



Fire Academy

Application Packet

**All materials due by 5:00 pm on Wednesday
March 1, 2017**

Director of Fire / Rescue Training
Kameron Buchanan

Dean of Public Safety
Curtis Dowdle

Jerry Sutton Public Safety Training Center
225 Industrial Park Loop
Franklin, NC 28734
(828)306-7045

Fire Academy Information

The staff of the Southwestern Community College – Public Safety Training Center (SCCPSTC) appreciates your interest in both our program and the exciting field of fire services. As you may already know, the dangers and demands of the fire service require those entering the profession to be disciplined, motivated, and well-trained so that safety and effectiveness are conducive to meeting the challenges of the profession. Thank You for applying for this unique program.

The intent of this letter is to outline the application process for the SCC-PSTC Fire Academy.

Prerequisites for Admission:

- Applicant must be 18 years of age by December 31, 2016.
- Applicant must furnish a copy of a high school diploma, GED or equivalent.
- Applicant must furnish a completed Application for Certification with Chief's Signature
- Applicant **must** be a member or employee of a N.C. Fire / Rescue department-each affiliated applicant must be **sponsored** by a fire department to participate in the academy.
- Applicant must successfully pass a reading competency exam with a minimum of a 10th grade reading Level.
- **Application packet materials must be submitted by 5:00 pm on Thursday March 1, 2017**

Academy Approval:

- After the Fire Academy application, Medical evaluation form, and Reading competency test are complete, the Applications Committee will perform a final review of all applications and make recommendations of acceptance. Recruits will be notified by telephone and/or mail of acceptance. Those not selected for the fire academy will be notified likewise.
- Recruits will need to complete the uniform order in the application packet so that uniforms can be ordered. Recruits will have uniforms by the end of the first week of the academy.
- A mandatory orientation session will be held on the first day of class that covers the expectations of the program.
- Candidates who successfully complete the Academy will be required to attend a graduation session where graduates will walk and be presented a graduation certificate. This is open for all department and family members to attend.



Please contact Kameron Buchanan at (828) 306-7045 or email: k_buchanan@southwesterncc.edu if you have any questions concerning this process.

Again, we appreciate your interest in our profession and program. We wish you well in your pursuit of becoming a member of the Southwestern Community College – Public Safety Training Center Fire Academy.

Fire Academy Requirements

Admission to the SCC-PSTC Fire Academy includes:

1. Applicant must be at least 18 years of age on or by December 31, 2016
2. A \$1 fee will be collected for a student badge on the first night of class.
3. Applicant must be a member in good standing of a North Carolina Fire / Rescue Department.
4. Applicant must have a Fire Academy Sponsor form which has been completed by the chief of the applicant's fire department and has been notarized by a current North Carolina Notary Public. This form verifies sponsorship by the applicant's fire department and fire chief and may be revoked by the sponsoring fire chief for behavior detrimental to the fire department and/or the SCC – Public Safety Training Center Fire Academy.
5. Applicant must furnish a copy of high school diploma or equivalent
6. Applicant Must furnish a copy of a Valid North Carolina driver's license
7. Applicant must furnish an Application for Certification signed by Fire Chief
8. Must maintain a minimum class average of 80 on exams, quizzes, and other assignments in order to qualify to set for the Final exam.
9. Students are required to purchase uniform items including a SCC-PSTC Fire Academy polo shirt and 2 SCC-PSTC Fire Academy T-Shirts which are available on the link presented below. Students must wear blue cargo style duty pants, black boots and black belt.
10. Required Text: IFSTA Essentials of Fire Fighting and Fire Department Operations (6th Edition) **ISBN: 0879395214**. It is highly advised that you also purchase the study guide (ISBN 10: 0-87939-287-8) that accompanies this book. Both are available online.
11. There must be a minimum of 10 qualified students to begin the academy. Members of NC fire or rescue departments who are not enrolled in the fire academy may enroll in total of (12) individual classes in the Firefighter curriculum offered during the Fire Academy.



