



## Fire Academy

## Application Packet

**All materials due by 5:00 pm on Monday  
February 23rd, 2015**



Director of Fire / Rescue Training  
Travis Scruggs

Dean of Public Safety  
Curtis Dowdle

225 Industrial Park Loop  
Franklin, NC 28734



## Fire Academy Information

The staff of the Southwestern Community College – Public Safety Training Center (SCC-PSTC) 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, 2015.
- 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 10<sup>th</sup> grade reading Level.
- **Application packet materials must be submitted by 5:00 pm on Monday February 23rd, 2015**

### ***Sponsorship means that the applicant's fire department:***

1) Endorses the applicant to participate in the academy;

### **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 sheet in the application packet so that uniforms can be ordered. Recruits will have uniforms by the end of the first week of the academy.
- The cost of the Textbooks as well as the Students uniforms are covered by the Supply fee paid by the student.
- 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 Travis Scruggs at (828) 306-7045 or email: [t\\_scruggs@southwesterncc.edu](mailto:t_scruggs@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, 2015
2. Applicant must be a member in good standing of a North Carolina Fire / Rescue Department.
3. 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.
4. Applicant must furnish a copy of high school diploma or equivalent
5. Applicant Must furnish a copy of a Valid North Carolina driver's license
6. Applicant must furnish an Application for Certification signed by Fire Chief
7. Must maintain a minimum class average of 80 on exams, quizzes, and other assignments in order to qualify to set for the Final exam.
8. Students are required to purchase uniform items including a SCC-PSTC Fire Academy golf shirt and 2 SCC-PSTC Fire Academy T-Shirts which are available from Reed's uniforms. Students must wear black cargo style duty pants, black boots and black belt. **All of which are included in the students Supply Fee which must be paid before the first day of class.**
9. Required Text: *IFSTA Essentials of Fire Fighting and Fire Department Operations (6th Edition) ISBN: 0135151112*. It is highly advised that you also purchase the study guide (ISBN 10: 0-87939-287-8) that accompanies this book. Both are available at the SCC PSTC.
10. 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, 2015)



## Course Supply Fee Breakdown

### Required Text Book: (Included in Supply Fee)

*IFSTA Essentials of Fire Fighting and Fire Department*

*Operations (6th Edition) ISBN: 0135151112.....\*\$57.00 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) (Included in Supply Fee)

*All uniform items should be ordered through Reed's Uniform Inc.*

-Two (2) SCC-PSTC Fire Academy Uniform Shirt.....\*\$60.00 Plus Tax

-Two (2) SCC-PSTC Fire Academy Tee Shirts (\$14.95 each).....\*\$30.00 Plus Tax

-Two (2) Black, Cargo Style BDU or EMT Pants.....\*\$56.00 Plus Tax

- One (1) Black running shorts and/or sweat suit .....\*\$35.00 Plus Tax

- One (1) Black boots, plain with no contrasting emblems.....\*\$200.00 Plus Tax

- Black ball cap with SCC-PSTC Fire Academy Emblem.....\*\$12.00 Plus tax

Supply Fee Total Cost. \$500.00

### Optional Uniform Item (Paid by the Recruit)

- Running or Tennis shoes for PT/Running

- Black Belt, Leather or Nylon

# SCC – PSTC Fire Academy

ATTENTION: Travis Scruggs  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_

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Other Certifications, Qualifications, & Memberships:

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**IV. References**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone# \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone# \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone# \_\_\_\_\_

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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 SCC-PSTC 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.

**Students Name:** \_\_\_\_\_

***Reed's Uniform Inc.***

***V. Uniform Sizing Information:***

Pant size (Cargo, Black): Waist size \_\_\_\_\_ x Inseam Length \_\_\_\_\_

Golf Shirt Size: \_\_\_\_\_ T Shirt Size \_\_\_\_\_ Boot Size and Width: \_\_\_\_\_

(You must also wear a black leather or web belt. PT gear will include black shorts or sweat pants and appropriate running shoes)

Do you Require Personal Protective Equipment (Turn out Gear) YES / NO  
(SCC can Provide Gear for an Additional \$600.00) **(Included in the \$1,100.00 Supply Fee)** Circle Yes or No

**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: 2015. Spring

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:

\_\_\_\_\_

# Fire Academy

## MEDICAL HISTORY STATEMENT

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  
SOUTHWESTERN COMMUNITY COLLEGE IS NOT RESPONSIBLE  
FOR PAYMENT

### 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 appointing agency.

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security # XXX-XX- \_\_\_\_\_

### CURRENT MEDICATIONS

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

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

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### ALLERGIES

Drug Allergies: (Include your reaction to the mediation)

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

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## PAST MEDICAL HISTORY

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

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

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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 and others?
- \_\_\_\_\_ 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?

(Continued on next page)

**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 on next page)

**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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**-- PLEASE TYPE OR PRINT CLEARLY--**



## 2014 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. Monday, February 23rd, 2015. 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
- ☐ \$500.00 Deposit (Supply & Material Fee)
- ☐ \$600.00 Deposit (Structural Firefighting Bunker Gear) (Equipment can be supplied by the sponsoring Department pending approval from the Fire and Rescue Training Coordinator)

Questions Please contact:

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

[t\\_scruggs@southwesterncc.edu](mailto:t_scruggs@southwesterncc.edu)

**Application packet materials MUST be submitted by 5:00 pm Monday, February 23<sup>rd</sup> 2015**

*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.modermott@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 INTELLENET, 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](http://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 INTELLENET, INC., 22 South Pack Square, Asheville, NC 28801 along with a money order payable to INTELLENET 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