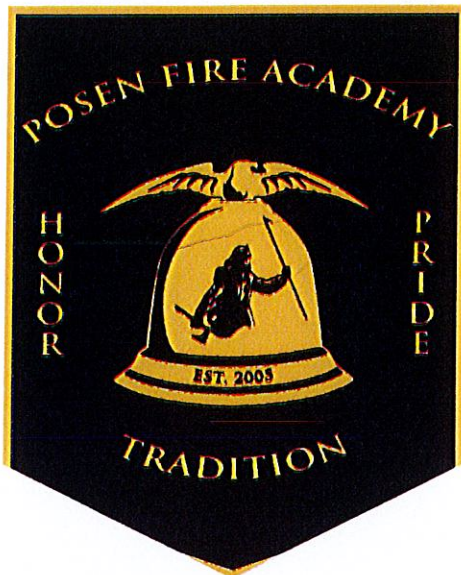


Basic Operations Firefighter Program

Accepting Applications

Submission deadline: April 1, 2025



*Download application at [Village of Posen.org](http://VillageofPosen.org) or
Pick up In-person at Posen Fire Department*

Class begins May 12, 2025

Interviews - May 7th 1600-2200
Orientation - May 10th 0800-1600

Class days

Monday & Wednesday 1800-2200 hrs
Saturday 0800-1700 hrs

Class tuition \$2500.00

Posen Fire Academy

2440 Walter Zimny Drive, Posen-IL 60469

Office: 708-385-3110 Fax: 708-389-5293

Direct questions to the Academy email: fireacademy@villageofposen.org

POSEN FIRE ACADEMY

2440 Walter Zimny Drive
Posen, Illinois 60469

Office: (708) 385-3110 Fax: (708) 389-5293
Email: fireacademy@villageofposen.org



**HONOR
PRIDE
TRADITION**

PLEASE PRINT LEGIBLY

Enrollment Application

APPLICANT INFORMATION				
Last Name:		First Name:		
Street Address		Apartment/Unit #		DOB:
City		State	ZIP	
Cell Phone # ()		E-mail Address		
Driver's License #				
Emergency Contact		Cell Phone #		Relationship
Allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	List:	
Medical-Physical Completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If No, Scheduled Appt. Date	
Pulmonary Function Test (PFT) Test Completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If No, Scheduled Appt. Date	
Currently hold active				
EMS License?	EMT Basic Yes <input type="checkbox"/> No <input type="checkbox"/>	What School Attending/Region Licensed?		
	Paramedic Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer:		
AFFILIATION				
Currently Affiliated with a Fire Department?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If NO, you are a NON-ROSTERED Applicant (Skip this section)	
Dept Name		Chief's Name		
Dept Phone # Area Code ()		FDID #		
Address		City	Zip Code	
Training Officer Name		Training Officer Phone #		
Training Email				
MILITARY SERVICE				
Branch		Dates:	To	From
Rank at Discharge		Type of Discharge		
If other than Honorable, explain:				
ACADEMY ISSUED UNIFORM APPAREL				
T-Shirt Size		Sweatshirt Size	Sweatpants Size	
Rental Gear Sizing:	Boot/Shoe Size	Glove Size	Jean Size: Waist	Inseam
How did you hear about the program?				



POSEN FIRE ACADEMY

HONOR - PRIDE - TRADITION

Disclaimer: I CERTIFY that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the Posen Fire Academy, I understand that false or misleading information in my application or interview may result in immediate dismissal.

Candidate Signature

Print Name

Date

THIS IS A NON-REFUNDABLE CLASS. If at any time, the Candidate becomes injured, falls below required **Academy Rules and Regulations**, or there is any other reason for dismissal, the Posen Fire Academy and Posen Fire Department, their agents or assignees, shall not be held liable for any injuries or loss of class fee. All information given above in this application is strictly for Academy use and will not be sold or given to any unauthorized person (s) without permission of the Candidate.

Please sign below to indicate you understand and agree with the above statement.

