

Interested in a *Professional* Career in the *FIRE SERVICE*?

Quartzsite Fire District in collaboration with Saint Florian Fire Training is seeking qualified applicants for the upcoming Fire Academy course.

- **Class will start Friday, January 10th, 2025 at 1800 hours**
- **Must possess a high school diploma or GED**
- **Must be willing to participate in fitness training**
- **Classes will run two days per week (Friday/Saturday)**
- **Academy will occur mainly at QFD Station 33**
- **Graduates will receive IFSAC Certification in 6 months**
- **Applicants who aren't EMT Certified will need to take the Emergency Medical Responder Class to certify, which will be held at QFD on Thursday nights.**

If you, or someone you know is interested in applying to enter this Fire Academy course, please contact Director Kevin Hess at (928) 916.2864. Voice and Text messages are okay, or email at chiefhess@tds.net

Saint Florian Fire Training

P O Box 363, Salome AZ 85348-0363

Main Class Room: Station 33

70 East Tyson Street, Quartzsite AZ 85346 (928)-927-6556



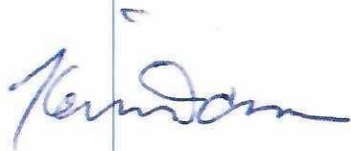
Who wants to be a Firefighter?

- Have you ever wondered what it would be like to feel like you were really making a difference in the world?
- Do you like to help others, even though you know you stand to gain little? Yet you help anyway?
- Are you at your best when working under pressure, possibly even in dangerous conditions? Maybe you have experienced the sensation that adrenaline creates and you liked it!
- Have you ever made a sacrifice on the behalf of another person, or been a member of a strong team? If so did you like the way that made you feel?
- What does discipline and hard work mean to you? If you find it appealing and believe it might make you better, are you willing to give everything you have, to go the extra mile, even when it seems impossible? Can you study, and focus on a long term goal even as you go through your day to day life?
- Is physical fitness a necessity to you that reaches beyond vanity, into the very fiber of your being? Is it an important part of what drives you, so that you might enjoy health, longevity and provide great service to others?

When you read these questions, if you said, "Hey, that sounds like Me." Then I can answer the question at the top of the page for you. *YOU want to be a firefighter!* If this is true, then there is probably one more question that you need to have answered, "*How do I do it?*"

If you are wondering about any of this, call me up! I would truly like to help you out, but remember it all starts with YOU. Go ahead, take the first step to making a difference in the world, and a difference in your own life!

Sincere Best Wishes



Fire Chief Kevin Hess, Director
Quartzsite Fire District
Saint Florian Fire Training
928-916-2864 cell 928-927-6556 QFD

Quartzsite Fire/Saint Florian
Fire Academy

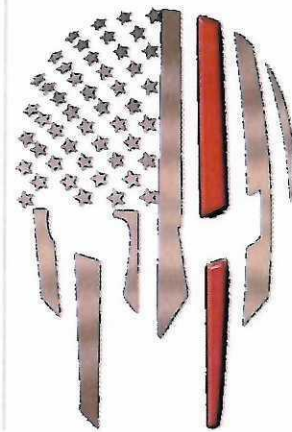
Statement of Understanding

1. I acknowledge receipt of a course syllabus. I have read it and the instructor has reviewed the entire content of it with me. Any and all questions that I have regarding the syllabus have been answered for me. When a conflict exists, the information in the student handbook supercedes the syllabus.
2. I acknowledge receipt of a student handbook. I have read it. I understand it contains guidelines for the course and is intended to provide answers to questions that may arise. I further understand that the content of the handbook may be modified by the program director at anytime.
3. Specifically, I understand the grading policy. I understand that I may not continue in the course if I fail to maintain the academic standards outlined in the syllabus and student handbook.
4. Specifically, I understand the attendance policy outlined in the syllabus and student handbook.
5. Specifically, I understand the Physical fitness policy outlined in the syllabus and student handbook.
6. Specifically, I understand that this course is conducted in an Academy format. I understand issues such as team building, personal responsibility and professional development are intrinsic in the course. I understand that I'm subject to a variety of motivational techniques such as push-ups, special details (washing fire trucks), or additional assignments.
7. Specifically, I understand that strict adherence to the "chain of command" is required.
8. By signing this form, I authorize AWC to release any and all information regarding my academic standing and performance in the academy, to any and all parties as deemed necessary by the Director of Fire Science.
9. I acknowledge that it is my responsibility to seek clarification on any of the item listed on this form – I acknowledge that I have been instructed not to sign this form until all of my questions have been answered.

