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

For Office use only
☐ Registrar
☐ Program Manager
☐ Coordinator
☐ Application Complete
RECRUIT
NUMBER

Recruit Application

Data Privacy Warning

The legible information provided by you on this form will be used 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 clearly or type the 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: _____

Email Address: _____@_____._____

If Different from Home Address, completed below

Mailing Address: _____

City / Town: _____ State: _____ Zip: _____

Phone No's: 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 of the Fire Department or affiliated as a member or volunteer of the Fire Department for a minimum of 6 months and has documented proof of meeting the department's Medical and Physical Fitness requirements, 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: **$6,075.00**

[ ] Payment will be made by City / Town / FD Purchase Order #_____

[ ] Please Bill City/Town/FD Name: _____ Fire Chief's Initials: _____

Payments being made other than FD Purchase Order or Billing must be made at time of Registration
[ ] Payment by Check (Make check payable to CFPC / Course Number)
[ ] Payment by Credit Card

Visa or Master Card # _____ Exp. Date: ____ / ____

Card Holder Name (printed): _____

Card Holder's Signature: _____

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)

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: _____

or Designee Phone (_____) _____ - _____ ext.: _____ Fax (_____) _____ - _____

Email: _____Cell (_____) _____ - _____

IMPORTANT REQUEST

Who will be the "Primary" Point of Contact (POC) for the department during the Recruit Training Program? What person and rank, if not the Chief of the Department, would be contacted for the most efficient supervisory oversight in routine circumstances and recruit progress? Please note, however, that all issues requiring a fire department contact will be made to the level of supervision outlined and required in our Recruit Program Rules and Regulations.

Primary F.D. POC Name: _____

Phone (_____) _____ - _____ ext.: _____ Fax (_____) _____ - _____

Email: _____Cell (_____) _____ - _____

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

Name: _____ Rank: _____Phone (_____) _____ - _____

Name: _____ Rank: _____Phone (_____) _____ - _____

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

Medical Examination Confirmation

To Be Completed by Fire Department Staff

For personnel hired by a municipality or who have a current physical per Department Regulations

□ The Recruit has been determined to be medically and physically able to perform the duties of the position including, but not limited to, the use of a respirator as the result of a Fire Department **Pre-Employee Medical Examination** on _____.
Date

□ The Recruit has been determined to be medically and physically able to perform the duties of the position including, but not limited to, the use of a respirator as the result of a **Fire Department Medical Examination** on _____.
Date

Signature: _____ _____
(Chief of Department) Date

Chief's Name: _____
Please Print

Medical Certification

For personnel who DO NOT have a current Fire Department Physical

Recruit applicants who have not had a **Pre-Employment** fire department physical or **Medical Examination** in the past 12 months will be required to consult their fire department physician and complete the certification information below.

I, _____, have examined _____ on _____
Physician's Printed Name Employee's Name Date

in accordance with the recruit's sponsoring fire department's Medical Examination procedures or the Connecticut Fire Academy's Medical Certification Guidelines.

In addition, I have examined the sponsoring fire department's firefighter job description, and/or National Fire Protection Association (NFPA) 1582. I can confirm from the medical and physical examination that the recruit does not have the presence of any medical or physical conditions which would prevent the individual from performing the essential firefighter job tasks without posing significant risk, and I have determined that the recruit is medically and physically able to perform the duties of the position including, but not limited to, the use of a respirator.

_____
Physician's Signature

For Questions or Clarification concerns dealing with Fire Department Physicals, Contact the Recruit Program Manager at 860 264-9260 or toll free 1-877-528-3473 Ext. 260 or via email at: **eric.munsell@ct.gov**

CPAT Completion (IAFF/IAFF Candidate Physical Abilities Test)

- ☐ Completed within the last two (2) years. Date of current CPAT card: _____
- ☐ Never taken CPAT. OR CPAT older than 2 years, dated: _____

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

Clothing Issue

To Be Completed by Recruit

A standard Recruit Uniform is required to be worn by the recruit when they are attending Classes, Skill Sessions or Connecticut Fire Academy endorsed events. The recruit is also required to wear their Fire Departments standard daily work wear (FD Class B Work Shirt, Navy Trousers, Black or Navy Socks and Black Shoes or Work Boots) for the first class, Graduation and Special Events.

Each recruit will be issued the following to be worn when required during the program:

- Five (5) Red Recruit T-shirts
- Two (2) Red Recruit Sweat Shirts
- Two (2) pair of Grey PT Shorts
- One (1) pair of Sweat Pants

The Red Recruit items will be collected at the end of the program.

Please circle the size of the items below:

T-Shirt Size	Small	Medium	Large	X-Large	XX-Large
Sweat Shirt Size	Small	Medium	Large	X-Large	XX-Large
Sweat Pants Size	Small	Medium	Large	X-Large	XX-Large
Shorts Size	Small	Medium	Large	X-Large	XX-Large

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

The Physical Activity Readiness Questionnaire – PAR-Q

(Revised 2002)

PAR – Q & YOU

(A Questionnaire for People Aged 15 to 69)

To Be Completed by Recruit

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the **PAR-Q** will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

☐ Yes ☐ No 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

☐ Yes ☐ No 2. Do you feel pain in your chest when you do physical activity?

☐ Yes ☐ No 3. In the past month, have you had chest pain when you were not doing physical activity?

☐ Yes ☐ No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

☐ Yes ☐ No 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?

☐ Yes ☐ No 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

☐ Yes ☐ No 7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

- ✓ Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the **PAR-Q** and which questions you answered YES.
- ✓ You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- ✓ Find out which community programs are safe and helpful for you.

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

*If you answered NO honestly to all **PAR-Q** questions, you can be reasonably sure that you can:*

- ✓ Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- ✓ Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- ✓ If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- ✓ If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: *If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.*

*NOTE: If the **PAR-Q** is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.*

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

_____
NAME

_____
SIGNATURE DATE

_____
WITNESS DATE

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

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

Signature: _____ _____
(Recruit Applicant) Date

Signature: _____ _____
Signature (Chief of Department or Designee) Date

Chief's Name: _____
Please Print