



# HAYS COUNTY ESD #3

## TEXAS FIRE ACADEMY

### Course Application



**Incomplete applications will not be accepted.**

APPLICANT INFORMATION					
<b>Class Name (EMT/CAD):</b>					
Last:	First:	Middle:			
Date of Birth:	Email:				
Home Phone:	Work:	Cell:			
Address:					
City:		State:	Zip:		
D/L #:		Exp. Date:	Class:		
Marital Status:		Spouse's Name:			
EMPLOYMENT INFORMATION					
Current or last employer:					
Employer Address:					
City:		State:	Zip:		
Supervisor's Name:		Phone:			
EMERGENCY CONTACT					
Name:		Relation:	Phone:		
Address:		City:	State:	Zip:	
How did you hear about us?					
MEDICAL HISTORY					
Have you ever had any of the following?					
	Yes	No		Yes	No
Heart/Cardiac Problems	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Surgery within last 3 years	<input type="checkbox"/>	<input type="checkbox"/>
Lung/Asthma/COPD	<input type="checkbox"/>	<input type="checkbox"/>	Vision (glasses, contacts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Injury to back, neck or spine	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Distress	<input type="checkbox"/>	<input type="checkbox"/>
Injury to joints (shoulder, hip, knee, elbow, ankle)	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a physical condition that requires accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to any of the questions, please explain. (use additional sheet if necessary)					

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MEDICAL HISTORY continued					
Do you have any medical/physical condition that may restrict you mentally/physically?					
	Yes	No		Yes	No
In confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	In extreme climates?	<input type="checkbox"/>	<input type="checkbox"/>
In stressful situations?	<input type="checkbox"/>	<input type="checkbox"/>	Heights or water?	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to any medications, bees, ants or anything else?				<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to any of the questions, please explain. (use additional sheet if necessary)					
Are you willing to take a drug and/or alcohol test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	You can be subject to one anytime in the future.
I understand the use of illegal drugs, controlled substances and/or alcohol is prohibited on or in all Texas Fire Academy grounds, vehicles, equipment and property. I also understand that if I am found under the influence of illegal drugs, controlled substances and/or alcohol while on or in all Texas Fire Academy grounds, vehicles, equipment and property, I will be expelled immediately.					
I will consider my safety and the safety of my fellow cadets and instructors above all else. I will perform my duties to the best of my ability. I understand that my activities outside of Texas Fire Academy directly reflect on the school and I will act accordingly.					
I understand that any Academy property issued to me must be returned at the time of my course completion or whenever it is requested by my instructors. Failure to do so will result in legal action and/or paying for the replacement of such property.					
I grant Texas Fire Academy, its representatives and employees, the right to take photos, videos or audio recordings of me and my property in connection with the Academy Course. I authorize Texas Fire Academy its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Texas Fire Academy may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.					
I have read and understand the above.       Signature:					Date: