



444 Appleyard Drive  
Tallahassee, Florida 32304-2895  
850.201.6200 | [www.tcc.fl.edu](http://www.tcc.fl.edu)

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## Recruit Application Fire Academy

**Applicant Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

\_\_\_\_\_

**Daytime telephone:** \_\_\_\_\_

**Desired Class:** \_\_\_\_\_ Fire Fighter I & II Minimum Standards

### FOR ACADEMY USE ONLY

**Date Received:** \_\_\_\_\_

**Oral Board Date:** \_\_\_\_\_ **Oral Board Recommendation:** Y N

**Class Start Date:** \_\_\_\_\_ **Application Fee Received:** Y N

**FIRE ACADEMY**  
**TALLAHASSEE COMMUNITY COLLEGE**

**DECLARATION FORM**

All statements and information given in this application are true to the best of my knowledge. In the event that I am admitted to the Academy, I understand that any information found to be omitted or incorrect on any portion of my application may constitute grounds for dismissal and forfeiture of payment for tuition and fees.

By my signature below, I hereby authorize the Tallahassee Community College to conduct such investigations as are necessary to determine the accuracy and completeness of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_, who in my presence,  
(Name)

Signed the above document on \_\_\_\_\_.  
(Date)

The applicant produced the following identification \_\_\_\_\_ or is personally  
known by me. (Type of Identification)

Notary's Name: \_\_\_\_\_

Notary's Signature: \_\_\_\_\_

SEAL

Date: \_\_\_\_\_

## APPLICATION CHECKLIST

1. The following items **must** accompany your application at the time you submit it.

\_\_\_\_\_ Declaration Form (included in this packet)

\_\_\_\_\_ Copy of Drivers License

\_\_\_\_\_ TABE or CPT (College Placement Test) is required along with an official high school transcript/GED or provide official college transcript showing proof that you have satisfied the requirements for taking College level English and Math.

\_\_\_\_\_ Copy of Social Security Card

\_\_\_\_\_ Copy of Immunization Record (Standard MMR if under 40 years of age) if born on or before 1/1/1957

\_\_\_\_\_ Completed Medical form DI4-1022

**ADMISSIONS OFFICE  
FIRE ACADEMY/ATTN: FIRE COORDINATOR  
75 COLLEGE DRIVE, STE 203  
HAVANA, FL 32333**



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## FIRE ACADEMY /TALLAHASSEE COMMUNITY COLLEGE

### INFORMATION RELEASE FORM

Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

To Whom It May Concern:

I am an applicant for admission to the Fire Academy in a training program.

In order for the Fire Academy (Academy) to conduct a comprehensive investigation prior to my admission it may be necessary for certain information that might otherwise be confidential to be released to them. Further, I hereby acknowledge that if I am accepted for admission it may also become necessary for the Academy to conduct an investigation of me during my Academy class.

This release authorizes disclosure of records including, but not limited to, education records, medical records, employment records and credit records to representatives of the Academy at any time prior to the scheduled graduation date of my class from the Academy.

By copy of this form, I hereby authorize the release (including duplication of records) to representatives of the Fire Academy of any and all records concerning me you may hold.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## APPLICATION FOR FIREFIGHTER I & II PERSONAL HISTORY

Please print neatly in black ink or type.

1. Full Name: \_\_\_\_\_  
Last First Middle
2. Have you ever had your name changed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered "Yes" to question #2, indicate as follows:
  - A. Previous Name: \_\_\_\_\_
  - B. Date and location of change: \_\_\_\_\_
  - C. Reason for change: \_\_\_\_\_
3. Present address: \_\_\_\_\_  
Street, P.O. Box  
\_\_\_\_\_  
City State Zip
4. Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Other: \_\_\_\_\_
5. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_
6. Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_
7. Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_
8. Are you currently: Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Single: \_\_\_\_\_
9. Full name of spouse \_\_\_\_\_  
Last First Middle
10. Name of person(s) to notify in the case of emergency:
  1. \_\_\_\_\_  
Name Relationship Home Phone Work Phone
  2. \_\_\_\_\_  
Name Relationship Home Phone Work Phone

11. List below any current or previous family member who was employed as a Fire Fighter:

A. \_\_\_\_\_  
Name            Relationship            Agency            Home Phone            Work Phone

B. \_\_\_\_\_  
Name            Relationship            Agency            Home Phone            Work Phone

**CITIZENSHIP INFORMATION**

1. Are you a citizen of the United States?    \_\_\_\_\_ Yes    \_\_\_\_\_ No
2. Naturalization: Date: \_\_\_\_\_ Location: \_\_\_\_\_ Number: \_\_\_\_\_

**CERTIFICATION REFERENCE INFORMATION**

1. Are you presently certified or have you ever been certified as a Fire Fighter?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date certified: \_\_\_\_\_ State: \_\_\_\_\_
2. If not presently working as a fire fighter, date last worked as such:  
Date: \_\_\_\_\_ Agency Name: \_\_\_\_\_
3. Number of years and months experience as a fire fighter:  
Years: \_\_\_\_\_ Months: \_\_\_\_\_

