



Brown Emergency Training Center

Cleveland Community College

CLEVELAND COMMUNITY COLLEGE FIRE ACADEMY

The staff of the Cleveland Community College Fire Academy (CCCFA) 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.

The intent of this letter is to outline the application process for the Cleveland Community College Firefighter Academy.

Prerequisites

- Applicant must furnish a copy of a high school diploma or equivalent.
- If Applicant is a member of a fire department, his or her department should sponsor the applicant. Sponsorship means that the applicant's fire department 1) endorses the applicant to participate in the academy 2) provides NFPA-approved structural firefighting gear (**PPE**) if department issued, and 3) shows proof that the applicant is covered by the sponsor fire department's workers compensation insurance. **If you are not a member of a department, please contact us for details on how to be admitted.**
- If applicant is requesting housing, the applicant must provide a criminal records background check from the county in which the applicant resides. This check sheet must be consistent with the current year of application to the academy.

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Academy Approval

- After the application process is complete, the Applications Committee will perform a final review of all applications and make recommendations of acceptance. Recruits will be notified by phone, mail or both. Applicants not accepted will be notified by mail.
- Once accepted, 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.
- Textbooks will be provided as a part of the student materials fee of \$176.30.
- Recruits needing housing during the academy will be notified of the residency arrangements prior to the start of the academy (usually during the orientation session).
- A mandatory orientation session will be held on the first day of the Academy 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 Roberta Van Dyke at (704) 669-4193 or email: van_dyker@clevelandcc.edu or firefighteracademy@clevelandcc.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 being part of the Cleveland Community College Firefighter Academy.

Thanks for applying!

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Cleveland Community College Fire Academy

ATTENTION: Roberta Van Dyke

137 South Post Rd

Shelby, NC 28152

704-669-4193

van_dyker@clevelandcc.edu

Firefighter Academy Application

I. Applicant Personal Information

Name: Last _____ First _____ Middle _____

Address: _____ Zip Code: _____

Telephone: (Cell) _____ (Work) _____

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

Email Address: _____

Are you 18 years or older: Yes / No Date of Birth: _____

Race/Ethnicity: White Black American Indian Hispanic Asian/Pacific Islander

Other: _____

Sex: (circle one) Male Female

Employment Status: Employed Full Time
Employed Part Time
Retired
Unemployed, not seeking
Unemployed, seeking

Employer: _____

Have You Ever had any Felony Convictions Including Traffic Violations: Yes / No If Yes What Type?

How did you learn about the Firefighter Academy?

II. Educational Experience

High School _____ Phone: _____

Years Completed: 9 10 11 12 GED _____

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Technical School / College _____ Phone: _____

Course Major _____ Degree: _____ Years: 1 2 3 4 _____

College / University _____ Phone: _____

Major _____ Degree _____ Years: 1 2 3 4 _____

Graduate / Professional School _____

Phone: _____

Major _____ Degree _____ Years: 1 2 3 4 _____

List other course, workshops, and educational experience 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: _____



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IV. References

Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____

Will you be requesting housing? (check one) yes _____ no _____

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 Cleveland Community College 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 Cleveland 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.

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Fire Department Sponsor Form

Applicant Name: _____

Address: _____

Academy Attending: 20_____

Sponsor Fire Department: _____

Address: _____

Chief: _____ Telephone # () _____

I, _____, Chief of _____

do endorse/sponsor _____ (Applicant Name) in attending the Cleveland Community College Fire Academy. I realize that sponsorship of this individual means that I agree to provide NFPA-compliant structural firefighting gear and 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.

Chief Signature _____ Date _____

Applicant Signature _____ Date _____

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Workers Compensation Insurance Company _____
Policy Number _____

RIDE-ALONG OPTION

In addition to the Cleveland Community College Fire Academy, I give permission to (Applicant Name) _____ to participate in a Ride-Along Program with one or more of the fire departments that partner with the Cleveland Community College Fire Academy. I realize that the individual named will be covered under my insurance plan and will not be allowed to perform functions outside of his/her skill and certification level.

I realize that the Ride-Along Program is not required as part of the Cleveland Community College Fire Academy and is, simply an optional program for the applicant. I agree that me or my department will not hold any partner of the Cleveland Community College Fire Academy liable for any injuries, inconvenience, emotional stress or any other physical or mental duress incurred by this individual participating in the Ride-Along Program.

Chief Signature _____ Date _____

I, _____ (Applicant Name) agree to not hold any partner of the Cleveland Community College Fire Academy liable for any injuries, inconvenience, emotional stress or any other physical or mental duress incurred by participating in the Ride-Along Program.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

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CLEVELAND COMMUNITY COLLEGE FIREFIGHTER ACADEMY

In Case of Emergency

Name: _____

Last

First

MI

Address: _____

City

State

Zip Code

SS#: _____

DOB: _____

Emergency Contact: _____ **Phone#:** _____

(Relationship)

Secondary Contact: _____ **Phone #:** _____

(Relationship)

Chief Contact: _____ **Phone #:** _____

Insurance: _____

Policy Number: _____

Medical History:

Medications:

Allergies:

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