



FIRE SERVICE

Fire Service Management

PRE-APPLICATION

83651

2407 Caldwell Blvd Nampa, ID 83651 Room 120A

This form is used to apply for pre-admission to the Fire Service Technology (FST) AA / BTC2 or Fire Service Management (FSM) program. Students interested in the program may apply prior to being admitted to CWI, and, once approved, enter as a FST AA or FSM AA major. Each semester, only a select number of students are admitted to the program. The selection process is very competitive. Candidates not admitted to the cohort may be placed on an alternate list for admission in the event an opening occurs in that same cohort. If not admitted, applicants must reapply each year. **ONLY COMPLETE PRE-APPLICATIONS WILL BE CONSIDERED**

Fire Service Technology PRE-APPLICATION

LAST NAME		FIRST NAME	M.I.	CWI STUDENT ID	
ADDRESS		CITY	STATE	ZIP	EMAIL
PHONE NUMBER (INCLUDING AREA CODE)			OTHER PREVIOUSLY USED NAMES		

PRE-APPLICATION INSTRUCTIONS

You must read and follow all steps to ensure a complete PRE-APPLICATION. The PRE-APPLICATION process is based on a case-by-case process. Program entry opportunities will be discussed with Fire Service Technology Program personnel during the application process.

STEP 1: COMPLETE ITEMS PRIOR TO PROGRAM PRE-APPLICATIONS SUBMISSION

Check to verify you have completed the following steps and have been admitted to CWI as a student:

- Apply at cwi.edu/apply.
- Request Official transcripts* to be sent to: One Stop Student Services, MS 3000, P.O. Box 3010, Nampa, ID 83653
- Complete the Bachelor's Degree Evaluation Request Form if you have completed a bachelor's or master's degree.

*Submit recent (within three years of the first day of class) ACT test scores, SAT test scores, or all three sections (Math, Reading, and Writing) of the COMPASS test scores or college coursework in English and Math.

**Submit one of the following: 1) An official high school transcript showing graduation OR 2) Official GED transcripts with an overall pass posted OR 3) College transcript showing an associate degree or higher.

STEP 2: SUBMIT FIRE SERVICE PRE-APPLICATION (THIS FORM)

- Complete this form.
- Complete the FST AA/BTC2 or FSM Pre-Application Packet (Fire Program Checklist, Pre-Application Form, Background Questionnaire, Employment History Form), and email in.

STEP 3: INITIAL AND DATE THAT YOU HAVE READ THE FOLLOWING STATEMENT

All students applying to the College of Western Idaho Fire Service Technology or Fire Service Management program are required to meet one-on-one with Darrin Raskopf, Director of Fire Service Technology. Upon receipt of this PRE- APPLICATION, I can expect to be contacted by the Program Director or Marisa Quintana *at his or her convenience*, to set up a meeting to go over my PRE-APPLICATION.

INITIAL & DATE: _____

STEP 4: SIGN THIS PRE-APPLICATION

I certify all the information provided in this PRE-APPLICATION is true and correct to the best of my knowledge. I understand falsification of information is cause for denial of admission/expulsion

STUDENT SIGNATURE DATE

STEP 5: COMPLETE BACKGROUND/MEDICAL QUESTIONNAIRE

Please complete these questionnaires. These questionnaires will be embedded in the additional attachments provided to you.

STEP 6: SUBMIT THIS PRE-APPLICATION

Submit this PRE-APPLICATION in one scanned document to the below email provided. The email subject should read as follows: FST or FSM (*the program you are applying for*) Application for *your name*.

Scan and email completed packet to cwifireprogram@cwidi.edu

NO ADDITIONAL MATERIALS WILL BE ACCEPTED TOWARD YOUR PRE-APPLICATION AFTER SUBMISSION OF YOUR PACKET.



FIRE SERVICE TECHNOLOGY BACKGROUND QUESTIONAIRE

Please answer each of the following questions below honestly and completely. Incomplete and/or vague explanations will **NOT** be accepted. You may be required to answer these same questions while applying for firefighting positions after you have completed your FST / FSM degree program.