**EDUCATION**

1. Do you have a college or university degree? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Please circle degree:    AA/AS            BA/BS            MA            PhD
3. Number of semester hours: \_\_\_\_\_ Quarter hours: \_\_\_\_\_
4. Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**FIRE FIGHTER EXPERIENCE**

Agency	Phone Number	Rank	Date Employed	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMPLOYMENT REFERENCES OTHER THAN  
FIRE FIGHTER EXPERIENCE**

List chronologically the last two employers, including part-time:

1. \_\_\_\_\_

Name of Employer	Dates Employed (From/To)	Position Held
Address	City	State
Name of Supervisor	Telephone Number	Reason for Leaving

2. \_\_\_\_\_

Name of Employer	Dates Employed (From/To)	Position Held
Address	City	State
Name of Supervisor	Telephone Number	Reason for Leaving

Have you ever applied for a position with or been sponsored into basic training by any fire service agency?  
If yes, please list below:

Agency	Date
Agency	Date

**COURT RECORD**

1. Have you been given a traffic ticket within the past five- (5) years? Any civil infractions?

\_\_\_\_\_ Yes \_\_\_\_\_ No if yes, please list:

Date	Place	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____







**DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE STANDARDS AND TRAINING  
MEDICAL EXAMINATION**

Per FS633.34, as of July 1, 2005 the medical examination needs to be completed by a physician, surgeon, or physician assistant per ch. 458; or an osteopathic physician, surgeon, or physician assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

The examining medical professional needs to be aware of the type of physical activities the student will be performing during firefighting training. The examination should reveal any condition or deficiency which would interfere with the performance of described activities. **Of major concern is if the safety or health of the student would be compromised by permitting him/her to engage in the described training due to any pre-existing or current medical condition, injury, illness or deficiency revealed during the medical examination.**

**ESSENTIAL FIREFIGHTING FUNCTIONS WHICH STUDENTS ARE EXPECTED TO PERFORM, ARE:**

Wear personal protective equipment that weighs approximately 50 pounds while performing firefighting tasks which would include the lifting, carrying, and raising of heavy ground ladders, using heavy equipment and tools to perform forcible entry or vehicle extrication, working with heavy hose lines that have considerable reaction.

Perform the tasks described in above item and other physically demanding work while wearing positive pressure breathing equipment with 1.5 inches of water column resistance to exhalation at a flow of 40 liters per minute.

Work for long periods of time, requiring sustained physical activity and intense concentration.

Make rapid transitions from rest to near maximal exertion without warm-up periods.

Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (400°f) humid (100%)

atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.

Perform a variety of tasks on slippery, hazardous surfaces, such as rooftops or from ladders.

Rely on senses of sight, hearing, smell and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.

**THIS FORM IS TO BE FILLED IN BY THE EXAMINING  
PHYSICIAN (PLEASE PRINT)**

Firefighter  
Applicant  
Name: \_\_\_\_\_

Last                      First                      M.I.

SS# \_\_\_\_\_ Height \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_\_ lbs.

Far visual acuity uncorrected - binocular 20/\_\_\_\_\_

Far visual acuity corrected – binocular 20/\_\_\_\_\_

Correction accomplished  
utilizing: (circle one) Hard contacts - soft contacts - spectacles

Peripheral vision: Degree of visual field performance in the horizontal meridian without correction.

left eye \_\_\_\_\_ right eye \_\_\_\_\_

Blood pressure reading: systolic \_\_\_\_\_; diastolic \_\_\_\_\_



**DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE STANDARDS AND TRAINING  
MEDICAL EXAMINATION**

Clinical evaluation of 12 lead EKG:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUDITORY-HEARING DEFICIT IN THE PURE TONE THRESHOLDS AS INDICATED:**

	Left ear	Right ear
0500 Hz	_____dB	_____dB
1000 Hz	_____dB	_____dB
2000 Hz	_____dB	_____dB
3000 Hz	_____dB	_____dB

**Please check whether each of the following systems are normal (N) or abnormal (AB):**

1. Dermatological system
2. Ears, eyes, nose, mouth, throat
3. Cardiovascular system
4. Respiratory system
5. Gastrointestinal system
6. Genitourinary system
7. Endocrine and metabolic systems
8. Musculoskeletal system
9. Neurological system

N	AB

If there are any abnormalities noted during the examination or EKG, a written clarification of the extent and type of abnormality must accompany the medical examination. It is in the best interest of the student that the examining physician carefully note all abnormalities which might predispose

the student to injury or aggravation of the condition because of the nature of the tasks required of a firefighter student.

**COMMENT ON ABNORMALITIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Based on the results of this medical evaluation, the student is / is not medically fit to engage in firefighter training. please circle**

Per Florida statute 633.34 Firefighters; qualifications for employment: (5) Be in good physical condition as determined by a medical examination given by a physician or surgeon licensed to practice in the state pursuant to chapter 458, or an osteopathic physician or surgeon licensed to practice in the state pursuant to chapter 459. Such examination may include, but need not be limited to, provisions of the National Fire Protection Association Standard 1582.

Physician Information

Name (print or type) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ telephone number \_\_\_\_\_

office address: \_\_\_\_\_

\_\_\_\_\_