Connecticut Fire Academy
Recruit Firefighter Program

Application Packet

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/

Revised 01/16/2013

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

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

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 No's: Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Email Address: _____@_____._____

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

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: _____

T.O. or Designee: 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, it 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, it 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: _____ _____
(Chief of Department) Date

Chief's Name: _____
Please Print

Recruit Signature: _____

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

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 Recruit Progress reports and my final Certification Test Scores, to my Fire Department's Fire Chief and/or designee.

Signature: _____ _____
(Recruit Applicant) Date

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 Heartsavers 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 first day.

EMS Training: □ EMT/P □ EMT/I □ EMT □MRT/EMR □ other _____

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

CPR/AED issued from: _____ Exp. Date: ___/___/___

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

□ 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._____
(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: _____

Emergency Contact Information

To Be Completed by Recruit

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.

Emergency Contact: Name: _____ Relation: _____
Phone: (_____) _____ - _____ Cell: (_____) _____ - _____
Mailing Address: _____
City / Town: _____ Zip: _____

Name: _____ Relation: _____
Phone: (_____) _____ - _____ Cell: (_____) _____ - _____
Mailing Address: _____
City / Town: _____ Zip: _____

Physicians Contact: Name: _____
Phone: (_____) _____ - _____ Fax: (_____) _____ - _____
Practice Name: _____
City / Town: _____ Zip: ____

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

Clothing Issue

To Be Completed by Recruit

A standard Recruit Uniform is required to worn by the recruit when they are attending Classes, Skill Sessions or Connecticut Fire Academy endorsed events. The recruit is 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) pair of Grey PT Shorts
Two (2) Red Recruit Sweat Shirts	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

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

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

☐ Attended High School 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

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

☐AS ☐BS ☐AA ☐BA 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 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? _____

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 ___
- ❑ 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 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 Have you had a physical in the past 12 months?

☐ Yes ☐ No Does your physicians know that you are participating in an exercise program?

Please describe any physical activity that you do somewhat regularly: _____

_____

_____

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.
Information provided will be destroyed at the conclusion of the Program.

Medical Demographic Card

To Be Completed by Recruit

The Medical Information is strictly used for the Safety and Welfare of the Recruit. Information provided will be destroyed at the conclusion of the Program.

Recruit Medical Information

Recruit # _____ FD: _____ Date: _____

Recruit Name: _____ Age: _____

Date of Birth: ___ / ____ / ____ Height: ___' ___" Weight: _____ lbs.

PMH: ☐ None: _____

Allergies: ☐ None: _____ _____

Meds: ☐N one: _____

_____

Contact Info: _____ Relation: _____

(H)_____ (C) _____ (W) _____

Physical Training Copy

Recruit Medical Information

Recruit # _____ FD: _____ Date: _____

Recruit Name: _____ Age: _____

Date of Birth: ___ / ____ / ____ Height: ___' ___" Weight: _____ lbs.

PMH: ☐ None: _____

Allergies: ☐ None: _____ _____

Meds: ☐N one: _____

_____

Contact Info: _____ Relation: _____

(H)_____ (C) _____ (W) _____

Physical Training Office Copy

Recruit Medical Information

Recruit # _____ FD: _____ Date: _____

Recruit Name: _____ Age: _____

Date of Birth: ___ / ____ / ____ Height: ___' ___" Weight: _____ lbs.

PMH: ☐ None: _____

Allergies: ☐ None: _____ _____

Meds: ☐N one: _____

_____

Contact Info: _____ Relation: _____

(H)_____ (C) _____ (W) _____

Safety Officer Copy

Recruit Medical Information

Recruit # _____ FD: _____ Date: _____

Recruit Name: _____ Age: _____

Date of Birth: ___ / ____ / ____ Height: ___' ___" Weight: _____ lbs.

