

SELF CONTAINED BREATHING APPARATUS (S.C.B.A.) EVALUATION FORM

A medical history must be completed to properly assess the ability of an applicant to wear a S.C.B.A. Attach an additional page for any item, which may need further explanation.

PLEASE COMPLETE AS ACCURATELY AS POSSIBLE

- | | | |
|-----|----|--|
| YES | NO | 1. Diabetes Insipidus or Mellitus |
| YES | NO | 2. Epilepsy, Grand Mal or Petit Mal Seizures |
| YES | NO | 3. Alcoholism |
| YES | NO | 4. Use of medications (list in margin) |
| YES | NO | 5. Punctured eardrum |
| YES | NO | 6. Skin sensitivities |
| YES | NO | 7. Impaired or non-existent sense of smell |
| YES | NO | 8. Emphysema |
| YES | NO | 9. Chronic Pulmonary Obstructive Disease |
| YES | NO | 10. Bronchial Asthma |
| YES | NO | 11. X-ray evidence of Pneumoconiosis |
| YES | NO | 12. Evidence of reduced pulmonary function |
| YES | NO | 13. Coronary Artery Disease or Cerebral Blood Vessel Disease |
| YES | NO | 14. Severe or progressive Hypertension |
| YES | NO | 15. Anemia, Pernicious |
| YES | NO | 16. Pneumomediastinum Gap |
| YES | NO | 17. Communication or Sinus through upper jaw or oral cavity |
| YES | NO | 18. Experiences breathing difficulty when wearing a S.C.B.A. |
| YES | NO | 19. Experiences claustrophobia when wearing a S.C.B.A. |
| YES | NO | 20. Any other conditions that could affect the healthful use of a S.C.B.A. |

EDUCATION

SCHOOL	NAME/ADDRESS	LEVEL OF EDUCATION COMPLETED TYPE OF DEGREE OR CERT.	MAJOR AREA OF STUDY
High School			
Technical			
College			
University			
Other			

Driver's License # _____ Class/Endorsement: A B C D 0 1 2 3 State: _____

SIGNATURE

The City of St. Clair and the St. Clair Volunteer Fire Department has the right to verify information provided in the application. False information may subject an applicant to the penalty provisions of M.S. 43A.39. In conjunction with this application, the applicant authorizes the City of St. Clair and the St. Clair Volunteer Fire Dept. and/or any agent acting on their behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to: transcripts from educational institution relating to academic performance, current and past employers, and personal references. Moreover, the applicant hereby releases the City of St. Clair and the St. Clair Volunteer Fire Dept. and/or any agent acting on their behalf from any and all liability by requesting such information from any person.

_____ Yes, I agree

_____ Yes, but not present employer until job is offered.

_____ No *

*PLEASE NOTE: The City of St. Clair and the St. Clair Volunteer Fire Dept. may not be able to hire without this information.

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below. I understand that incomplete or inaccurate information may be grounds for rejecting the application or for termination.

Date _____

Signature _____

Please place the completed application in a sealed envelope marked:

St. Clair Volunteer Fire Dept. Application

Applications can be dropped off at:

St. Clair City Hall
304 Main Street West
St. Clair, Minnesota

Applications can be mailed to:

City of St. Clair, P.O. Box 97, St. Clair MN 56080 or
St. Clair Fire Department, P.O. Box 201, St. Clair MN 56080

Application deadline:

Friday, March 13, 2015 at 4:30 p.m.