Attested to this ____ day of _____, 20 ____.

Signature _____

Print your name _____



Greetings Prospective Cadets,

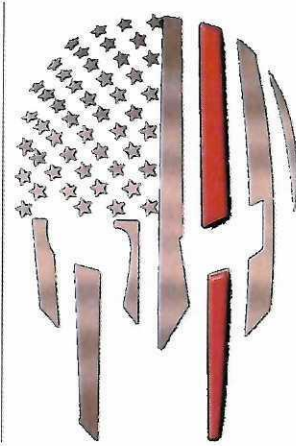
You are about to embark on an exciting journey. This is like no other class that you have ever taken, or will ever take again. This class will require a lot of sacrifice on your part, and a lot of support from your family. The days start early, and run late, however there is no feeling like the feeling you can get when you successfully make a difference in someone else's day.

If your packet is delivered to Chief Hess (completely finished) in a timely fashion, and you meet all of the requirements, you will be invited to participate in the physical agility test. The PAT will be held at Quartzsite Fire on 5, December 2024, starting at 0700. (7:00am) You should wear physical fitness clothing, shorts, running shoes and a tee shirt. The PAT test consists on climbing steps, swinging a sledge hammer, hoisting a roll of hose via rope and pulley multiple times, moving five rolls of 2 ½" hose manually, dragging 200' of 2 ½" hose 200' then attaching it to a fire hydrant, and last but not least assembling a 2 ½" monitor/nozzle. This is a pass/fail event, you will be allowed 9:00 minutes to complete the test. If you are unsuccessful, you may reattempt the test prior to the start of class on January 10th, 2025 at 1800. (6:00pm) After the PAT, you will have your Oral Board Test, so you might want to bring a change of clothes.

You will be required to purchase your own class uniform. Long, navy blue (like Dickies or 511) pants, black work boots with a protective toe (steel or composite) and a plain black belt. You will need at least 3 QFD/Saint Florian Fire Academy tee shirts, which are available from www.firehouseprinting.com. You will need to order your shirts in advance, if you do not have them prior to the start of class, you may wear a plain white tee shirt until they arrive. Your shirt must be tucked in at all times, and you will be expected to keep your boots shined. For the Physical fitness class, *required* for firefighters, you will need plain navy blue shorts,(with no insignias) running shoes which are suitable for trail running, and your fire academy tee shirt. You should get your name printed on the back.

If you have additional questions please do not hesitate to give me a call, 928-916-2864 is my cell. You may also text me, but be sure to include your name, and use plain English, not text slang. I look forward to meeting you, and introducing you to the fire service culture.

Chief Kevin Hess, Quartzsite Fire District, Director, QFD/Saint Florian Fire Academy



Assumption of Risks and Hold Harmless

In the Firefighter Training Academy, the student assumes certain risks associated with the duties of Firefighting. The Student agrees to hold harmless, and irrevocably release the Quartzsite Fire District, Saint Florian NDC, its faculty and staff, and all participating agencies from any and all liability and claims related to participation in the Firefighter Training Academy.

BE ADVISED – you may come into contact with hazardous chemicals. We will provide adequate instruction on the safe handling of hazardous chemicals and hold the student responsible for properly following instructions.

BE ADVISED – you must participate in strenuous physical activity. Including, but not limited to; physical training, jogging, climbing (possibly as high as 100 feet), lifting heavy objects, manipulation of obstacle courses, sustained exposure to severe environmental temperatures, and exposure to smoke and fire. The student certifies that they are in good physical and mental health, and are able to accomplish such activities.

I have read and understand this document. I hereby assume all risks and hold harmless the faculty, staff and administration of Quartzsite Fire District and any participating agencies and organizations.

Candidate Signature & Date

Witness Signature & Date

This statement will become part of your permanent record.

Candidate Name: (Print) _____ SSN#: _____.

