FIRE ACADEMY APPLICATION

This application packet holds all the necessary forms to apply for the Firefighter I, Basic Fire Academy. The events listed are part of the application process and are **mandatory** that you attend. **No Exceptions!** Failure to attend any of the events may result in your application and sponsorship being void and you not being accepted into the academy. There is no need to make an appointment for the events.

Firefighter I, Basic Fire Academy
**Class 95**
Full Time Academy
August 10, 2020 - November 14, 2020
Monday – Friday 0600-1800

**IMPORTANT DATES & EVENTS**

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DAY</th>
<th>DATES &amp; TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications Available</td>
<td>Friday</td>
<td>April 3(^{rd}) to June 10(^{th}), 2020</td>
</tr>
<tr>
<td><strong>Application Due Dates</strong></td>
<td><strong>DRIVE-THRU ONLY</strong></td>
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<tr>
<td><strong>Wednesday OR Thursday</strong></td>
<td></td>
<td><strong>June 10(^{th}) from 1300 to 1800</strong></td>
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<tr>
<td><strong>June 11(^{th}) from 0800 to 1400</strong></td>
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<td></td>
</tr>
<tr>
<td>Physical Abilities Test</td>
<td>Saturday</td>
<td>June 20(^{th}) at 0700 (Mandatory for all applicants)</td>
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<tr>
<td></td>
<td></td>
<td>Bring Snacks/Water; Wear PT clothes</td>
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<tr>
<td>On-Line Registration</td>
<td>Monday Tuesday</td>
<td>July 6(^{th}) from 0800 to 1700</td>
</tr>
<tr>
<td></td>
<td></td>
<td>July 7(^{th}) from 0800 to 1700</td>
</tr>
<tr>
<td>Orientation Day</td>
<td>Wednesday</td>
<td>July 17(^{th}) from 0800 to 1600</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RHC Fire Academy (bring your lunch)</td>
</tr>
<tr>
<td>Family Day <strong>ZOOM</strong></td>
<td>Saturday</td>
<td>June 27(^{th}) from 1300- 1530</td>
</tr>
<tr>
<td><strong>MEETING ONLY</strong></td>
<td></td>
<td>Suits/Male Slacks/Female</td>
</tr>
<tr>
<td>Instruction Begins</td>
<td>Monday</td>
<td>August 10(^{th}) 2020 at 0600</td>
</tr>
<tr>
<td>Class #95 Graduation</td>
<td>Saturday</td>
<td>November 14(^{th}) 2020 at 0900</td>
</tr>
</tbody>
</table>
To: Fire Academy Applicants
From: Andrew Grzywa, Fire Academy Director
Subject: Class 95 Fire Academy Application Process

Class 95 of the Rio Hondo Firefighter I, Basic Academy is a full-time academy. The academy class meets 5 days a week from 0600 to 1800 on Mondays through Fridays. **Class 95 Fire Academy is scheduled to begin on Monday, August 10th 2020 and graduation will take place on Saturday, November 14th 2020.**

You must complete the six (6) fire technology core classes, pass EMT with at least a “B” or have current EMT-1 certification, and fulfill your basic skills by the end of the Summer 2020 semester in order to apply for the Firefighter I Academy. Also, your application must be submitted to and your academic requirements verified by Diana Valladares, RHC Public Safety Counselor, **ONLY on June 10th or June 11th 2020 via Drive-Thru Lineup.**

All Fire Academy candidates are required to take the **Physical Abilities Test (Biddle)** on **Saturday, June 20th at 0730**, regardless if you have already taken it before.

You will register online for the academy on **Monday July 6th or Tuesday, July 7th 2020, beginning at 0800**. A letter will be sent to all accepted candidates instructing you with the appropriate registration information. Should you encounter any registration issues, staff will be available to assist you.

There will be a **Mandatory Orientation meeting** for all cadets accepted of Class 95:

- **Time:** 0800 – 1600 (bring your lunch)
- **Date:** **Wednesday, July 17th, 2020**
- **Location:** Rio Hondo Fire Academy Training Center
  11400 Greenstone Avenue ~ Santa Fe Springs

**Although not required** to have all uniforms, books or turnouts, **please bring to the Physical Abilities Test (Biddle) what you do have** for inspection purposes. **All items must** be brought to the first day of the fire academy on **August 10th 2020.**

For the required physical, applicants will have to use their own Doctor or Health Center. As soon as the health offices open back up, please make an appointment in advance. The main campus is on remote mode and cannot perform physicals at this time. **Applicants will have until August 10th to turn in their physicals.**

Good luck to all applicants.
FIREFIGHTER I ACADEMY APPLICATION & CHECKLIST

Last Name __________________________ First Name __________________________ M.I. ___
Address: __________________________________________

Home Phone: (________) ___________________________ Cell Phone: (________) ___________________________

Birthdate: ______ / ______ / ______
Email: __________________________________________

