

Application for Basic Fire Suppression

(first step to becoming a certified firefighter in Texas)

Academy applying for:



Class #

Class Dates

For Internal Use Only

KC ID #: _____

Social Security #: _____ **TCFP/FIDO #:** _____

Email Address: _____

Name: _____
(First) (MI) (Last)

Address: _____
(Street or PO Box)

(City) (State) (Zip) (County)

Phone: _____ **Date of Birth:** _____

Emergency Contact: _____
(Name) (Phone)

City/State/Country of Birth: _____
(City) (State) (Country)

Gender:

- Male
- Female

U.S. Citizen:

- Yes
- No

Are you Hispanic or Latino? (Are you a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Hispanic culture or origin?)

- Yes
- No

Please select the racial category with which you most closely identify:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Please select which applies:

- First time at any post-secondary institution
- Not first time in a post-secondary institution

Highest level of education:

- GED
- High School Diploma
- Associates Degree
- Higher Degree received

Have you served or volunteered with any type of fire department/EMS service?

- Yes
- No

If so, then where? _____

Are you a(n):

- EMR
- EMT
- Paramedic
- No

From what source did you learn about the Kilgore College Fire Academy?

- Internet search
- Kilgore College website
- Kilgore College Facebook page
- KC Fire Academy Facebook page
- Commercial
- Previous student
- Other: _____

CERTIFICATION:

I certify that the above answers are true, complete, and correct to the best of my knowledge. I further certify that I am, to the best of my knowledge, free from any medical condition which would prohibit me from participating in all activities connected with the Skills Session portion of the Academy.

Today's date

Full legal name



Kilgore College Fire Academy

TCFP Criminal History Disclaimer

The Texas Commission on Fire Protection's *Rules and Regulations* governs the criteria for state certification of a firefighter. There are circumstances under which the Texas Commission on Fire Protection (TCFP) may **DENY** certification to an individual who has been convicted of criminal offenses. If you have been convicted of any felony offense or any misdemeanor class "B" or above, it is your responsibility to determine whether or not the TCFP will issue you a certification. The most effective way to do this is by submitting to TCFP an APPLICATION FOR EARLY REVIEW OF CERTIFICATION, which is available at the following URL:

chrome-extension://efaidnbmninnibpcapjpcglclefindmkaj/https://www.tcfp.texas.gov/Services/GetPdf?filename=%2FForms%2FTCFP-012.pdf

Applicants are not obligated by Kilgore College to obtain this early review, but it is **STRONGLY RECOMMENDED** that it be done if the applicant has any convictions above the level of class "C" misdemeanor.

I, (the Applicant) have read the above statement regarding the Texas Commission on Fire Protection Criminal History Disclaimer and understand the information contained therein.

Applicant Name

Date



*Please upload this page to your Kilgore College Profile Fire Academy Application.

FIREFIGHTER MEDICAL EXAMINATION CERTIFICATE

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Social Security #: _____

Address: _____

City

State

Zip

I certify that I have completed my examination of the examinee and I have concluded that on this date, the examinee has had:

PHYSICAL EXAM

And is to be found physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought. (See attached *Overall Strengths Demands Required for Firefighters*)

Passed

Failed because of the following conditions/concerns:

Physician Information:

Name State License Number

Mailing Address: _____
Street City State Zip

Office Phone Number: _____

Date Signature of Physician, Physician Assistant, or Chiropractor

This declaration is not public information and is valid unless withdrawn or invalidated, and is valid only if signed by a licensed physician, physician assistant, or chiropractor.

Overall Strength Demands Required for Firefighters

The following criteria are descriptions of the overall strength demand requirements that firefighters are medically and physically capable to perform.

PHYSICAL DEMAND	DESCRIPTION
Standing/Walking	On concrete, asphalt, burned out buildings to investigate fire sites; to demonstrate equipment when giving speeches.
Vision	To operate equipment; perform rescue operations.
Hearing/Talking	Communicate during rescue and fire fighter operations; communicate on the radio and in person with the public; diagnose equipment problems.
Lifting/Carrying	Protective gear (20-26 lbs.) self-contained breathing apparatus (27 lbs.); ladders up to 24 feet long (64 lbs.); fan (50 lbs.); fire extinguisher (40-45 lbs.); jaws and power unit (60 lbs. each).
Pushing/Pulling	Red line – 20 lbs. of exertion; hose – 45 to over 50 lbs. of exertion; close valve – 55 lbs. of exertion; for CPR – 35 lbs. of force.
Reaching	For fan, jaws, and power unit in cramped confined space; to lift ladders – 60 inches; for fire extinguishers – 20 inches; for deluge gun – up to 80 inches; for extension ladder – 72 inches; for Hurst tool and power unit – 42 inches; to use ceiling hook to pull ceilings and to wash apparatus.
Handling	To connect hoses; use ladders; use small tools; open and close valves; handle victims.
Fine Dexterity	To draw pre-fire plans, use chemical monitors; fill out reports; tie ropes and knots; administer emergency medical treatment.
Foot control	To drive, push gas and brake pedal – 30 lbs. of exertion; to operate stretcher – 20 lbs. of exertion.
Bending	To fold, couple, and uncouple fire hoses; move equipment and tools; administer first aid.
Twisting	To operate hose streams; put on self-contained breathing apparatus; communicate on vehicle; raise and lower scene lights on van and trucks.
Climbing/Balancing	On ladders, stairs, or fire vehicle to obtain equipment; to walk on rafters, and in attics; to use hose stream.

Machines, Tools, Equipment and Work Aids

Chain saws, smoke ejectors, generators, self-contained breathing apparatus, fire pumps, nozzles, axes, pike poles, ladders, ropes, Hurst tool and power unit, hoses, deluge gun, halligan tool, stretcher, oxygen, electrical cords, spanner wrench, emergency medical equipment, and hydrant wrench and computer.

Environmental Factors

Exposed to extreme heat in burning structures; work outside in all types of weather and high humidity. Exposed to chemicals, exhaust fumes, smoke, burning buildings, noise from truck engines, jaws and power units, saws, sirens and air horns. Operate power saws, jaws, and power unit tool.

BACTERIAL MENINGITIS VACCINATION

Effective September 1, 2013, state law requires that entering students who are younger than 22 years of age and who are attending any public, private, or independent institution of higher education must provide that educational institution with proof of immunization against bacterial meningitis within the five years prior to enrollment. The student must provide this documentation no later than 10 days prior to the beginning of the class.

For purposes of this new law, “entering student” means either a student who has never attended a class at the educational institution or a student who previously attended an institution of higher education before 1/1/12, and who is enrolling in the same or another institution of higher education following a break in enrollment of at least one fall or spring semesters.

There exist limited exceptions to this law based on legitimate religious or medical objections; please contact the Office of the Registrar (903.983.8200) for additional information.

There are two types of bacterial meningitis vaccines that are acceptable. They may be listed by full vaccine name, brand name, or abbreviation on students’ shot records. A student’s shot record must list one of the following within the last five years to meet the bacterial meningitis vaccination requirement:

Meningococcal polysaccharide vaccine:
Menomune or MPSV4

Meningococcal conjugate vaccine:
Menactra or Menveo or MCV4