Print Name _____ Date _____

Required Documents submitted with Application:

- 1. Current Driver's License or State Issued ID (Photocopy is Acceptable)
 - 2. High School, College, or GED Diploma (Photocopy is Acceptable)
 - 3. Proof of Health Insurance or Major Medical Coverage (Photocopy is Acceptable)
 - 4. Physical Examination by a Physician (Original Only)
 - 5. Spirometry Test* *(Original or Sponsoring FD Results)
- *Test administered by Physician, Pulmonologist or Occupational Health Clinic

Frequently Asked Questions

What is Basic Operations Firefighter?

This is the basic firefighter certification in Illinois designed specifically for entry-level firefighters. Just about every paid fire department in the state requires their personnel to be certified as BOF prior to being hired, or soon after during their probationary period. If you are exploring a career as a firefighter in Illinois, this is a mandatory certification.

Do I need to be affiliated with a fire department to participate in the Basic Operations Firefighter Academy?

No. You may attend the course as a "non-affiliated" student. However, the Office of the State Fire Marshall will not allow you to take the state exam or certify you, until you are a rostered member of a fire department.

If the OSFM doesn't allow me to become certified because I'm a non-affiliated civilian, will I be wasting my time attending the course?

No. Your attendance in the course as a civilian and all the hands-on skills you perform will still count. After Academy graduation, once you become a member of a fire department, you can then take the state exam and upon passing get certified. Many fire departments may consider you a more attractive recruit if they know you have completed a BOF academy and are simply waiting to take the state exam. Your course work and hands-on skills performed during the Academy will be valid for 5 years from the date of completed program; or until the current curriculum stays in place. If the 5 years have passed and/or updated curriculum is released by the OSFM and you haven't achieved certification, then the coursework and hands-on skills will expire and program will need to be repeated.

There is no set timeline when curriculums are updated. Generally they haven't been done less than 5 years from the previous date.

Can I be sponsored by a fire department to attend the course?

To be sponsored by a fire department means that you are on a department's personnel roster.

Yes, you can have a department sponsorship; but seeking the sponsorship is your responsibility.

If you are not on a department's personnel, roster you are considered "non-rostered" or "non-affiliated".

Whom do I contact with questions about my application?

For a quick reply Email: Fireacademy@villageofposen.org or Call Posen Fire Dept. 708-385-3110.

Acknowledgement of Ineligibility for State Exam By Non-Rostered Persons

Pursuant to guidelines that govern the Office of the Illinois State Fire Marshall, a candidate for State examination must be engaged in firefighting in an organized Illinois fire department as a fire protection person or trainee as attested to by the employing Illinois fire chief of the individual seeking firefighter certification.

Therefore, non-rostered persons who successfully complete the 6 month Posen Fire Academy are NOT eligible as candidates for State examination.

However, non-rostered persons will receive the following:

- An academy *Certificate of Completion* issued by the Posen Fire Academy.
- Documentation of successful completion of practical skill exercises completed at the Posen Fire Academy.
- An *Illinois Request for Examination* form signed by Posen Fire Academy instructors & staff.
- An *Illinois Application for Certification/Validation-Attestation* form signed by the Posen Fire Academy instructors and staff.

These documents listed above will enable a non-rostered person who subsequently becomes engaged in firefighting in an organized Illinois fire department, as to by the employing Illinois fire chief, to seek firefighter certification, pursuant to the guidelines that govern the Office of the Illinois State Fire Marshall.

Certification

I certify that I have read and understand this Acknowledgement of Ineligibility for State Exam by Non-Rostered Persons. Furthermore, I understand that my status as a non-rostered person who successfully completes the Posen Fire Academy does not make me eligible as a candidate for State examination.

Signature _____

Date _____

Legibly Print Name _____

Acknowledgement of Conditions & Release of Claims

The Posen Fire Department, through its Fire Academy, attempts to conduct its training programs in the safest and most efficient manner possible. However, it is not possible to eliminate all of the potential hazards to a student's safety. Before any student participates in a fire academy training program involving live fire instruction and teaching of emergency response skills, he/she should be familiar with the level of physical stress and other hazards involved.

Please read the following explanations of the physical and mental requirements of this course and sign the form to acknowledge that you have read and understand the information.

Students who cannot comply with these requirements will not be allowed to participate in parts of the training involving physical exertion, or use of protective equipment, so as to provide for their personal well-being and the safety of other students and instructors. They may attend lectures and observe evolutions from a safe distance.

