



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 Materials Ops 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 coordinator 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 Hannah Butner at Sandhills Community College. The packet may be delivered to Sandhills Community College in person or mailed to Sandhills Community College, Attention: Hannah Butner at 3395 Airport Road, Pinehurst, NC 28374.

THE ENTIRE PACKET MUST BE COMPLETED

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

Richard Allred 910.695.3774, allredri@sandhills.edu or,
Hannah Butner 910.695.3776, butnerh@sandhills.edu

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

Sincerely,

Hannah Butner

Coordinator, Public Support Operations
Sandhills Community College



Fire Academy

ESTIMATE OF EXPENSES

1. Tuition cost plus tech fees for the Fire Academy:	
Firefighter I & II and HazMat Materials Ops	\$185.00*
Firefighter Supplemental (Moodle class)	\$130.00*
Rapid Intervention Crew	\$75.00*
Technical Rescuer	\$185.00*
EMT-Basic	\$185.00*
EMT Clinical fee	<u>\$180.00</u>
	\$940.00

***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 Hannah Butner for more information.**

2. Textbooks:
- BU-NC Vol Firefighter w/HM & First Aid Bundle*
ISBN-13: 9781284207552
Approximately \$125.00
 - Emergency Care, 14th Edition*
ISBN-13: 9780135379134
Approximately \$150.00

3. Student Activity Fee = \$2.50

4. Fire Academy Uniforms* & PT Gear = \$200.00

*You are responsible for purchasing pants and shoes that meet provided guidelines.

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
3. Photocopy of your birth certificate (a hospital birth certificate is not valid)
4. Photocopy of your High school diploma or equivalent (GED, HiSet, etc)
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



Student Information

Full Name: _____ Date: _____
Last First M.I.

Nickname or Aliases: _____ Student Id#: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Previous Address if at above address less than 5 years:

Street Address Apartment/Unit #

City State ZIP Code

Phone: Home: _____ Cell: _____ Business: _____

Email (REQUIRED): _____

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

Gender: ☐ M ☐ F Race: ☐ American/Alaska Native ☐ Asian ☐ Black/African American ☐ White
☐ Hispanic/Latino ☐ Hawaiian/Pacific Islander

US Citizen? ___ Yes ___ No Driver's License Number/State: _____

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

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

If yes, list department affiliation: _____

Application must include the following documents:

- ___ Copy of your high school diploma **or** equivalent (GED, HiSET...)
- ___ Copy of your birth certificate
- ___ Copy of your driver's license
- ___ Completed Personal History Statement
- ___ Completed Medical History Statement (must be signed by a qualified medical professional)
- ___ Completed Medical Examination Report (must be signed by a qualified medical professional)

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.

Signature: _____ Date: _____

Personal History Statement

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

I am applying for the (please circle one): January Academy July Academy

Education

Highest Level of Education*: ☐ High School Diploma ☐ GED or HiSet Diploma ☐ Adult HS
☐ One Year Vocational Diploma ☐ Associate Degree ☐ Bachelor's Degree
☐ Master's Degree or Higher

***Minimum of High School diploma or High School Equivalency required for certification.**

Indicate below the schools you have attended. Include completed and incomplete courses.

	Name of School and Location (City and State)	Dates Attended From – To (Month & Year)	Hours of Credits Received	Type of Degree Attained
High School				
University or College				

Employment

Current Employment Status:

☐ Full-Time ☐ Part-Time ☐ Retired ☐ Unemployed (not seeking) ☐ Unemployed (seeking)

List all the jobs you have held in the last ten years. List your present or most recent job first.

Name and Address of Employer: _____

Number of Hours Worked per Week: _____ Dates Employed: Month/Year____/____ to Month/Year ____/____

Duties:_____

Reason for Leaving:_____

Name and Address of Employer: _____

Number of Hours Worked per Week: _____ Dates Employed: Month/Year____/____ to Month/Year ____/____

Duties:_____

Reason for Leaving:_____

Name and Address of Employer: _____

Number of Hours Worked per Week: _____ Dates Employed: Month/Year____/____ to Month/Year ____/____

Duties:_____

Reason for Leaving:_____

Name and Address of Employer: _____

Number of Hours Worked per Week: _____ Dates Employed: Month/Year____/____ to Month/Year ____/____

Duties:_____

Reason for Leaving:_____

Name and Address of Employer: _____

Number of Hours Worked per Week: _____ Dates Employed: Month/Year____/____ to Month/Year ____/____

Duties:_____

Reason for Leaving:_____

Explain periods of unemployment of three months or more:

Military Service

List all unit assignments you have held in the last ten years. Start with the most recent first.

Branch:	Unit:	Dates of Service: Month/Year ____/____ to Month/Year ____/____
Location: _____ Highest Rank achieved: _____		
Reason for Leaving: _____		

Branch:	Unit:	Dates of Service: Month/Year ____/____ to Month/Year ____/____
Location: _____ Highest Rank achieved: _____		
Reason for Leaving: _____		

Branch:	Unit:	Dates of Service: Month/Year ____/____ to Month/Year ____/____
Location: _____ Highest Rank achieved: _____		
Reason for Leaving: _____		

Branch:	Unit:	Dates of Service: Month/Year ____/____ to Month/Year ____/____
Location: _____ Highest Rank achieved: _____		
Reason for Leaving: _____		

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Disclaimer and Signature

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 coordinator.

