

OCEAN COUNTY FIRE ACADEMY FIREFIGHTER 1 APPLICATION FORM	FIRE DEPARTMENT
	FIRE STATION #

STUDENT INFORMATION (TO BE FILLED OUT BY APPLICANT)

NAME:		ADDRESS:	
SOCIAL SECURITY #	DATE OF BIRTH:	HOME PHONE #	WORK OR CELL PHONE #

**THE INFORMATION BELOW IS FOR INCLUSION IN ACCOUNTABILITY TAGS
USED BY THE ACADEMY FOR FIREFIGHTER 1 CLASSES**

PERSON TO NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP	TELEPHONE #
FAMILY PHYSICIAN	PHYSICIAN PHONE TELEPHONE #	

MEDICAL HISTORY
(EXISTING MEDICAL CONDITIONS ACADEMY STAFF NEEDS TO BE AWARE OF, INCLUDING MEDICATIONS AND OR ALLERGIES)

DATE OF BIRTH	BLOOD TYPE	BLOOD PRESSURE	PULSE RATE	SEX	ORGAN DONOR
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APPLICANT SIGNATURE	DATE OF APPLICATION
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CERTIFICATION SECTION TO BE FILLED OUT BY A FIRE DEPARTMENT CHIEF

FIRE DEPARTMENT	FIREHOUSE PHONE#
ADDRESS	FIREHOUSE FAX #

THE UNDERSIGNED CERTIFIES THAT THE APPLICANT ENROLLED IN THE ABOVE COURSE HAS BEEN EVALUATED BY A LICENSED PHYSICIAN AND DOES NOT HAVE ANY PHYSICAL AND/OR OTHER CONDITIONS, WHICH WOULD PREVENT HE OR SHE FROM ACTIVELY PARTICIPATING IN ALL PORTIONS OF THIS COURSE. THE STUDENT WILL BE PROVIDED WITH PPE AND SCBA BY THIS DEPARTMENT/ORGANIZATION WHICH COMPLIES WITH PEOSHA STANDARDS NJAC 12:100-10 AND HAS COMPLIED WITH THE NJ DEPARTMENT OF LABOR ADOPTED RESPIRATORY STANDARD 29 CFR 1910.134 AS IT APPLIES TO MEDICAL EVALUATIONS. THE UNDERSIGNED ALSO CERTIFIES THAT THE STUDENT ENROLLED IN THIS COURSE IS COVERED BY THE DEPARTMENT/ORGANIZATION'S WORKMAN'S COMPENSATION, LIABILITY AND MEDICAL INSURANCE AS INDICATED BY A COPY OF A CURRENT CERTIFICATE OF INSURANCE ATTACHED TO THIS APPLICATION OR ON FILE AT THE FIRE ACADEMY

CHIEF NAME (PRINT)	RANK (PRINT)	DATE:	CHIEF SIGNATURE
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FOR FIRE ACADEMY USE ONLY

YOUR DEPARTMENT'S/ORGANIZATION'S COURSE APPLICATION HAS BEEN APPROVED.
 YOUR DEPARTMENT'S/ORGANIZATION'S COURSE APPLICATION HAS BEEN RETURNED FOR THE FOLLOWING REASON(S).
 NO CURRENT CERTIFICATE OF INSURANCE COURSE IS FULL STUDENT(S) DOES NOT MEET PREREQUISITES

DATE: _____ DENNIS M. ALLEN DEPUTY FIRE MARSHAL / TRAINING