Welcome
Thank you for your interest in enrolling in Central Carolina Community College’s Firefighter Academy. The purpose of this packet is to inform you of the requirements and steps you need to take to enroll in the program. If at any time you have questions about the program or requirements, please call Hampton Williams at the number provided above.
Please read this packet in its entirety before completing the application forms.

Enrollment Steps
✓ Review this packet. It will provide you with important enrollment information and program requirements.
✓ Complete the Fire Academy Application.
✓ Schedule and Take a TABE Test
✓ Submit a Medical Examination Report with Medical History and Release of Liability Paperwork.
✓ Be in sufficient physical condition to pass the Physical Requirements Test.
✓ Submit a Letter of Membership with Fire Department Affiliation to have fees waived or make a payment to complete your registration and secure your seat in class.

About the Program & Schedule
1. Our program is a 6 month program consisting of around 600 hours of fire specific training and 250 hours of technical rescue training. An EMT course is offered following the fire academy which is an additional 320 hrs.
2. This is a full-time class meeting 8:00 a.m. – 5:00 p.m. Monday through Thursday and 8:00 a.m. – 3:00 p.m. on Friday.
3. Academy graduates may receive the following credentials:
   a. Firefighter/HAZMAT Level One Responder- Hazardous material FIP-3000
   b. Technical Rescuer FIP-6500
   c. Technical Rescue/vehicle Rescue FIP-5710
   d. Emergency Vehicle Driver FIP-3601
   e. Incident Command System NIMS 100/200/700/800
   f. NC Rapid Intervention Crew FIP-6409

Costs
1. Tuition is $695 unless tuition exempt.
2. Accident insurance $1.10. This fee cannot be waived.
3. Uniforms are approximately $300 depending on size and number purchased.

Pre-requisites
1. Students must have either a high school diploma, high school equivalency diploma (GED) or provide college transcripts.
2. Students must complete a reading, TABE placement exam. Call 919-777-7776 to schedule your placement test.
**Textbook**

**Physical Requirements**
Students should be in proper physical shape and able to complete the following prior to the start of class:
1. Run 1.5 mile in under 15 minutes
2. Complete 25 pushups within one minute
3. Complete 25 sit-ups within one minute
4. Climb four flights of stairs carrying a pack weighing approximately 40 pounds
5. Hoist a 50’ section of fire hose approximately ten feet.
6. Climb a 35 foot ladder.
7. Carry two gas powered chain saws 150 feet.
8. Advance a charged hose line 75 feet.
9. Drag a 165 pound mannequin 75 feet.
Checklist of Documentation Needed Prior to Enrollment

☐ Firefighter Academy Application
☐ Copy of High School Diploma, ☐ High School Equivalency (GED), or ☐ College Transcript
☐ Letter of Verification of Membership/Department Affiliation
☐ Medical History Statement
☐ Medical Examination Report
☐ Accuplacer Test and/or ☐ TABE scores
☐ Release of Liability Form (includes physical requirements acknowledgment)
☐ Signed Policies, Rules and Regulation Letter (Form is included in the Firefighter Academy Handbook)

Once you have provided all required documentation, you will finalize your enrollment by paying for your class. If you are eligible for a public safety fee waiver, you will still be required to pay the accident insurance fee at the beginning of each course/semester. **You are officially registered when all documentation is received and payment is made. Payments can be made in person at the Emergency Services Training Center, 3000 Airport Road, Sanford, NC.**

Return documents electronically to:
Central Carolina Community College
Attn: Hampton Williams
Email: hwilliams@cccc.edu
Fax: 919-777-7769

Hand Deliver to:
Emergency Services Training Center
3000 Airport Road, Sanford, NC, 27332

Mail to:
Central Carolina Community College
Attn: ESTC – Fire Academy Enrollment
1105 Kelly Drive
Sanford, NC 27330
TO: Fire/Rescue Coordinator  
Central Carolina Community College

Please admit the individual named below to Central Carolina Community College’s Firefighter Academy under membership of the below names fire service agency.

By requesting the admission of this individual, I attest that I am aware of nothing in this person’s character or reputation that would bring discredit upon my agency, fire service, or Central Carolina Community College.

***In addition to this form, I am also enclosing a letter of membership written on our agency letterhead for registration purposes.

Officer Signature: ___________________________  Date: ___________________________

Agency: ___________________________  Phone Number: ___________________________

Print Full Name of Student: ___________________________

Student Signature: ___________________________  Date: ___________________________

Return documents electronically to:
Central Carolina Community College  
Attn: Hampton Williams  
Email: hwilliams@cccc.edu  
Fax: 919-777-7769

Hand Deliver to:
Emergency Services Training Center  
3000 Airport Road, Sanford, NC, 27332

Mail to:
Central Carolina Community College  
Attn: ESTC – Fire Academy Enrollment  
1105 Kelly Drive  
Sanford, NC 27330
Please print legibly or type:

I. Applicant Personal Information

Name ________________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Preferred Name</th>
</tr>
</thead>
</table>

Address: ______________________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

Telephone: __________________________ (Home) __________________________ (Work) __________________________ (Cell)

E-mail: ________________________________________________________________

Are you 18 years or older: ________ Date of Birth: ____________________________

How did you learn about the Firefighter Academy? ________________________________________________________________

II. Educational Experience

High School ______________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>County</th>
<th>State</th>
</tr>
</thead>
</table>

Years Completed: ________

Technical School / College __________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