1. Practical skills training of all disciplines can be a physically and mentally stressful activity, requiring physical exertion, exposure to high temperature and humidity levels, toxic atmospheres, working at heights and in confined spaces; the possibility of elevated body temperatures, increased pulse, respiration and blood pressures; and the ability to react quickly to emergency situations.
2. Persons with known heart or lung disease, hypertension, who are pregnant, have other medical or mental conditions which may affect their health and safety under live training conditions, are advised to check with their personal physician before participating in the activity. (**Warning:** spontaneous abortion or will occur with pregnant females when core temperature elevates). (**Sponsored Candidates:** The ability to meet the Illinois Department of Labor Respirator Wearers physical evaluation is the responsibility of the sponsoring department/agency and is a requirement for any course requiring the use of a self-contained breathing apparatus.)
3. Protective clothing and self-contained breathing apparatus meeting the appropriate NFPA standards must be worn during most practical exercises and live fire training as directed by the instructor in charge. Protective equipment must be in serviceable condition.
4. Individuals with facial hair, jewelry or other impediment to the proper seal of the face-piece on self-contained breathing apparatus will not be allowed to participate in training evolutions where the atmosphere is toxic or may become so.
5. The use of alcohol, and other drugs, which affect mental or physical reactions, immediately preceding, or during training, is prohibited.
6. For the purposes of promotion, I agree to allow Posen Fire Academy to use the image or likeness of any participant, as contained in a photograph or digital format, in advertising, promotional, or instructional material without compensation.

Student Signature _____ Print Name _____ Date _____

Sponsored applicants: by the signature of the Chief/Training Officer, the department acknowledges extension of its Worker's Compensation coverage to the student. In the event of injury during training, the student is responsible for notifying his or her department to initiate the process. Posen Fire Department does not provide insurance coverage for students. Any and all injuries, no matter how minor, will be reported to the PFA staff that will have the final say in selecting the treatment disposition for the student. This may range from on-site treatment to ambulance transportation to a local emergency department or occupational medicine agency. If a student or department does not accept these terms, or refused to comply with PFA treatment decision and disposition, the student will be dropped from the remainder of the class (or program) and will not be eligible for any refund.

Fire Chief/Training Officer _____ Dept. Name _____

Print Name Eligibly _____

Evening Phone# _____

MEDICAL EXAM FORM

NAME:	ID:	AGE:	DOB:	DATE:
--------------	------------	-------------	-------------	--------------

REASON FOR VISIT				
<input type="checkbox"/> 20 Annual Incumbent Exam <small>WFI & NEPA 1582 Chapter 7</small>	<input type="checkbox"/> RTW/Light Duty Eval	<input type="checkbox"/> Annual Volunteer Exam	<input type="checkbox"/> Cadet/Candidate Exam <small>WFI & NEPA 1582 Chapter 6 Categories A & B noted if found</small>	
<input type="checkbox"/> MD/Phone Consult		<input type="checkbox"/> Other: _____		

PHYSICAL EXAM / DATA			Comments
Test/Screening	Nml	Abn	
VISION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Uncorrected <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts Acuity: Both 20/____ R 20/____ L 20/____ <input type="checkbox"/> Category A <input type="checkbox"/>Category B
HEARING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 500 Hz, <input type="checkbox"/> 1000 Hz, <input type="checkbox"/> 2000 Hz, <input type="checkbox"/> 3000 Hz, <input type="checkbox"/> 4000 Hz, and <input type="checkbox"/> 6000 Hz. <input type="checkbox"/> Category A <input type="checkbox"/>Category B
SPIROMETRY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Category A <input type="checkbox"/>Category B
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WFI <input type="checkbox"/> Bruce <input type="checkbox"/> Other METS: _____ 85% time: _____ <input type="checkbox"/> Recovery 5 min Post _____ <input type="checkbox"/> Category A <input type="checkbox"/>Category B
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Category A <input type="checkbox"/>Category B

PHYSICAL EXAM			Physician Notes/Comments <small>With categories A & B noted if found on Cadet/Candidate exam</small>
General	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	
Neck	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	
Pulmonary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Back	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
GU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Rectal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Medical History	<input type="checkbox"/>	<input type="checkbox"/>	
			BP
			HR
			HT
			WT

Assessment	
<input type="checkbox"/> Individual may perform all duties, including operations.	<input type="checkbox"/> Individual may perform duties, not including operations.