DATE: _____

NAME: _____ DATE OF BIRTH: _____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ SOCIAL SECURITY #: _____ - _____ - _____

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]

- | | |
|--|---|
| <input type="checkbox"/> Diabetes? | <input type="checkbox"/> Arthritis? |
| <input type="checkbox"/> Heart problems? | <input type="checkbox"/> High blood pressure? |
| <input type="checkbox"/> Neurologic or psychological problems? (Seizures, depression, schizophrenia, etc.) | |

(Continued)

PAST MEDICAL HISTORY

List ALL hospitalizations and operations since childhood:

Hospitalization/Type of Surgery	Date	Complications/Other Significant Information

Have you ever 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?

MALES ONLY:

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

(Continued)

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)?

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.

Question#	Explanation

PENALTY:

Any falsification, withholding or failure to answer all questions completely and accurately may be cause for denial of entry to, or immediate removal from the Fire Academy Training Program at Sandhills Community College.

Signature of Applicant

Date**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 school coordinator must retain the original or a copy of this report in personnel files.

DATE: _____

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH _____

NAME: _____
Last First Middle

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: _____

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)

(Continued)

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

If yes, please explain:

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

Firefighter duties may include but are not limited to heavy work requiring the employee to exert up to 100 pounds of force occasionally and less force frequently to move objects. Physical activity related to this position may include climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, and repetitive motions. Sufficient visual acuity is required to operate machinery and perform skilled tasks of a non-repetitive nature. An employee in this position will be exposed to indoor and outdoor environmental conditions including extreme heat and cold; subject to hazards including exposure to working mechanical parts, electrical currents, and exposure to chemicals; subject to fumes, odors, dusts, mists, gases, or poor ventilation; subject to exposure to oils and cutting fluids; required to wear a respirator; and may be subject to frequently working in close quarters.

☐ No ☐ Yes

If yes, please explain:

Signature of Qualified Medical Professional

Date

Name and Address of Qualified Medical Professional

Uniform Information

Your Uniform and PT Gear package is \$200.00 and includes:

2 Polo Shirts, 1 Job Shirt, 3 T-Shirts, and 2 Shorts. **Optional hat or toboggan.**

You will be required to wear your Fire Academy T-Shirt and uniform pants daily. You are responsible for purchasing navy tactical gear pants (see links below). The Polo shirt will be worn periodically as directed by your instructor. During colder months, you will be required to wear your job shirt as opposed to a personal coat. Additionally, you are required to purchase and wear daily black socks and black boots (polishable, non-steel toe).

Additional items must be paid for prior to the first day of class.

Please indicate your sizes and if you would like additional items:

Sizes (S, M, L, XL, 2XL) _____ Polo, _____ T-Shirt, _____ Job Shirt, _____ Shorts

	Size Format	Estimated Cost	# of extra items	Amount Due
T-Shirt	(S-XL)/ (2XL)	\$10.00/\$13.00		
Job Shirt	(S-XL)/ (4X)	\$31.00/\$37.00		
Polo	(S-XL)/ (2XL)	\$32.00/\$33.00		
Shorts	(S-XL)/ (2XL)	\$25.00/\$27.00		
Hat	One Size	\$17.00		
Toboggan	One Size	\$9.00		
		Subtotal		
		Tax (x .07)		
		Total		\$

Link to female pants:

https://www.amazon.com/5-11-Womens-TACLITE-Tactical-Regular/dp/B002VZYRIS/ref=sr_1_5?dchild=1&keywords=navy+blue+tactical+pants+ems&qid=1635365489&qsid=134-7612865-9214646&sr=8-5&sres=B002VZYRIS%2CB001LZ43AQ%2CB004DSVH5C%2CB077XNHZKL%2CB074Z5CN48%2CB01M2Y2452%2CB003U5HJ1A%2CB001V2QZ3C%2CB00CLBI5U8%2CB00D077OLI%2CB001VIN1NI%2CB07BHBG761%2CB004UOHS0%2CB07BWWZRH9%2CB077XNNWNH%2CB01CF3NTK2%2CB004DT0MO8%2CB01M4JZ3VO%2CB002JGQO1W%2CB06XS49G5S&srpt=PANTS

Link to male pants:

https://www.amazon.com/5-11-Taclite-Tactical-74273-34Wx30L/dp/B001LZ43AQ/ref=sr_1_6?dchild=1&keywords=navy+blue+tactical+pants+ems&qid=1635365489&qsid=134-7612865-9214646&sr=8-6&sres=B002VZYRIS%2CB001LZ43AQ%2CB004DSVH5C%2CB077XNHZKL%2CB074Z5CN48%2CB01M2Y2452%2CB003U5HJ1A%2CB001V2QZ3C%2CB00CLBI5U8%2CB00D077OLI%2CB001VIN1NI%2CB07BHBG761%2CB004UOHS0%2CB07BWWZRH9%2CB077XNNWNH%2CB01CF3NTK2%2CB004DT0MO8%2CB01M4JZ3VO%2CB002JGQO1W%2CB06XS49G5S&srpt=PANTS

Name: _____

Phone #: _____