the Department of Emergency Services and Public Protection, its commissioners, officers, agents or employees shall not be liable for any injuries sustained during such training.

I also confirm that the applicant is an employee or member of the Fire Department and has documented proof of meeting the department's Medical and Physical Fitness requirement, and is emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self Contained Breathing Apparatus). The applicant is also at least 18 years of age, has a high school diploma or GED, and has the general capacity for adult learning.

Chiefs Name: \_\_\_\_\_ Chief's Signature: \_\_\_\_\_

Course Title: **Recruit Firefighter** Course Number: \_\_\_\_\_ Date(s): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tuition: \$5775.00

[ ] Payment by Check (Make check payable to CFPC / Course Number)

[ ] Payment by City / Town / FD Purchase Order # \_\_\_\_\_

Billing City / Town / FD Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Please Mail or Fax Application with Payment / Information at least one week prior to Program Start Date to:

**Connecticut Fire Academy**  
**34 Perimeter Road**  
**Windsor Locks, Connecticut 06069-1069**  
**Tel.: (860) 627-6363 Fax: (860) 654-1889**



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

### **Healthcare Provider Information**

*To Be Completed by Fire Department Staff*

In the event of a medical emergency requiring advance level of care, the Connecticut Fire Academy uses the Bradley International Airport Fire Department Paramedics for R-5 coverage and either the Suffield or East Granby Ambulance as the R-2 provider.

For “routine” medical emergencies or evaluations, the Suffield Medical Associates Walk-In Clinic is normally used, there is a CVS Pharmacy conveniently located in the adjacent plaza to the Suffield Medical Associates for prescriptions etc.

Please Check with your “Risk Management” officer or Worker’s Compensation provider if this not their desired provider for this location of the state.

*If required*, please provide the information for the nearest provider to the Connecticut Fire Academy. If possible we will make every attempt to see your recruit(s) use the listed provider if needed.

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

### **Fire Department Contact Information**

*To Be Completed by Fire Department Staff*

Chief’s Office: Fire Chiefs Name: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Training Officer: Rank: \_\_\_\_\_ Name: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In the event contact needs to be made after regulator business hours, please provide contact information. (ex.: Shift Commander, Training Officer, Chief(s))

After Hours Contact: Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



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

## **Fire, Live Fire, and Flashover Survival Training**

*To Be Completed by Fire Department Staff*

As the Chief of the \_\_\_\_\_ Fire Department, I hereby authorize the above applicant to participate in Fire Training, Live Fire and Flashover Simulator Training and experience, and therefore understand that the above mentioned member will be covered by my department's worker's compensation insurance while participating in such training, and the Commission on Fire Prevention and Control, its commissioners, officers agents or employees shall not be held liable for any injuries sustained during such training. The applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special consideration, and where applicable, to meet CFR 1910.134, regulation for the use of respirators.

I further understand that the Commission on Fire Prevention and Control, its commissioners, officers agents or employees shall not be held liable for damage to the above mentioned member's protective clothing and equipment while participating in Fire Training, Live Fire and Flashover Simulator training.

I understand that during Recruit and Live Fire Training, and while properly wearing prescribed Structural Firefighting Personal Protective and other clothing, there is the risk of personal injury not limited to abrasion, contusion, laceration, thermal and/or steam burn(s).

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Chief of Department)

Chief's Name: \_\_\_\_\_  
Please Print

Recruit Signature: \_\_\_\_\_



### **Authorization for Release of Grades**

*To Be Completed by Fire Department Staff and Recruit*

I, \_\_\_\_\_, a Recruit Firefighter at the Connecticut Fire Academy, give permission to Recruit Firefighter Program Coordinators of the Recruit Firefighter Program to release all Quiz Scores, Homework Grades and Test Scores that are part of my Performance Evaluation reports and my final Certification Test Score, to my Fire Department's Fire Chief and/or their Training Officer designee.

Signature: \_\_\_\_\_  
(Recruit Applicant) Date \_\_\_\_\_

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

### **Program Review**

*To Be Completed by Fire Department Staff and Recruit*

The Recruit applicant and a Fire Department designee have reviewed the following information with the recruit applicant prior to attending the Recruit Firefighter Program.

- Recruit Rules & Regulations
- Physical Fitness Training Overview
- Live Fire and Flashover Survival Training Safety Guidelines and Precautions

Signature: \_\_\_\_\_  
(Recruit Applicant) Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Signature (Chief of Department or Designee) Date \_\_\_\_\_

Chief's Name: \_\_\_\_\_  
Please Print



## **Clothing Issue**

*To Be Completed by Recruit*

Each recruit will be issued five (5) Red Recruit T-shirts, two (2) Red Recruit Sweat Shirts, two (2) pair of PT Shorts, and one (1) pair of Sweat Pants to worn during the class. The red Recruit items will be collected at the end of the program.