Plan	
<input type="checkbox"/> Follow up on any abnormal labs with your primary care provider.	_____ Physician/LHCP Signature Date

PHYSICIAN'S REPORT OF FINDINGS (CANDIDATE)

Candidate's Name: _____

The results from your medical examination performed on _____ 20, _____
by: _____ are as follows:

The physical exam was Normal Abnormal Not applicable
Blood pressure was _____/_____ which is Normal Abnormal
Comments:

The hearing test was Normal Abnormal Not applicable
Comments:

The pulmonary function test was Normal Abnormal Not applicable
Comments:

The vision test was Normal Abnormal Not applicable
Comments:

The lab results were Normal Abnormal Not applicable
See enclosed results. Any lab value marked with an H or L is outside the normal limits and should be discussed with your primary doctor to determine the importance of the finding.
Comments:

The chest x-ray was Normal Abnormal Not applicable
Comments:

The treadmill stress test was Normal Abnormal Not applicable
The test was terminated due to: Reached 12 METs Stopped by candidate
 Abnormal findings on EKG
Comments:

Please discuss all abnormal findings with your primary doctor. Abnormal findings might be signs of significant medical conditions that should be addressed by your primary doctor.

Sincerely,

CANDIDATE MEDICATION CARD

Information about you

Your name: _____ Birth Date: _____ Blood Type: _____
 Address: _____ Weight: _____ Height: _____
 Emergency Contact: _____

name _____ phone _____

Vaccinations (date of last immunization)

Influenza: _____ Pneumococcal: _____
 MMR: _____ Tetanus/diphtheria: _____
 Hep A _____ B _____ C _____

Pharmacy: _____
 Primary care doctor: _____
 Other physicians: _____
 Specialists: _____

Medical Conditions

asthma heart disease diabetes high blood pressure cancer kidney disease
 other(s) _____

Over-the-Counter Medications

(check all that you use regularly)

- Allergy relief, antihistamines
- Antacids
- Aspirin/other pain,
- Cold/cough
- Herbs, dietary supplements
- Laxatives
- Sleeping pills
- Vitamins, minerals

Discontinued Medications or Products

Medication, Food, Environmental	Discontinued Medications, Allergy, Side Effects, Reaction or Intolerance Experienced (symptoms, severity, dates)

Diet pills Others (list below):

Prescription Medications

Start Date	Name of Medicine Brand name Generic name too if available	Prescribed By	Dose (mg, units, puffs, drops)	When Do You Take It? How many times per day? Morning and night? After meals?	Purpose Why do you take it?	Important Comments (e.g. danger signs, side effects, drug-drug, drug-food interactions, stopped taking?)	Stop Date	Monitoring Required (e.g. lab test, every _____ weeks)	Notes Date reviewed, Date Updated

*Always refer to physician and pharmacist input and the detailed drug sheets provided with each medication for a complete list of potential side effects/danger signs/interactions.

USE PENCIL Whenever you see a doctor, including your primary care physician and any specialists, review and update this medication list.
After any hospitalization, check with your doctor to review this medication list.

MEDICAL HISTORY QUESTIONNAIRE

NAME (LAST, FIRST MIDDLE):	SOC SECURITY #:	BIRTHDATE:	AGE:
ADDRESS:	CITY:	STATE, ZIP CODE	
IF YOU PREVIOUSLY HAVE HAD A FIRE MEDICAL EXAM, PLEASE PROVIDE:		WORK PHONE ()	
DATE(s):	DEPT(s):	HOME/CELL PHONE ()	

A response is required for each item below. Do not leave any blanks. Check "Yes" if you have ever had any of the following conditions or symptoms. Be sure to include conditions that were treated through any workers' compensation system. You must explain all "Yes" and "Not Sure" answers on Page 4.

