



FIRE ACADEMY APPLICATION



Sandhills

COMMUNITY COLLEGE

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Dear Prospective Student:

Thank you for your interest in the Fire Training Academy at Sandhills Community College. We have a team of highly qualified, experienced and dedicated instructors who are committed to meeting your educational needs and professional development. Collectively and individually, they will assist you in establishing a competent, confident and complete sense of preparedness for your future in the fire service arena throughout North Carolina.

The Sandhills Fire Academy delivery is designed to provide you with your Firefighter I/II and HazMat Level 1 Responder Certification, as well as the following additional certifications: Technical Rescuer and EMT-Basic. The curricula for these programs are reviewed and approved by the NC Office of the State Fire Marshal, NC Office of EMS and the NC Community College System. All administrative matters are handled through Sandhills Community College.

The Sandhills Fire Academy curriculum consists of three main classes with multiple blocks of instruction for each class. Many of the blocks have practical skill elements and each block of instruction is concluded with a practical and cognitive testing instrument. A cadet must successfully complete all practical and cognitive skill testing in each and every block of instruction prior to certification as a Firefighter. The EMT-Basic portion of the academy prepares a student to sit for the state certification exam for EMT-Basic.

Persons interested in enrolling in the Fire Academy should turn in their packet as early as possible to ensure Academy has sufficient enrollment. Completed application packets with school director confirmation are processed based on the order they are received. Students will be notified of their application and/or acceptance status as they are reviewed. Classes will be held Monday through Thursday from 8:30 am until 5:00 pm and Friday 8:30 am to 4:00 pm with some exceptions for training that requires alternate time frames.

The completed application, including completed physical examination, needS to be submitted to Michelle Bauer at Sandhills Community College. The packet may be delivered to Sandhills Community College in person or mailed to Sandhills Community College, Attention: Michelle Bauer at 3395 Airport Road, Pinehurst, NC 28374.

**THE ENTIRE PACKET MUST BE COMPLETED
FAILURE TO DO SO MAY PREVENT ADMISSION INTO THE ACADEMY**

Several documents, with a better insight into the academy, have been included with this packet. Should you have further questions, please contact:

Michelle Bauer 910.695.3774, bauerm@sandhills.edu or,
Denise Cameron 910.695.3944 camerond@sandhills.edu

Good luck, and we look forward to seeing you on the first day of the academy.

Sincerely,

Michelle Bauer

Michelle Bauer
Fire & Rescue Director
Sandhills Community College



Sandhills

COMMUNITY COLLEGE

Fire Academy

ESTIMATE OF EXPENSES

1. Tuition cost plus tech fees for the Fire Academy:

Fire Fighter I & II and HazMat Level I Responder	\$185.00
Technical Rescuer	\$185.00
EMT-Basic	<u>\$185.00</u>
	\$555.00

***Cadets may be eligible for a fee waiver based on their membership with a North Carolina fire department.**

****Other scholarships may also be available for students- please contact Michelle Bauer for more information.**

2. Textbooks:

Essentials of Fire Fighting 6th Edition = \$80.00

ISBN: 978-0-87939-509-4

Emergency Care, 13th Edition = \$140.00

ISBN-10: 0-13-402455-9

ISBN-13: 978-0-13-402455-4

Available online or at the Sandhills Community College bookstore

3. Student Activity Fee = \$2.50

4. Uniforms & PT Gear = \$180.00

5. Turnout Gear Rental = \$500.00 (if not affiliated with a fire department)

*Can provide information for Gear Rental if needed.



Sandhills Fire & Rescue

Sandhills Community College Continuing Education Public Safety Department

Fire Academy Application Requirements:

1. Completed and signed Fire Academy Application and Personal History Statement
2. Photocopy of your driver's license
2. Photocopy of your birth certificate (a hospital birth certificate is not valid)
3. High school or GED transcript or diploma (copies accepted)
5. *Medical History Statement* (attached) completed by applicant, showing your accurate and true physical condition to the best of your knowledge. This information must be current within 120 days of the course delivery
6. *Medical Examination Report* (attached) completed and signed by a physician to verify that the applicant is physically able to participate in rigorous physical fitness training. This information must be current within 120 days of the course delivery.