☐ Male   ☐ Female
☐ Pre-Service   ☐ In-Service / Sponsored by Agency: __________________________________________

Signature: __________________________________________ Date _____________________________

Items required on separate sheets of paper:

☐ Sponsorship Form (optional)
☐ Current EMT Cert or EMT-1 Course with at least a “B” (enlarge to 150%; copy on lower half of page)
☐ Course Verification (Completed by Counselor on the day you drop off application)
☐ Coursework-in-Progress Form (if needed)
☐ Physical Examination Form (2 pages)
☐ Medical Insurance Verification Form
☐ If you have insurance copy your Medical Insurance Card; (enlarge to 150%; copy on lower half of page)
☐ Copy of your Driver’s License; (enlarge to 150%; copy on lower half of page)
☐ Questionnaire

NOTE: Once you have secured ALL the items above, your academic requirements and application must be verified by Diana Valladares, Public Safety Counselor at the Rio Hondo Fire Academy 11400 Greenstone Avenue, Santa Fe Springs, on the dates listed.
BASIC FIRE ACADEMY
IN-SERVICE AND SPONSORSHIP VERIFICATION

I hereby certify that ________________________________ is a bona fide:

IN-SERVICE CADET

☐ Fully paid member of a governmental or industrial fire protection or fire prevention agency.
   I also certify that this individual will be provided with worker's compensation insurance by my agency for any injury suffered during the course of the academy.

☐ Current EMT Certification or Completed a Certified EMT-1 course with at least a "B"

SPONSORED CADET

☐ Auxiliary member of a department which:
   Has completed:

☐ Current EMT Certification or Certified EMT-1 course with at least a "B"

☐ Rio Hondo College Fire Technology Core Courses with a grade "C" or better
   ☐ FTEC101 ☐ FTEC102 ☐ FTEC103 ☐ FTEC104 ☐ FTEC105 ☐ FTEC106

Signature: ___________________________________________ Date: _______________________
          Fire Chief

Chief's Printed Name: _____________________________________________

Department: ____________________________ Phone Number: (_____) __________________


COURSEWORK-IN-PROGRESS VERIFICATION
Use ONE form per college. Photocopy additional forms as needed.

Date: ____________________

Last Name: ____________________ First: ____________________

Birthdate: ____ / ____ / ____  Student ID #: _______ _______ _______ _______

Name of College: _______________________________________________________

Semester:  ☐ Fall  ☐ Spring  ☐ Summer  Year: __________

STUDENT: Identify the course #, title and units on the form. Please have your instructors verify your current progress by indicating your current grade and signing below. Email your online instructors asking them to send your progress directly to you via email. Print a copy of the email and attach it to this form.

INSTRUCTOR: Tentative grades are needed for the above-named student who is applying for the Rio Hondo College Fire Academy. For online courses, please email coursework-in-progress directly to student for processing.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Current Grade</th>
<th>Instructor’s Name/Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A B C D F CR NC</td>
<td></td>
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<td>A B C D F CR NC</td>
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<td>A B C D F CR NC</td>
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</tbody>
</table>
RECORD OF MEDICAL HISTORY AND PHYSICAL EXAMINATION
(To be completed by student. Please use ink and print clearly.)

NAME: ____________________________ DATE: ________________

PERMANENT ADDRESS: ____________________________________________
____________________________________
Street
____________________________________
City State Zip Code

DATE OF BIRTH: ____________ PLACE OF BIRTH: ______________________

HEALTH HISTORY
Check conditions you have had or now have. Show dates on non-chronic conditions.

☐ Allergies ☐ Convulsive Disorder ☐ Heart Trouble ☐ Rheumatic Fever
☐ Anemia ☐ Crohn’s Disease ☐ High Blood Pressure ☐ Seizures
☐ Arthritis ☐ Diabetes ☐ Impairment of Hearing ☐ Smoking Habits
☐ Asthma ☐ Dizziness ☐ Kidney Trouble ☐ Packs Daily: ☐ 1 ☐ 2 ☐ 3
☐ Back Pain ☐ Draining Ear ☐ Marked Fatigue ☐ Stomach Conditions
☐ Bladder Conditions ☐ Fainting ☐ Nervous Breakdown ☐ Thyroid Disease
☐ Bronchitis ☐ Gall Bladder Disease ☐ Other Blood Diseases ☐ Treatment for Alcoholism
☐ Cancer ☐ Headaches (Frequent) ☐ Palpitation ☐ Treatment for Drug Addiction
☐ Chicken Fowl ☐ Headaches (Migraine) ☐ Pneumonia ☐ Ulcers

List any other illness you have had. (Include dates) ____________________________________________________________

List medications. Prescribed: ____________________________________________ Over the counter taken regularly: ________________

Surgical Procedures. (Give date and nature) ________________________________________________________________

Severe Accidents, including fractures. (Give date and nature) ____________________________________________________