PMH: ☐ None: _____

Allergies: ☐ None: _____ _____

Meds: ☐N one: _____

_____

Contact Info: _____ Relation: _____

(H)_____ (C) _____ (W) _____

Duty Officer Copy

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)

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)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Documentation 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 and Fire Department Contact Information Form**
- ☐ **PAGE 3 – Fire, Live Fire, and Flashover Survival Participation Authorization Form**
- ☐ **PAGE 4 – Authorization for Release of Grades Form and Emergency Medical Training**
- ☐ **PAGE 5 – Allergies and Emergency Contact Information**
- ☐ **PAGE 6 – Clothing Issue Form and Program Review Form**

Documentation (from the Recruit):*

Provided by Fire Department and submitted by the Recruit
ON THE FIRST DAY OF THE RECRUIT PROGRAM

- ☐ **PAGE 7 – Recruit Personal Information Form**
- ☐ **PAGE 8 – Recruit Medical Information Form**
- ☐ **PAGE 9 –Medical Demographic Cards**
- ☐ **PAGES 10 & 11 – Physical Activity Readiness Questionnaire PAR-Q**
- ☐ **PAGE 12 – Fire Academy and Fire Department Mission Statements**
- ☐ **Copy of Emergency Medical Training; Cards, Certification and/or License**
- ☐ **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.

  ☐ **Requests 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 cfpcrecruit@ct.gov***

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) / Training & Education / Recruit Application Package

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

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

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.

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

Personal Protective Equipment:

Structural Firefighting Protective Clothing:
Structural Firefighting Protective Clothing must be NFPA-1971 Compliant.
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**
SCBA must be 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

Academics:
☐ **3" White Binder** ☐ **6 Pencils** ☐ **2 Black Pens**
☐ **2 Highlighters** ☐ **3 Holed Punched Lined Paper**

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

Physical Fitness Clothing:

☐ **Gray Gym Shorts** ☐ **Running/Exercise Shoes** ☐ **Personal Bath Towel**
☐ **Personal Bathing Suit** (Boxer Type and One-Piece Suits ONLY)

☐ **Knee Pads** (optional) ☐ **Gray Sweat Pants** (optional) ☐ **Gray CFA Sweat Shirt** (optional)

Personal Items:

☐ **Personal Hygiene Items** ☐ **Pillow** (optional) ☐ **Padlock for gear locker**
☐ **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) / Training & Education / Recruit Application Package

STATE OF CONNECTICUT

COMMISSION ON FIRE PREVENTION AND CONTROL
CONNECTICUT FIRE ACADEMY

TEL: (860) 627-6363

34 PERIMETER RD. WINDSOR LOCKS, CONNECTICUT 06096-1096

Physical Training Program Overview

Our Physical Training (PT) program is designed for firefighters and incorporates a range and continuum of job performance activities. It is a highly disciplined atmosphere that will prepare the recruit for both their academy and fire service responsibilities. The program begins with a general overview, in a classroom orientation fashion, and includes information pertaining to physical fitness, job stresses, health issues, and sports injuries. That initial orientation will also describe the base–line testing, the schedule, and how the program advances during the entire recruit PT program. All recruits will then be physically and mentally trained in a number ways throughout the program to approximate the knowledge, skills, and abilities required of firefighters in the modern fire service.

Class Schedule

Daily Focus Areas:

Mondays & Thursdays

Predominantly Strength and Endurance

Tuesdays & Fridays

Predominantly Cardio Respiratory

Wednesdays

Functional Training or Aquatic program

Field-Level Testing (which is covered over a two day period)

1st week, 7th or 8th week (the middle of the schedule), and the 14th week

Daily Requirements:

This is a highly structured, well-developed, and rigorous component of the Recruit Program that requires strong effort. PT classes are generally scheduled for 60 minutes. They begin at 0800 hours, except for the week of Night Fire Training. During the first three nights of that week, which is usually around week 8 or 9, PT classes will begin at 1500. Recruits will be notified in advance of any other changes to the schedule, changes in the start times, or adjustments to the length of the delivery of the material.

Recruits are required to be prepared *before* the start of each class. The training day will begin with a Personnel Accountability Report (PAR) and a readiness check. The PAR and Readiness Checks confirm that all recruits are accounted for, are clean shaven, have full water bottles, and have prepared and staged all needed equipment.