Please circle the size of the items below:

<b>T-Shirt Size</b>	Small	Medium	Large	X-Large	XX-Large
<b>Sweat Shirt Size</b>	Small	Medium	Large	X-Large	XX-Large
<b>Sweat Short Size</b>	Small	Medium	Large	X-Large	XX-Large
<b>Sweat Short Pants</b>	Small	Medium	Large	X-Large	XX-Large



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

**Recruit Personal Information**  
*To Be Completed by Recruit*

**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 Navy
- United State 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? \_\_\_\_\_  
 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
- 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 \_\_\_\_\_

**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
  - Emergency Medical Technician – Basic
  - Emergency Medical Technician – Intermediate
  - Emergency Medical Technician – Paramedic
  - Emergency Medical Service Instructor
  - Other: \_\_\_\_\_
- Cert. No. \_\_\_\_\_  
 Cert. No. \_\_\_\_\_  
 Cert. No. \_\_\_\_\_  
 Lic. No. \_\_\_\_\_  
 Cert. No. \_\_\_\_\_



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

### **Recruit Medical Information**

*To Be Completed by Recruit*

Please complete all information requested in the survey below. The information supplied by you will be used in the event of a medical or serious injury to provide proper patient care and make notifications. Thank you.

**Allergies - Food:** *Please list any known allergies to food or food products*

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**Past Significant Injuries:**

*List significant Injuries (i.e. – back, knee, and arm) you have had in past or are currently being treated for*

\_\_\_\_\_

\_\_\_\_\_

**Relevant Medical Conditions:**

*List relevant medical conditions (i.e. – back, knee, and arm) you have had or are currently being treated for*

\_\_\_\_\_

\_\_\_\_\_

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

Recruit Information: Email: \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Zip: \_\_\_\_\_



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

## **Documentation and Equipment Checklist**

For use by **Training Officer** and **Recruit Applicant**

Documentations, Equipment and Item Check List needed for each recruit prior to the start of the Connecticut Fire Academy Recruit Firefighter Program.

*Documentation (from the Fire Department)\*:*

**Provided by the Fire Department and faxed or sent to CFA NO LATER THAN 7 DAYS PRIOR TO THE START OF THE RECRUIT PROGRAM.**

- PAGE 1 – Recruit Application Form**
  - PAGE 2 – Health Care Provider Form, Fire Department Contact Information Form**
  - PAGE 3 – Fire, Live Fire, and Flashover Survival Participation Authorization Form**
  - PAGE 4 – Authorization for Release of Grades Form, Program Review Form**
  - PAGE 5 – Clothing Issue Form**
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*Documentation (from the Recruit)\*:*

**Provided by Fire Department and submitted by the Recruit prior to, or ON THE FIRST DAY OF THE RECRUIT PROGRAM.**

- PAGE 6 – Recruit Personal Information Form**
- PAGE 7 – Recruit Medical Information Form**
- Fit Testing Information**
  - If Fire Department has completed Qualitative Fit Testing, then a copy of the Fit Testing report should be brought with the Recruit on the first day.
  - Request Recruit to be Fit Tested by CFA staff**

***\*For the timely and accurate processing of the Recruit Application, this information needs to be provided according to the strict timelines outlined. If there are extenuating circumstances requiring any deviation, a positive contact needs to be made with the Recruit Program Coordinators at 860-627-6363, or [cfprecruit@ct.gov](mailto:cfprecruit@ct.gov)***



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

## **Documentation and Equipment Checklist**

For use by Training Officer and Recruit Applicant

Documentations, Equipment and Item Check List needed for each recruit prior to the start of the Connecticut Fire Academy Recruit Firefighter Program.

### Personal Protective Equipment:

**Provided by Fire Department and Required by the Recruit ON THE FIRST DAY OF THE RECRUIT PROGRAM.**

### **Structural Firefighting Protective Clothing:**

NFPA-1971 Compliant - Structural Firefighting Protective Clothing. SFFPC must be compliant to NFPA 1851 prior to conducting Live Fire Training. Used PPE is recommended; Outer Shell, Vapor and Thermal Barriers must not be compromised.

- Turnout Coat    Turnout Pants    Turnout Boots    Helmet    Hood    Gloves (2 Pair)
  - Self-Contained Breathing Apparatus    3 SCBA Air Cylinders
- ANSI and NFPA Compliant SCBA. Air Cylinders must have current hydrostatic testing.

### Personal Safety Equipment:

- Safety Glasses    Work Gloves    22'- 1" Tubular Webbing NFPA 1983 Compliant
- Knee Pads (optional)

### Academics:

- 3" White Binder    6 Pencils    2 Black Pens    2 Highlighters

### Physical Fitness Clothing:

**Personal Items provided by the Recruit and brought ON THE FIRST DAY OF THE RECRUIT PROGRAM.**

- Gray Gym Shorts    Running/Exercise Shoes    Personal Bath Towel
- Personal Bathing Suit (Boxer Type and One-Piece Suits ONLY)
- Gray Sweat Pants (optional)    Gray CFA Sweat Shirt (optional)

### Personal Items:

**Personal Items provided by the Recruit and brought ON THE FIRST DAY OF THE RECRUIT PROGRAM.**

- Personal Hygiene Items    Pillow (optional)    Bedding for Single Mattress Bed (optional)

Copy this checklist for each recruit and complete required documentation and procure equipment prior to start of class. Copies of documentation maybe found by going to the CFA website ([www.ct.gov/cfpc](http://www.ct.gov/cfpc)) / Training & Education / Recruit Application Package