OPEN ACADEMY APPLICATION PROCEDURE

Please note: Applications will not be accepted without all of the below information included.
THIS APPLICATION MUST BE HAND DELIVERED TO Chief Hess at Quartzsite Fire Station 33

APPLICATION DEADLINE: 12/20/2024

- ___ 1. Thoroughly read the QFD/St. Florian Fire Fighter Training Academy Guide– pay careful attention to the Standards for Open Enrollment and Physical Agility Testing Requirements.
- ___ 2. Complete and submit the Academy Application Form. (attached)
- ___ 3. Read, complete and submit the Memo of Understanding Form and the Assumption of Risks and Hold Harmless Form. (attached)
- ___ 4. Complete and return the Statement of Personal History and Application for Open Enrollment Form. **PAGE 2 OF THIS FORM MUST BE NOTARIZED.** (attached form PHFA) ALL EMPTY SPACES MUST BE MARKED "DNA"
- ___ 5. Complete and submit the Medical History Questionnaire. (attached form MH)
- ___ 6. Complete and submit the Medical Examination Questionnaire. (attached form ME)
- ___ 7. Submit a **5-year** certified driving record from Motor Vehicle Department and a **copy of your Driver's license**. **Obtain this in person at MVD, not available on line.**
- ___ 8. Submit drug results to the Academy. This test can be taken at any doctor's office or an Urgent Care. The results **MUST** be faxed (928-927-4277). Hand delivered results will **also** be accepted.
- ___ 9. Submit proof of citizenship or residency (birth certificate, etc.)
- ___ 10. Submit copy of your High School Diploma or GED.
- ___ 11. Once you complete and submit the application packet, you will be given a fingerprint card for a DPS record check. Your fingerprints can be taken at the Quartzsite Police Department, or La Paz County Sheriffs Office.
- ___ 12. You will be contacted by phone as to your physical agility and written test time. You must pass the physical agility test before advancing to oral board

The applicant is responsible for all costs that may be involved in the application process. INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED.

For Questions on the Fire Academy Program, please contact Chief Hess at 928-916-2864 during normal business hours.

QFD/Saint Florian FIRE ACADEMY – Cadet Application

NAME:			
	First	Middle	Last

SOCIAL SECURITY NUMBER: _____

EIN/STARS (Fire academy only): _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

MESSAGE TELEPHONE: _____ TYPE: _____ (Pager, Cell, Etc)

E-MAIL: _____

EDUCATION: (Circle the highest level completed) G.E.D. 12 13 14 15 16 16+

SEMESTER: (Circle one) Winter Spring Summer Fall Year: _____

STATISTICAL INFORMATION ONLY (Optional)

GENDER: (Circle one) Male Female

I understand that all costs pertaining to the selection process are my responsibility and each portion of the process must be paid for prior to my participation in each step.

Signed: _____

Must be submitted with application package prior to the start of the Academy.

Fire/EMT Academy

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR OPEN ENROLLMENT IN A FIRE ACADEMY PROGRAM

I. TO THE APPLICANT

This is not an application for employment, nor is employment guaranteed upon successful completion of the Academy.

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER §13-2704 AND §39-161 AND IS CAUSE TO DENY OR REVOKE ACCEPTANCE TO THIS ACADEMY.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation.

- a. Illegal drug use.
- b. Participation in criminal activity or behavior.
- c. Poor driving record.
- d. Dishonesty/providing false information.

III. PUBLIC DISCLOSURE INFORMATION

Your social security number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. QFD/St. Florian does not disclose SSN's in response to public record requests.

IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the Continuation Sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

I understand that if approved as a student in this program, neither my acceptance as an open enrollment participant nor my eventual graduation from this academy, can be considered a guarantee of my eligibility for certification by the National Fire Protection Agency as a Firefighter in this state..