EYES, EARS, NOSE, THROAT

Yes NotSure No

- 1. Worn Glasses/Contact Lenses
- 2. Worn Retainer Lenses
- 3. Cataract
- 4. Blurred or Double Vision
- 5. Glaucoma
- 6. Blind Spot
- 7. Impaired Peripheral Vision
- 8. Refractive Surgery (such as Lasix)
- 9. Color Vision Impairment
- 10. Abnormal Color Vision Test
- 11. Corneal Refractive Therapy
- 12. Sinus Trouble
- 13. Loss of Smell
- 14. Ruptured Ear Drum
- 15. Ringing/Buzzing Ears
- 16. Hearing Trouble
- 17. Abnormal Hearing Test
- 18. Ear Surgery
- 19. Ear Aches

PULMONARY

Yes NotSure No

- 20. Asthma
- 21. Shortness of Breath
- 22. Chronic or Frequent Cough
- 23. Positive TB Skin Test
- 24. Chest Tightness
- 25. Wheezing
- 26. Pneumonia
- 27. Pneumothorax (Collapsed Lung)

GASTROINTESTINAL

Yes NotSure No

- 28. Vomited Blood
- 29. Persistent Diarrhea
- 30. Colitis
- 31. Black/Bloody Bowel Movement
- 32. Recurrent Hemorrhoids
- 33. Hepatitis
- 34. Liver Disease
- 35. Elevated Liver Enzymes
- 36. Trouble Swallowing
- 37. Pancreatitis
- 38. Hernia

- 39. Ulcer
- 40. Irritable Bowel Syndrome
- 41. Crohn's Disease

CARDIOVASCULAR

Yes NotSure No

- 42. Heart Attack
- 43. Heart Murmur
- 44. Palpitation (Irreg. Heartbeat)
- 45. Heart Valve Abnormality
- 46. Enlarged Heart
- 47. Pain or Discomfort in Chest
- 48. Heart Failure
- 49. Swelling of Feet/Legs
- 50. Leg Pain While Walking
- 51. Painful Varicose Veins
- 52. High Blood Pressure

MUSCULO/SKELETAL

Yes NotSure No

- 53. Fractures/Broken Bones
- 54. Back Trouble/Pain/Injury
- 55. Scoliosis
- 56. Neck Trouble/Pain/Injury
- 57. Numbness of Extremities
- 58. Arthritis/Rheumatism
- 59. Joint Pain or Swelling
- 60. Shoulder Injury/Dislocation/Pain
- 61. Elbow Trouble/Pain/Injury
- 62. Wrist/Hand Trouble/Pain/Injury
- 63. Hip Trouble/Pain/Injury
- 64. Knee Trouble/Pain/Injury
- 65. Shin Pain

- 66. Leg Pain/Injury
- 67. Ankle/Foot Trouble/Pain/Injury
- 68. Carpal Tunnel Syndrome

CENTRAL NERVOUS SYSTEM

Yes NotSure No

- 69. Epilepsy
- 70. Convulsion/Seizure
- 71. Fainting Spell
- 72. Loss of Consciousness
- 73. Recurrent Dizziness
- 74. Traumatic Brain Injury
- 75. Migraine Headache
- 76. Frequent Headaches
- 77. Stroke
- 78. Transient Ischemic Attack (TIA)
- 79. Tremors
- 80. Chronic Muscular Disease
- 81. Chronic Neurological Disease
- 82. Attention Deficit Disorder
- 83. Skull Defect

MISCELLANEOUS

Yes NotSure No

- 84. Kidney Disease
- 85. Bladder Trouble
- 86. Blood in Urine
- 87. Prostatitis
- 88. Irregular Vaginal Bleeding
- 89. Currently Pregnant
- 90. Menstrual problem - *that kept you from going to work*
- 91. Referred for Psychological Help

Yes Not Sure No

- 92. Drug/Alcohol Treatment
- 93. Mental Hospitalization
- 94. Panic Attack
- 95. Diabetes
- 96. Thyroid Trouble
- 97. Bleeding Tendencies
- 98. Anemia
- 99. Enlarged Glands
- 100. Skin Problems/Cancer/Rashes
- 101. Sun/Heat Intolerance
- 102. Eczema
- 103. Razor Bumps
- 104. Cyst/Tumor

Yes Not Sure No

- 105. Cancer/Leukemia
- 106. Chronic Fatigue
- 107. Night Sweats
- 108. Undesired Weight Loss
- 109. Claustrophobia
- 110. Multiple Chemical Sensitivity
- 111. Wool Allergy
- 112. Sleep Apnea
- 113. Snoring
- 114. Trouble Sleeping
- 115. Low Blood Sugar
- 116. Blood Clot in Lungs/Legs