ADA Disclosure

Southwestern Community College (SCC) provides equal access to education for students with documented disabilities and the College is committed to working with students to accommodate their educational development.

Definition of a Disability

The Federal definition of a disability includes a person who (1) has a physical or mental impairment which substantially limits one or more major life activities (2) has a record of such impairment or (3) is regarded as having such impairment. The determination of whether an individual has a disability under ADA is not based upon the name or diagnosis of the impairment, but rather upon the impact of that impairment on the life/learning of the individual.

The decision of whether or not to disclose a disability in post-secondary education is at the discretion, and the responsibility, of the student. Disclosure is only required if accommodations are needed.

If you are a student with a disability, and will be needing accommodations, you are encouraged to call 1.800.447.4091, ext. 4420 and make an appointment with a staff member in the Student Support Services Office. For optimal service, please call this number in a timely manner. You may contact the SSS office anytime during the semester; however, reasonable accommodations are designed AFTER disclosure is made.

All conversations, documentation and records provided will be maintained in a confidential manner as outlined in the Family Rights and Privacy Act (FERPA) of 1974.

If you need assistance with this matter, please contact:
Peter Buck: Student Disability and Academic Engagement Coordinator
pbuck@southwesterncc.edu or by phone at 828.339.4243 OR 1.800.447.4091, ext. 4243

Items Required for Fire Academy (Spring, 2017)



Course Supply Fee Breakdown

Required Text Book: Can be purchased online

IFSTA Essentials of Fire Fighting and Fire Department

Operations (6th Edition) ISBN: 0879395214 _____ ***\$70.00 Plus Tax**

(It is highly recommended that you also purchase

The Study Guide that accompanies this text

ISBN 10: 0-87939-287-8. It is available as a text or on CD, your choice. ***\$50.00 Plus Tax**

Required Uniform Item(s) can be purchased at www.nafeco.com/sccf

- Two (2) SCC-PSTC Fire Academy Uniform Shirt ***\$26.35 ea**
- Two (2) SCC-PSTC Fire Academy Tee Shirts..... ***\$2.99 ea.**
- Two (2) Blue, Cargo Style BDU or EMT Pants ***\$34.03 ea.**
- Two (2) Black running shorts..... ***\$7.50 ea.**
- One (1) Black boots, plain with no contrasting emblems *** Depends on brand**
- One (1) Black Belt, plain with no contrasting emblems..... ***\$13.35 ea.**
- Onw (1) Black ball cap with SCC-PSTC Emblem..... ***\$2.27 ea.**

Optional Uniform Item

- SCC-PSTC Dress Uniform (Recruit may wear department issued dress uniform for graduation.)
- Fleece Jacket

SCC – PSTC Fire Academy

ATTENTION: Kameron Buchanan
225 Industrial Park Loop
Franklin, NC 28734

Firefighter Academy Application

I. Applicant Personal Information

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (_____) - _____ (_____) - _____
(Home) (Work)

Email: _____

Social Security #: _____ - _____ - _____ If not US Citizen Type of Visa: _____

Are you 18 years or older? Yes / No Date of Birth: _____
Month Day Year

Have You Ever had any Felony Convictions Including Traffic Violations: Yes / No
If Yes, what type and date? _____

You must be a member of a Recognized North Carolina Fire Department per
N.C. GS 58-86-25 to be accepted into the SCC-PSTC Firefighter Academy.

Department Name: _____

County: _____

Date Joined: _____ / _____ / _____

Please list other public safety related training you have completed/

_____.

How did you learn about the Firefighter Academy?