Applicant Name: _____ DOB: _____

Please list all known alias names (AKAs): _____

Drug Use

1. Have you ever used **Marijuana**? (This includes use of cannabis, hashish, hash oil, and THC in both synthetic and natural forms) **YES NO**

If so, how often? (Daily, Weekly, Monthly etc.) _____ How many times? _____

When did you start? _____ When was your last time? _____

2. Have you ever used any other **Controlled Substances** which are unlawful? **YES NO**

If so, what did you use? _____

How often? (Daily, Weekly, Monthly etc.) _____ How many times? _____

When did you start? _____ When was your last time? _____

3. Have you ever unlawfully used any **Prescription Drugs**? **YES NO**

If so, what did you use? _____

How often? (Daily, Weekly, Monthly etc.) _____ How many times? _____

When did you start? _____ When was your last time? _____

4. Have you ever participated in the sale, delivery, or manufacture of a controlled substance?

YES NO

If yes, please explain in detail to include who, why, when, where, what, and how:

Behavior

1. Since you turned 18 years old, have you ever stolen something that did not belong to you?

YES NO

If yes, please explain in detail to include who, why, when, where, what, and how:

2. Since you turned 18 years old, have you ever knowingly had sex with someone under the age of 16?

YES NO

If yes, please explain in detail to include who, why, when, where, what, and how:

3. Have you ever committed a rape or any other unlawful sexual acts? **YES NO**

If yes, please explain in detail to include who, why, when, where, what, and how:

Criminal/Traffic Record

1. Current Driver's License Number: _____ State: _____

2. List all the states in which you have resided: _____

3. List all the states where you have obtained a driver's license: _____

4. Has your driver's license **EVER** been suspended or revoked? **YES NO**

If yes, please explain in detail to include, who, why, when, where, what, how, and whether you carried an SR-22 and complied with the SR-22 requirements:

5. Have you ever been convicted of any DUIs? **YES NO**

If yes, please explain in detail to include, who, why, when, where, what, how:

6. Since you turned 18 years old, have you ever been convicted of any misdemeanor sex crimes or crimes of deceit?

YES NO

If yes, please explain in detail to include, who, why, when, where, what, how:

7. Have you ever been convicted of **ANY** other misdemeanors to include traffic violations?

YES NO

If yes, please explain in detail to include, who, why, when, where, what, how:

8. Have you ever been convicted of **ANY** felonies to include juvenile convictions?

YES NO

If yes, please explain in detail to include, who, why, when, where, what, how:

9. Have you received any traffic infractions within the past (3) three years? **YES NO**

If so, please list:

I. Approx. Date: _____ Police Agency: _____ Charge: _____
Explanation: _____

II. Approx. Date: _____ Police Agency: _____ Charge: _____
Explanation: _____

III. Approx. Date: _____ Police Agency: _____ Charge: _____
Explanation: _____

IV. Approx. Date: _____ Police Agency: _____ Charge: _____
Explanation: _____

V. Approx. Date: _____ Police Agency: _____ Charge: _____
Explanation: _____

By signing below, I certify that all information provided above is true and correct to the best of my knowledge. I understand my failure to provide complete, accurate, and truthful information on the application may be grounds for rejection of enrollment in the College of Western Idaho Fire Service Technology/BTC program.

Print Name

Date

Signature

EMPLOYMENT HISTORY FORM

Please provide information regarding your last three jobs starting with the most recent and all jobs within the **last 10 years**.

Applicant Name: _____

Employer #1:		Dates Employed - From:	To:
Address:			
City:	State:	Zip:	
Phone Number:			
Position Title/Job Duties:			
Supervisor's Name:			
Reason for Leaving:			
Employer #2:		Dates Employed - From:	To:
Address:			
City:	State:	Zip:	
Phone Number:			
Position Title/Job Duties:			
Supervisor's Name:			
Reason for Leaving:			
Employer #3:		Dates Employed - From:	To:
Address:			
City:	State:	Zip:	
Phone Number:			
Position Title/Job Duties:			
Supervisor's Name:			
Reason for Leaving:			

(Additional space on reverse side.)

Employer #4:		Dates Employed - From:		To:
Address:				
City:		State:		Zip:
Phone Number:				
Position Title/Job Duties:				
Supervisor's Name:				
Reason for Leaving:				
Employer #5:		Dates Employed - From:		To:
Address:				
City:		State:		Zip:
Phone Number:				
Position Title/Job Duties:				
Supervisor's Name:				
Reason for Leaving:				
Employer #6:		Dates Employed - From:		To:
Address:				
City:		State:		Zip:
Phone Number:				
Position Title/Job Duties:				
Supervisor's Name:				
Reason for Leaving:				



COLLEGE OF WESTERN IDAHO REFERENCE CHECK FORM

Applicant Name: _____

Please provide three references (any references that are currently in the fire service are strongly encouraged).

Please no relatives.

REFERENCE NAME:	
RELATIONSHIP:	
COMPANY NAME:	
TITLE:	
PHONE NUMBER:	
E-MAIL:	
ADDRESS:	

REFERENCE NAME:	
RELATIONSHIP:	
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