Yes Not Sure No

- 117. Do you have any physical activity limitations?
- 118. Do you need any special accommodations to assist you in performing required job tasks?
- 119. Do you ever get wheezy or taken medication to prevent wheezing/shortness of breath with exercise?
- 120. Have you ever worked for this City/County before? If "yes", at what position, and in which department? _____
- 121. Have you ever been refused any employment because of any physical, psychological, or medically related reason?
- 122. Have you ever been rejected for or discharged from a military position because of physical, psychological, or medically related reasons?
- 123. Have you ever failed a pre-placement medical or psychological examination?
- 124. Have you ever been terminated or resigned from employment, or had to change job positions due to a physical, psychological, or medically related reason?
- 125. Have you ever failed to complete a training academy due to a physical, psychological, or medically related reason?
- 126. Have you ever had a positive drug or alcohol test?
- 127. Do you occasionally use or are you currently taking any prescription or over the counter medications? List name, dosage, frequency of use, and the reason the medication is used on Page 5.
- 128. Have you ever been absent from work due to job stress?

Yes Not Sure No

129. Have you ever had any surgical or arthroscopic procedures?
130. Do you currently have a cold/cough or have you had any in the last two weeks?
131. Have you ever been hospitalized for reasons other than pregnancy? If "yes", list date, length of stay, and reason on Page 5.
132. Are you currently under a doctor's care for any medical condition?
133. Have you ever seen a doctor for back/neck pain, injury, or problems?
134. Have you ever been off work because of back/neck pain, injury, or problems?
135. Have you had a recent change in the size or color of a mole, or a sore that would not heal?
136. Have you ever had any problems using a gas mask? (Check "No" if you have never used a gas mask).
137. Have you missed more than five days from work due to medical reasons in the past year?
138. Have you been exposed to loud noise today? If "yes", were you wearing ear protection? Yes No
139. Are you a current cigarette smoker?

A. How many packs of cigarettes do you smoke a day? _____

B. How long have you been smoking? _____

140. Are you an ex-smoker?

A. How many years did you smoke? _____

B. How many packs a day? _____

C. When did you quit? _____

141. Have you used chewing tobacco or smoked cigars/pipe in the last 15 years?
142. Has someone ever been concerned about your drinking or suggested that you cut down?
143. Have you ever been convicted of driving under the influence (DUI)?
144. Have you ever felt bad about your drinking?
145. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

146. I am left right handed.

147. I drink _____ beers; _____ glasses/shots of hard liquor; _____ glasses of wine per week.

148. Describe any hobbies/recreational/work activities that have exposed you to noise, chemicals, or duty conditions:

149. Please describe your typical exercise or physical activity including any physical activity at work:

#1: _____ For _____ hours a week. For _____ number of years.

#2: _____ For _____ hours a week. For _____ number of years.

#3: _____ For _____ hours a week. For _____ number of years.

150. Please describe your current job and all previous jobs held in the last 5 years (including military service):

JOB TITLE:	PRIMARY DUTIES:	EMPLOYER:	APPROX DATES OF EMPLOYMENT:

SUPPLEMENTAL INFORMATION

If you have answered "Yes" or "Not Sure" to any questions, please provide detailed information below.

QUESTION NUMBER	
(If Needed, Please Attach An Additional Sheet)	

I hereby authorize the performance of a complete medical examination, x-rays, blood testing, and urine testing. I am aware that laboratory testing may be used to detect illegal substances and therapeutic medications, and to verify my answers to the questions contained in this medical questionnaire. I declare that my answers are true to the best of my knowledge and belief. I am aware that any willful inaccuracy may be regarded as cause for disqualification for employment, or dismissal after hire.

TYPED OR PRINTED NAME OF APPLICANT:	COMPLETE SIGNATURE:	DATE:
NAMES USED IN THE PAST, INCLUDING MAIDEN NAME (IF APPLICABLE): <p style="text-align: center;">THE SIGNATURE OF YOUR PARENT OR GUARDIAN IS REQUIRED IF YOU ARE UNDER 18 YEARS OF AGE.</p>		
SIGNATURE:	RELATIONSHIP:	