Course Major __________________________ Degree __________________________ Years

College / University _______________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

Course Major __________________________ Degree __________________________ Years

Graduate / Professional School ______________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

Are you currently affiliated with a fire or rescue department? ____________

If yes, list Department Affiliation: __________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>City/Town</th>
<th>State</th>
</tr>
</thead>
</table>

List other course, workshops, and educational experience which relate to firefighting: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
III. References

Name: ________________________________ Relation: ____________ Phone#__________
Name: ________________________________ Relation: ____________ Phone#__________
Name: ________________________________ Relation: ____________ Phone#__________

I certify that the answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for the CCCC Firefighter Academy as may be necessary in arriving at an acceptance to the Academy. In the event of acceptance to the Academy, I understand that false or misleading information given in my application or interview(s) may result in discharge from the Academy. I understand, also, that I am required to abide by all policies and procedures of Central Carolina Community College. Entrance to the Firefighter Academy will be contingent upon satisfactory completion of a Test of Adult Basic Education (TABE) test. I also authorize the use of any photos or other media that may be taken during the Academy for the use of advertising the Firefighter Academy now and in the future.

_________________________________ ______________________
Signature                                                             Date

Equal Opportunity Information
State and Federal regulations prohibit discrimination based on race, sex, color, age, or handicap. The information requested below will in no way affect you as an applicant; its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

* Your application for the Academy is NOT considered complete unless this form is filled out.

Date of Birth ___________________ SEX_________________
Ethnic Group
_____ White
_____ African – American
_____ American Indian (Including Alaskan Native)
_____ Hispanic
_____ Asian
_____ Other (Please explain________________________)

______________________________________________________

Before Submitting Your Application Please Check to See that You Have:

1. List your ZIP code correctly.
2. Completed section for equal opportunity information.
3. Given complete information on your education.
4. Signed and dated your application.
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: ______________________

ADDRESS:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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

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, Huntington’s 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?
☐ 6. EAR PROBLEMS: such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere’s 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, Crohn’s 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?

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. Must provide records of Hepatitis B vaccination, TB screening (PPD), Measles & Mumps (MMR) and Tetanus (TDAP)
☐ 22. Must have proof of titers for vaccinations more than 10 years old.

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

Check all YES answers:
☐ 26. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
☐ 27. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
☐ 28. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
☐ 29. Do you have any missing limbs or non-functional joints?
☐ 30. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
☐ 31. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
☐ 32. Have you ever worked in law enforcement?
☐ 32a. If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
☐ 33. Have you ever served in any of the armed forces?
☐ 33a. If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
☐ 34. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
☐ 35. Do you have difficulty sitting for any extended period of time?
☐ 36. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
☐ 37. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
☐ 38. Do you have any difficulty driving at high speeds in a motorized vehicle?
☐ 39. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
☐ 40. Have you ever had any automobile accidents as a result of losing control of your vehicle?
☐ 41. Do you have any difficulty driving for three (3) consecutive hours without stopping?
☐ 42. Do you have any difficulty running for five (5) consecutive minutes without stopping?
☐ 43. 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.

____________________________________________________________________________________________
____________________________________________________________________________________________
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____________________________________________________________________________________________

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  Date Reviewed
(Use Ink)

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: ______________________________

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

(CONTINUED)
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 PRINT)
WHEREAS, the undersigned has applied for acceptance to the Firefighter Academy at Central Carolina Community College; and
WHEREAS, the undersigned acknowledges that a firefighter must be in certain physical condition in order to perform his or her duties; and
WHEREAS, the undersigned acknowledges that he or she may receive certain physical injuries from participating in the Firefighter Academy; and
WHEREAS, In consideration of the Firefighter Academy at Central Carolina Community College considering my application for the Firefighter Academy, I acknowledge that by signing this document, I release Central Carolina Community College and their officers, officials and employees and agents from any liability whatsoever. I agree to hold harmless on behalf of myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest from any and all rights which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with or arising out of my participation in or with the tests used in the firefighter’ selection process; and
WHEREAS, I acknowledge that I will be required to participate in the following physical tests and other practical activities during the firefighter academy (live fire, ladder, scba, hose training etc.); and
1. Run 1.5 mile in under 15 minutes
2. Complete 25 pushups within one minute.
3. Complete 25 sit-ups within one minute.
4. Climb four flights of stairs carrying a pack weighing approximately 40 pounds.
5. Hoist a 50’ section of fire hose approximately ten feet.
6. Climb a 35 foot ladder.
7. Carry two gas powered chain saws 150 feet.
8. Advance a charged hose line 75 feet.
9. Drag a 165 pound mannequin 75 feet.
WHEREAS, the undersigned acknowledges that successfully completing these tests in no way guarantees successful completion of the Firefighter Academy; and
WHEREAS, this release form has legal consequences; I have read it carefully before signing it.

Signature______________________________________________Date_________

This section to be completed by a Notary Public

I, ______________________________________________________, a Notary Public for the State of ___________________________________, County of ___________________________________, do hereby certify that ___________________________________________________________ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____________ day of _________, 20___.

Notary Public_____________________________ My Commission Expires: ___________________  
(Official Seal)
Central Carolina Community College
Fire Academy

Fire Academy Policies, Rules and Regulations

I, _________________________________, acknowledge that I have read, understand, and agree to the rules and regulations set forth in my Recruit Guide.

________________________________________________________
Name (print)                                                  Signature                                                  Date

________________________________________________________
School Director/QA                                           Date