SIGNATURE OF APPLICANT: _____ DATE: _____

Fire/EMT Academy
AUTHORIZATION FOR RELEASE OF
INFORMATION FOR OPEN ENROLLMENT

I, _____, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, corporations and all civilian entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange, any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a firefighter. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the (Fire Academy) _____ and the (agency) _____. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant:

Date:

Sworn and Subscribed To Before Me This _____ **Day of** _____, _____

By:

State of:

County of:

Signature of Notary Public:

Fire/EMT Academy

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR OPEN ENROLLMENT IN A COMMUNITY COLLEGE PROGRAM

ARIZONA ADMINISTRATIVE CODE R13-4-106: A person who seeks open enrollment shall complete and submit to the basic training academy, a personal history statement on a form prescribed by the Department before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a firefighter. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the public safety profession and is of good moral character.

INSTRUCTIONS: Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound on or explain your answers. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. Name (Last, First, Middle)			
2. Address:		3. City:	4. State/Zip Code:
5. Date of Birth (Month/Day/Year):	6. Place of Birth (City/State):	7. Social Security Number:	
8. List any other names, DOB's or SSN's you have used:			
9. Current Marital Status:		10. Spouse's Name Before Marriage:	
11. Home Telephone Number:	12. Work Telephone Number:	13. Cell/Mobile Number:	
14. Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> PLEASE ATTACH A COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.			
15. Do you have (Check one) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma		16. When and where did you receive it?	
Please attach a copy of one of the above.			
17. MILITARY SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES attach the member 4 copy of the DD 214 and continue with this section. If NO skip to #18.			
Branch of Service: _____		Date Entered:	Date Separated:
Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> _____ If NO list type of discharge/separation and explain on the Continuation Sheet		Were you ever arrested, cited or apprehended by military police? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.	
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list current assignment:		Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on Continuation Sheet.	
Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.			
AGENCY VERIFICATION:		INITIALS:	DATE:
U.S. Citizen (Documentation in File)			High School Diploma/GED (Documentation in File)
21 Years of Age			Military Service, if applicable (Documentation in File)

18. **PERSONAL REFERENCES:** List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Work Telephone No.	Years Known

19. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.** Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship

20. **FAMILY REFERENCES:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s), and all children. Use the Continuation Sheet if necessary.

Name	Relationship	Age	Street Address, City, State, Zip Code	Telephone No.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Personal References Contacted and Results Documented		Residences and Family References Listed	

21. **EMPLOYMENT HISTORY:** Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.

Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
FROM	TO				

22. LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED Beginning with the most recent:

School	Dates Attended	Course of Study	Degree Received or Total Credit Hours

23. RESIDENCES List all residences during the past five years. Use the Continuation Sheet if necessary:

FROM	TO	Street Address	City	State/County

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Employment verified and Results Documented		Certificates or Degrees Documentation in File	
Residences Verified and Results Documented in File			

24. **POLICE CONTACTS:** List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. **CIVIL ACTIONS:** List all civil actions in which you were a party (i.e., divorces, bankruptcy, small claims court, lawsuits, etc.):

Date	Location	Action or Proceeding	Disposition/Court Action

26. **CURRENT DRIVER'S LICENSE:**

State: _____ Expiration Date: _____

License Number: _____

27. **PREVIOUS DRIVER'S LICENSE INFORMATION:**

List all states/countries where you have been licensed.

28. **HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?**

YES ☐

NO ☐

If YES provide a full explanation on the Continuation Sheet.

29. **MOTOR VEHICLE OPERATION** List all moving violations for which you were cited. Use the Continuation Sheet if necessary:

Date	Location and Issuing Agency	Violation Charge	Collision Related	Court Disposition
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Police Contacts Queried and Results Documented in File

Civil Actions Queried and Results Documented in File

Motor Vehicles Records Queried and Results Documented in File

30. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES:

TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES, HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STEROIDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

31. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, **PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET.** INCLUDE, IF APPLICABLE, THE FOLLOWING:

- | | |
|---|--|
| a. How the drug was ingested or consumed, | d. How the drug was obtained, |
| b. The duration of usage, | e. Why you stopped using the drug, |
| c. The motivation for use, | f. Any other factors you believe are relevant. |

32. CRIMINAL CONDUCT:

- | | |
|--|--|
| a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state?
If YES provide a full explanation on the Continuation Sheet. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means?
If YES provide a full explanation on the Continuation Sheet.

YES ☐ NO ☐

34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? If YES provide a full explanation on the Continuation Sheet.