_____.

II. Educational Experience

High School: _____ Last Attended _____ (month/year)
Years Completed: (please circle the highest grade completed) 9 10 11 12 GED

Technical School/College: _____
Name _____ Phone _____
Major/Degree: _____ Years completed 1 2 3 4

College / University: _____
Name _____
Phone _____
Major/Degree: _____ Years completed 1 2 3 4

Graduate/Professional School: _____
Name _____ Phone _____
Major/Degree: _____ Years completed 1 2 3 4

List other course, workshops, educational experience, or certifications which relate to
Firefighting: _____

III. Work History

Present or Last Employer: _____ Supervisor: _____
Employer Address: _____ Telephone (____) _____ - _____
Job Title: _____ Dates- From: _____ To: _____
Duties: _____

Present or Last Employer: _____ Supervisor: _____
Employer Address: _____ Telephone (____) _____ - _____
Job Title: _____ Dates- From: _____ To: _____
Duties: _____

Previous Employer: _____ Supervisor: _____
Employer Address: _____ Telephone (____) _____ - _____
Job Title: _____ Dates- From: _____ To: _____
Duties: _____

Other Certifications, Qualifications, & Memberships:

_____.

IV. 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 SCCPSTC 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 Southwestern Community College and the Fire Academy. Entrance to the Firefighter Academy will be contingent upon satisfactory completion of all required forms. I give my permission for review of all these forms by the Application Committee as necessary. 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: _____

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

1. Listed your Social Security Number.
2. Listed your zip code correctly.
3. Given complete information on your education and work history.
4. Signed and dated your application.

_____ SCC -
PSTC Use only: Accepted: _____ Not Accepted: _____ Date: ____/____/____
Initials: _____



Firefighter Academy Fire Department Sponsor Form

Applicant Name (Full, Legal Name-Please Print):

Address: _____

Academy Attending: 2016. Fall

Sponsor Fire Department: _____

Department Address:

Chief _____ Chief's Telephone # (_____) _____ - _____
Please print

I, _____, Chief of the _____
Fire Department in _____ County, North Carolina, do endorse/sponsor

_____ (Applicant Name) in attending the Southwestern Community College Fire Academy. I realize that sponsorship of this individual means that I agree to provide Workers Compensation insurance for the individual listed above. Additionally, I understand that I am responsible for the behavior of this individual and may be contacted at any time during the academy for behavior of this individual that is deemed detrimental to the success of any part of the academy program. Consequently, I realize that deviant behavior will not be tolerated and the individual listed above will be terminated from the program for such. Furthermore, I understand that I can revoke my (department) sponsorship for this individual at any time during the academy which will also result in termination of the student from the program. No refund of any fees will occur if applicant is terminated from the program.

Worker's Compensation Insurance Company: _____

Policy Number: _____

Applicant Signature _____ Date _____

Chief Signature _____ Date _____



NOTARIAL CERTIFICATE FOR ACKNOWLEDGMENT

_____ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Name(s) of principal(s)

Date: _____

(Official Seal)

Official Signature of Notary

_____, Notary
Public Notary's printed or typed name

My commission expires:



2017 Firefighter Academy Application Checklist

In order to complete the admission process to the SCC - PSTC Fire Academy, please make sure the following items are included in your packet and are submitted all inclusive no later than 5:00 P.M. Wednesday, March 1, 2017. Partial application packets WILL NOT be accepted or processed.

- ☐ Notarized Firefighter Academy Application
- ☐ Firefighter Academy Fire Department Sponsor Form
- ☐ Copy of High School Diploma or Equivalency
- ☐ Copy Of Valid Driver's License
- ☐ Application for Certification signed by your Fire Chief
- ☐ Fire Academy Medical Examination Report – Signed by a Physician
- ☐ Fire Academy Medical History Report – Signed by a Physician
- ☐ Back Ground Check Consent Form

Questions please contact:

Kameron Buchanan
SCC-PSTC Director of Fire / Rescue Training
225 Industrial Park Loop
Franklin, NC 28734
828-306-7045

k_buchanan@southwesterncc.edu

Application packet materials MUST be submitted by 5:00 pm Wednesday, March 1, 2017

*North Carolina Fire & Rescue Commission
Department of Insurance*

CERTIFICATION APPLICATION

Please PRINT or TYPE

Applicant's Name: _____

Last 4 Social Security Number: _____ Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Sex: ☐ Male ☐ Female County of Residence: _____

Home Telephone #: (____) _____ Business #: (____) _____

Email address: _____
(Required)