The Sandhills Community College Fire Academy will accept the first twenty (20) completed applications. The criteria used for acceptance or denial is based on successful completion of application, medical forms, copy of high school transcript, and the submission of all other required materials. Therefore, each applicant is advised to be as neat, precise and thorough when completing their application as possible. Priority considerations will be provided to firefighters that are currently employed with a local, county, or state government agency.

Minimum enrollment of 10 students required at least 1 month prior to program start date.

APPLICANT INFORMATION:

Please type or print legibly

Full Name: _____
Last First Middle

Address: _____
Street Address

City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Date of Birth: _____ Age: ____ Social Security Number: _____

U.S. Citizen? Yes _____ No _____

Sex _____ Race _____

Driver's License Number/State
(Attach Photo Copy)

Include a copy of your high school diploma or GED certificate.

Have you ever been convicted of a crime, including misdemeanors? Yes ___ No ___

Applicant must be a citizen of the United States. (Attach copy of Birth Certificate)

Are you currently affiliated with a fire or rescue department? Yes _____ No _____

If so, list department affiliation: _____

Medical

Forms **F1** and **F2** are included in this packet and are to be completed as instructed. Both forms must be signed by a physician and attached to this application.

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for the SCC Fire Academy as may be necessary in arriving at an acceptance to the academy. In the event of acceptance, I understand that false or misleading information given in my application or interview may result in discharge from the academy. I understand that I am required to abide by all policies and procedures of Sandhills Community College.

Student Signature: _____ Date: _____

PERSONAL HISTORY STATEMENT

PERSONAL:

1. NAME: _____ 2. _____
First Middle Last Social Security Number

All Previous Names: _____

Nicknames or Aliases: _____

3. CURRENT MAILING ADDRESS: _____
Street & Number or PO Box # City State Zip Code

4. Phone Number: (____) _____ (____) _____ (____) _____
Home Work Cell

5. Date of Birth: ____/____/____ 6. Place of Birth: _____
Day Month Year (copy of birth certificate required)

7. Citizenship: Born in USA _____ US Naturalized _____ Other - Specify _____
(Documentation required)

NOTE: Data solicited with the next two questions will be utilized for statistical information purposes only.

8. Race: _____ 9. Gender: (Male/Female) _____

10. Have you previously submitted an application for enrollment in the Fire Academy Training program at Sandhills Community College?
Yes No If yes, when: _____

11. Indicate below the schools you have attended. (include incomplete courses)

	Name of School - Address with City and State	Dates Attended From - To (Month & Year)	Hours of Credits Received	Degree Attained (type)
High School (copy of diploma required)				
University or College				

12. If you did not graduate from high school, have you passed the General Education Development (GED®) Test?
 YES NO (If YES, copy of GED® is required)

If YES, when and where did you complete the GED®? (Month & Year) _____

Location: _____

13. List all addresses you have lived since your eighteenth (18th) birthday, starting with present address at top:

FROM MO.	YR.	TO MO.	YR.	ADDRESS OF RESIDENCE	CITY, COUNTY & STATE

14. List all the jobs you have held in the last ten years. List your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary or part-time jobs.

Name and Address of Employer				
Date Employed <u>Year</u> <u>Month</u>	Date Separated <u>Year</u> <u>Month</u>	Number of Hours Worked per Week.	Duties:	
Reason for Leaving:				

Name and Address of Employer				
Date Employed <u>Year</u> <u>Month</u>	Date Separated <u>Year</u> <u>Month</u>	Number of Hours Worked per Week.	Duties:	
Reason for Leaving:				

Name and Address of Employer			
Date Employed <u>Year</u> <u>Month</u>	Date Separated <u>Year</u> <u>Month</u>	Number of Hours Worked per Week.	Duties:
Reason for Leaving:			

Explain periods of unemployment of three months or more:

15. Were you ever in the U.S. Military Service or any other military organization? YES NO

If NO, you may skip to question # 26. Otherwise, answer the following questions.