YES ☐ NO ☐

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards YES <input type="checkbox"/> NO <input type="checkbox"/>		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior Fire/EMT certification/employment in any other states? YES ☐ NO ☐

If YES provide the following information:

Name of Agency	Dates of Employment		City	State
	From	To		

36. Have you applied with any other Fire/EMT agencies in the past three years? YES ☐ NO ☐

If YES provide the following information:

Name of Agency	Date of Application	Was Polygraph Taken?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

37. CERTIFICATION:

I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.

SIGNATURE OF APPLICANT: _____ DATE: _____

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Previous Agencies Applied to Queried and Results Documented		Certification History Verified and Results Documented in File	
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File	
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted – AZ DPS	
Signature and Date Completed		Fingerprint Card Submitted – FBI	

QFD/Saint Florian Fire/EMT Academy

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR OPEN ENROLLMENT IN A FIRE ACADEMY PROGRAM

Continuation Sheet

Please state the applicable **question number** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

Question No.	Explanation/Answers

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated. (Please initial)	
Page 2	Authorization for Release of Information fully completed and notarized.	
Page 3	Agency Verification completed and results documented in file.	
Page 4	Agency Verification completed and results documented in file.	
Page 5	Agency Verification completed and results documented in file.	
Page 6	Agency Verification completed and results documented in file.	
Page 7	Agency Verification completed and results documented in file.	
Page 8	Agency Verification completed and results documented in file.	
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications.		Application Process Terminated.

Reason for Disqualification:

Medical Examination completed and in file and applicant meets standards.	
Medical Examination completed and in file and applicant does not meet standards.	
ME and MH forms properly completed and in file.	
F.B.I./D.P.S. record checks completed and in file and no record found.	
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.	
F.B.I./D.P.S. Fingerprint check has been submitted, no return yet.	
NCIC/III/ACIC/ACCH records check completed and in file and no record found.	
NCIC/III/ACIC/ACCH records check completed and in file and record found.	
Polygraph completed and report in file and applicant passed.	
Polygraph completed and report in file and applicant failed.	
Applicant meets all requirements and may be admitted.	
Applicant does not meet all requirements.	Application Process Terminated

Reason for Disqualification:

AGENCY CERTIFICATION:

I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the public safety profession, is of good moral character and have completed this report to document that finding.

NAME OF REVIEWER: _____
(Printed)

TITLE: _____

SIGNATURE OF REVIEWER: _____

DATE: _____

Medical Examination Questionnaire

INSTRUCTIONS TO THE EXAMINING PHYSICIAN: The person being examined is an applicant for the position of Firefighter/EMT in the state of Arizona. Firefighters/EMT's are required to perform a variety of strenuous and difficult job functions. The purpose of this examination is to determine if the applicant is able to safely perform these essential job functions. Applicants may be required to attend a Firefighting/EMT academy where both physical and mental stress are encountered. Please use the "Medical History Form" provided by the applicant in conjunction with the medical examination as a basis for completing this report. Applicant will be enrolled in physical fitness training, involving running and weight training.

PART I. APPLICANT'S INFORMATION (Please type or print)

1. NAME (First- Middle-Last): _____ 2. BIRTH DATE (Month-Day-Year): _____
 3. Social Security Number: _____ 4. Weight (without coat or shoes): _____ 5. Height (without shoes): _____
 6. Sex: Male: _____ Female: _____ 7. Hiring Agency: _____

PART II. VISION AND HEARING

8. VISUAL ACUITY

DISTANCE

Uncorrected: R20/ _____ L20/ _____ B20/ _____

Corrected: R20/ _____ L20/ _____ B20/ _____

NEAR VISION

Uncorrected: R20/ _____ L20/ _____ B20/ _____

Corrected: R20/ _____ L20/ _____ B20/ _____

9. HORIZONTAL FIELD OF VISION

Right: _____ Left: _____ Both: _____

Check if Present:

Scotoma: _____

Quadrantonopia (large blind spot): _____

10. COLOR PERCEPTION

(NOTE ANY DEFICIENCIES)

Red: _____ Green: _____

Yellow: _____ Color Plates: _____

11. CORRECTION

None: _____ Spectacles: _____

Hard Contact Lenses: _____

Soft Contact Lenses: _____

Required if uncorrected vision is 20/80 or more.