Date of High School Graduation or GED: _____
***Attach a copy of Diploma/GED/HS Transcript mm / yyyy

NC DEPARTMENT AFFILIATIONS

(Department Affiliation information is not required but captured for profile and transcript purposes)

Primary Department Name: _____
(Please list full name of Department)

Secondary Department Name: _____
(If Applicable) (Please list full name of Department)

Do you have a valid Drivers License ____ YES ____ NO

Have you ever been convicted of an offense against the law other than a minor traffic violation?
(A conviction does not mean you cannot be certified. The offense and how recently you were convicted
will be evaluated in relation to the certification for which you are applying.) ____ YES ____ NO
(If yes, explain fully on an additional sheet and attach to application.)

I certify the above information and attached documentation is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return this form and supporting documents by Email, Fax or U.S. Mail to:

North Carolina Fire and Rescue Commission
Attn: Certifications
1202 Mail Service Center
Raleigh, NC 27699-1202
carol.mcdermott@ncdoi.gov
Fax: (919) 662-4670
Toll Free: (800) 634-7854

Revised 4/9/14

DISCLOSURE AND CONSENT FORM FOR STUDENT AND FACULTY BACKGROUND CHECK.

You do not need to attempt to use the site listed below to obtain your own background check. Please submit this form along with your application packet.

Certain participating healthcare sites hosting students and their faculty in clinical rotation require a background check (i. e. Consumer Report) for all students and faculty participating in the clinical rotation program. A designated representative of each clinical site for which you are scheduled for rotation will review the results of your report to determine your eligibility to participate in clinical rotation activities on that site. No Consumer Report will be used in violation of any State or Federal

law. Should any clinical site deny you eligibility to participate in clinical rotation on that site based on information contained in your report, you will be provided a copy of your report at no additional charge from the Consumer Reporting Agency (CRA) that provided the report. This agency will assist you in resolving any information on the report that you feel is in error. The personal information provided by you will be used solely for the purpose of obtaining your student background check. This information and the results of your background check will be kept confidential and secure at all times and will be made available only to the designated representative for each clinical site that requires a student background check.

I hereby authorize that a background check consisting of, and limited to, a criminal record check, sex offender search, and validation of current and previous name and address information relating to me; to be obtained from INTELNET, INC. (contact # 800-979-1739), and that this report be made available for review by the designated representative of any clinical site on which I will be performing clinical rotation as a student that requires a student background check.

Signature: _____ Date: ____/____/____

Printed Name: _____ Phone #:(_____)

The fee for the background check is \$24.50, and can be ordered either (1) online or (2) by mail. To order online, go to www.intellenet.net and click on [ENTER] to bring up login screen, then enter the following codes: Company ID = med net User ID =clinical pwd = 72xtcy97 and double click [Login]. Enter information for Previous 7 years into the form; enter credit card information and click [Submit] button. Note that amount is automatically Set at \$24.50. If no entry errors are found, a Card Processing screen appears. Please verify card information and click [Process] button only once. At this point a charge of \$24.50 to your card will be submitted. If card is accepted, an Application Confirmation screen appears. Click on Print Application in the Confirmation box for a hardcopy of this transaction for your records. **For security of your personal information, you MUST LOGOUT upon completion.**

To order by mail, complete the following section and mail a copy of this form to INTELNET, INC., 22 South Pack Square, Asheville, NC 28801 along with a money order payable to INTELNET in the amount of \$23.00.

DOB: _____ SSN: _____ DLN: _____
State: _____

Enter current name, and any previous names used within the past 7 years:

Current name: _____ Year first used: _____

Previous name: _____ Year first used: _____

Previous name: _____ Year first used: _____

Enter current address, and any previous addresses used within the previous 7 years:

Current: _____
Year residency began: _____

Previous: _____ Year residency began: _____ Previous: _____ Year residency began: _____

NOTE: Upon completion of submission, please indicate date and method, and provide a copy of this form to the college coordinator to be maintained on file. [] Online [] Mail Date Submitted