16. What is your service number? _____

17. What was the highest rank that you held? _____

18. What was the date and location of your first entrance into active duty?

DATE: _____ LOCATION: _____

19. What were your unit assignments in the service?

BRANCH	UNIT (COMPANY OR SHIP)	LOCATION	FROM MONTH YEAR	TO MONTH YEAR

20. What was the date and location of your last discharge from active duty?

DATE: _____ LOCATION: _____

21. Was your last discharge honorable? YES NO

If NO, explain the type of discharge you received and the circumstances warranting this discharge.

22. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

23. Can you operate a motor vehicle? YES NO

24. Do you currently possess a valid motor vehicle operator's license? YES NO

State Issued: _____ Date Issued: _____ License Number: _____

25. Briefly explain why you want to work in the fire service:

I, (PRINT NAME) _____, do, herewith, attest that I have read and answered the questions above with complete understanding and honesty. I further acknowledge and understand that any information omitted or found to be untrue can be cause for denial of entry to, or immediate removal from the Fire Academy Training program at Sandhills Community College.

Signature: _____ Date: _____



MEDICAL HISTORY STATEMENT

PAYMENT FOR SERVICES RENDERED IS THE RESPONSIBILITY OF THE INDIVIDUAL

INSTRUCTIONS:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the school director.

DATE: _____

NAME _____ DATE OF BIRTH _____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE # _____ SS # _____ - _____ - _____

CURRENT MEDICATIONS

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

ALLERGIES

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

FAMILY HISTORY

Have any of your parents, brothers, or sisters suffered from: [check all that apply]

- Diabetes? Arthritis?
 Heart problems? High blood pressure?
 Neurologic or psychological problems? (Seizures, depression, schizophrenia, etc.)

(Continued)

PAST MEDICAL HISTORY

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntingtons chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Menieres disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud=s disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohns disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued)

MALES ONLY:

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

FEMALES ONLY:

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

IMMUNIZATIONS

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations?
- 23. When did you receive your last tetanus (lockjaw) immunization?

OCCUPATIONAL HISTORY

Have you ever been exposed to any of the following, whether at home, work, military or any other setting?
[check all that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all **YES** answers:

- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functional joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in law enforcement?
- 33a. If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?
- 34a. If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued)

EXPLANATION OF ANY YES ANSWERS: (Identify by number)

Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.

PENALTY:

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

QUALIFIED MEDICAL PROFESSIONAL REVIEW:

Signature of Qualified Medical Professional
(Use Ink)

Date Reviewed

Name, Title and Address of qualified medical professional completing review – **PLEASE TYPE.**



MEDICAL EXAMINATION REPORT

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.

PAYMENT FOR SERVICES RENDERED IS THE RESPONSIBILITY OF THE INDIVIDUAL

INSTRUCTIONS:

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the school director.

DATE: _____ SOCIAL SECURITY # _____ - _____ - _____

NAME: _____ DATE OF BIRTH _____
Last First Middle

EMPLOYING AGENCY: _____

Height: _____ Weight: _____

VISION

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

Color Perception: " Normal " Abnormal: _____

Peripheral Vision: " Normal " Abnormal: _____

HEARING

Hearing Acuity: " - Audiogram - or - " 15' whispered conversation (check one)

Right ear: " - Normal " - Abnormal: _____

Left Ear: " - Normal " - Abnormal: _____

(Continued)

CARDIOVASCULAR

Blood Pressure: _____

Resting Pulse: _____

Cardiac Examination: - Normal - Abnormal: _____

Peripheral Circulation: - Normal - Abnormal: _____

ECG: - Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

ABNORMAL FINDINGS

HEENT: _____

LUNGS: _____

ABDOMEN: _____

MUSCULOSKELETAL: _____

GENITOURINARY: _____

NEUROLOGICAL: _____

SKIN: _____

URINALYSIS - Normal - Abnormal: _____

TB SKIN TEST Millimeters of Induration _____

Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?

- No - Yes:

Do you have any reservations about this candidate's ability to physically perform required duties?

- No - Yes:

Signature of Qualified Medical Professional

Date

Name and Address of Qualified Medical Professional

PLEASE TYPE