12. HEARING (Audiometer must be used):

dbL

dbR

Hearing aid used? _____

Note any abnormalities in Comments - Section VII

500HZ 1000HZ
2000HZ 3000HZ

PART III. CONTAGIOUS DISEASES

13. Does the applicant have contagious hepatitis? YES _____ NO _____
 14. Does the applicant have contagious tuberculosis? YES _____ NO _____

PART IV. CONDITIONS

15. Based upon your examination and review of the applicant's Medical History Questionnaire, please check any of the listed conditions that apply:

Angina pectoris	Diabetes, insulin, dependent or ketosis-prone	Paralysis	Substance abuse
Asthma		Pilonidal cyst	
Cancer - metastatic or leukemia	Fixation of major joint	Prosthetic device, (e.g. limbs, hearing aid, colostomy)	Valvular heart disease (uncorrected)
Cardiac arrhythmias or murmurs	Herniated lumbar disc	Recurrent dislocation of major joint	Wasting disease, chronic, (e.g. multiple sclerosis, myasthenia gravis, amyotrophic lateral sclerosis)
Cerebral vascular accident	Hypertension, uncontrolled	Schizophrenia, manic depressive, psychosis	
Chest pains of unknown origin	Inguinal hernia	Scoliosis greater than 15 degrees	
Chronic respiratory disease	Liver or renal dysfunction		
	Migraine headache		
	Myocardial infarction history		
Contagious disease not covered in Part III	Neurosis	Seizure disorders	Any other physical or mental condition that may interfere with the applicant's ability to effectively function as a peace officer on a continuing basis or may create a reasonable probability of substantial harm to the applicant or others.

PART V.	ADDITIONAL INFORMATION
16. MEDICAL CONDITIONS (From Sections III and IV): Please describe, in layman's terms, the common characteristics of any condition(s) checked on the reverse side of this form.	
17. SYMPTOMS: Please describe the specific symptoms of the condition(s) checked on the reverse side.	
18. EFFECTS OF SYMPTOMS: Please indicate how the symptoms in #17 affect the applicant's ability to perform the duties of a Firefighter/EMT.	
19. TREATMENT: Please describe the type and duration of any treatment indicated.	
20. PROGRESSIVE NATURE OF CONDITION(S): Are any of the condition(s) stated in #16 progressive in nature? YES _____ NO _____	
PART VI.	CERTIFICATION: Important - Physician Please Read Carefully (Physician's Assistant certification not accepted)
21. I certify that I have examined the applicant whose name appears on the reverse of this form and that I am a licensed physician in the United States of America. I further certify that based upon the applicant's history (which I have reviewed) and my physical examination, the applicant:	
a. Is capable of performing the duties of a Firefighter/EMT without accommodations.	
b. Is capable of performing the duties of a Firefighter/EMT with the following accommodations (list in comments section below):	
c. Has a condition which requires further evaluation by a specialist in the field of:	
d. Is not capable of performing the duties of a Firefighter/EMT.	
PHYSICIAN'S NAME AND ADDRESS (type or print):	
PHYSICIAN'S SIGNATURE: _____ Date: _____	
Medical Occupational Specialist: <input type="checkbox"/>	
PART VII.	COMMENTS
PART VIII.	MEDICAL INFORMATION RELEASE (To Be Completed By Applicant)
I hereby authorize the examining physician whose signature appears on this form to release all information concerning my medical condition and history to Arizona Western College. I also certify that I have provided the examining physician with full, complete and accurate medical history.	
APPLICANT'S SIGNATURE: _____ DATE: _____	



Payment Plan 2025 Fire Academy

First Payment (Deposit) due January 5, 2025	\$1,000.00
Payment #2 due February 2, 2025	\$ 626.00
Payment #3 due March 1, 2025	\$ 626.00
Payment #4 due April 5, 2025	\$ 626.00
Payment #5 due May 3, 2025	\$ 626.00
Payment #6 due June 7, 2025	\$ 626.00

All Payments are expected in a timely manner and must be paid *prior* to AZ State testing.

By signing this document I realize that this is a legal debt, which I agree to pay in accordance to the stipulations stated above.

Cadet Name

Date