



## CITY OF HIALEAH FIRE DEPARTMENT

**“Train like your crew’s life depends on it, because it does”**

### Fire Cadet Application Process

- Complete all forms provided with signature
- Written Essay of why you would like to join the fire-cadet program and what characteristics and abilities you would bring to the program
- Current GPA/Copy of Report Card
- If selected you will need a medical physical. The Miami Dade County Public Schools physical will be sufficient.



# Hialeah Fire Department

“Committed To Serve and Protect Our Community”

## HIALEAH FIRE-CADET PROGRAM APPLICATION FORM

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
CELL PHONE # \_\_\_\_\_  
EMAIL \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_  
EMERGENCY CONTACT # \_\_\_\_\_  
PARENT/GUARDIANS NAME(S) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_  
GRADE CURRENTLY IN \_\_\_\_\_ CURRENT G.P.A. \_\_\_\_\_  
HIGH SCHOOL ATTENDING \_\_\_\_\_  
GRADUATION DATE \_\_\_\_\_  
MEDICAL HISTORY: Do you currently suffer or have suffered any medical condition(s)/Illnesses/ Surgery (s). \_\_\_\_ YES \_\_\_\_ NO. CURRENTLY TAKING ANY MEDICATIONS \_\_\_\_ YES \_\_\_\_ NO  
IF YES PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ALLERGY (S) TO ANY MEDICATION, FOOD, PLANT, INSECT OR OTHER MATERIAL OR  
SUBSTANCE \_\_\_\_ YES \_\_\_\_ NO  
IF YES PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
NAME ANY OTHER CLUBS OR ORGANIZATIONS THAT YOU ARE AFFILIATED  
WITH: \_\_\_\_\_  
\_\_\_\_\_  
HAVE YOU EVER BEEN ARRESTED OR IN ANY TYPE OF SERIOUS TROUBLE:  
YES \_\_\_\_ NO \_\_\_\_  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER ILLEGALLY USED DRUGS OR CONTROLLED SUBSTANCES?

\_\_\_ YES \_\_\_ NO. IF YES EXPLAIN \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED \_\_\_ YES \_\_\_ NO

IF YES EXPLAIN \_\_\_\_\_

NAME TWO (2) STRONG POINTS ABOUT YOURSELF:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

NAME TWO (2) WEAK POINTS ABOUT YOURSELF:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

GIVE A REASON(S) FOR BECOMING A MEMBER OF THIS FIRE CADET PROGRAM?

\_\_\_\_\_

\_\_\_\_\_

DO YOU KNOW ANY PERSON INVOLVED IN THIS PROGRAM? YES \_\_\_ NO \_\_\_

IF YES, NAME OF PERSON (S) \_\_\_\_\_

ARE YOUR PARENTS IN FAVOR OF YOU JOINING THIS PROGRAM? Yes \_\_\_ No \_\_\_

HOW DID YOU FIND OUT ABOUT THE HIALEAH FIRE CADET PROGRAM? \_\_\_\_\_

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from the program. I understand that the Hialeah Fire-Department is a drug-free workplace and that all cadets must be drug-free. I am also attesting that I understand and meet all of the minimum requirements of the position (Fire-Cadet).

Name of candidate \_\_\_\_\_

Signature of candidate \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian (if under 18) \_\_\_\_\_

Signature of parent/guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_



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**Parental Consent for Participation in Fire Cadet Program:**

My son/daughter \_\_\_\_\_  
has my permission to be a Hialeah Fire-Cadet with the Hialeah Fire Department. I give my consent to allow them to be a Fire-Cadet and do not hold the Hialeah Fire-department nor the City of Hialeah responsible for any actions caused by my son/daughter that is not under the direct supervision. Being involved in this Fire Cadet Program can be physically demanding at times and by signing below I agree that this applicant can meet the health and physical fitness requirements of such activities.

**X** \_\_\_\_\_  
Parent or guardian signature permission to participate:      Date: \_\_\_\_\_

\_\_\_\_\_  
Name of parent or guardian printed clearly