Female Menstrual Disorders ________________________________________________________________

IMMUNIZATIONS: Indicate which vaccinations and immunizations you have had. (Give dates) (WRITTEN proof of immunization is required)

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date</th>
<th>Titer Results</th>
<th>Date</th>
<th>Titer Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR 1</td>
<td></td>
<td></td>
<td>MMR 2</td>
<td></td>
</tr>
<tr>
<td>Hepatitis 1</td>
<td></td>
<td></td>
<td>Hepatitis 2</td>
<td></td>
</tr>
<tr>
<td>Hepatitis 3</td>
<td></td>
<td></td>
<td>Titer Results</td>
<td></td>
</tr>
<tr>
<td>Varicella 1, 2</td>
<td></td>
<td>Titer Results</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Tetanus Diphtheria Booster</td>
<td>(within past 10 years)</td>
</tr>
<tr>
<td>TB Test Date</td>
<td></td>
<td>Reaction:</td>
<td>IF TB skin test is positive, a chest x-ray is required.</td>
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<tr>
<td></td>
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<td></td>
<td>CHEST X-RAY RESULTS Date:</td>
<td>RESULTS</td>
</tr>
</tbody>
</table>

* Women should not receive the Rubella vaccine if they are pregnant or might become pregnant within 3 months. However, if you are vaccinated and then find out you were pregnant at the time, it should not be a cause for concern. Rubella vaccine has never been known to harm an unborn child.

FEMALE CLIENTS:
NURSE: Patient counseled regarding importance of not becoming pregnant within 3 months of vaccination? ☐ Yes ☐ No
Send to see primary medical physician if pregnant. ☐ Yes ☐ No
Nurses Signature: ____________________________________________ Date: __________

FAMILY MEDICAL HISTORY

<table>
<thead>
<tr>
<th>NAME</th>
<th>FATHER</th>
<th>MOTHER</th>
<th>BROTHERS</th>
<th>SISTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Place of Birth</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Health</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
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<tr>
<td>If Deceased, Cause of Death</td>
<td></td>
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</tbody>
</table>
# PHYSICAL EXAMINATION (To be completed by Physician)

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BP</th>
<th>Temperature</th>
<th>Pulse</th>
<th>Respiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
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</tr>
<tr>
<td>Eyes</td>
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<td></td>
</tr>
<tr>
<td>Teeth</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Chest / Lungs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart: Before Exercise</td>
<td>After Exercise</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>Rectal Exam</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Genitalia</td>
<td>Hernia</td>
<td></td>
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<tr>
<td>Pelvic and Breast Exam (on females)</td>
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<tr>
<td>Pregnancy Test [ ] + [ ] - Female cadets must have a Urine Pregnancy Test.</td>
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<tr>
<td>Back Dorsal Spine</td>
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<tr>
<td>Extremities</td>
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<tr>
<td>Neurological</td>
<td></td>
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</table>

## Recommendations:

### HEARING

<table>
<thead>
<tr>
<th>250</th>
<th>500</th>
<th>1000</th>
<th>2000</th>
<th>4000</th>
<th>6000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
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<tr>
<td>Left</td>
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</tbody>
</table>

Audiometrist: ___________________________  Date: ___________________________

### VISION SCREENING

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Left</th>
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</thead>
<tbody>
<tr>
<td>Uncorrected</td>
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<tr>
<td>Corrected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wears Glasses</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Contact Lenses</td>
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</tbody>
</table>

Examiner: ___________________________  Date: ___________________________

CHEM PANEL INCLUDES URINALYSIS: Date: ___________________________

This client has been examined and found physically acceptable for a Basic Fire Academy Training Program. [ ] YES  [ ] NO

Examining Physician: ___________________________  Date: ___________________________

(Signature)

Provider Printed Name: ___________________________  Phone: ___________________________
INSURANCE VERIFICATION

Name: ____________________________  Home Phone: ____________________________

Address: ____________________________

Soc Security No.: __ __ __ - __- __  Student Identification No.: __ __ __ __ __ __

DOB: __ / __ / __

Do you have medical insurance? ☐ Yes ☐ No

Is this insurance the ☐ Primary Insurance or ☐ Secondary Insurance?

Insurance Co: ____________________________  ☐ Individual  ☐ Group  ☐ HMO

Policy holder’s name: ____________________________  Relationship: ____________________________

Policy No: ____________________________  Group No: ____________________________  Member No: ____________________________

Ins. Co. Address: ____________________________

Does your place of employment provide this insurance? ☐ Yes ☐ No

If yes, Employer’s Name: ____________________________  Phone: ____________________________

Address: ____________________________

Are you covered by any other medical insurance(s)? ☐ Yes ☐ No

Is this insurance the ☐ Primary Insurance or ☐ Secondary Insurance?

Insurance Co: ____________________________  ☐ Individual  ☐ Group  ☐ HMO

Policy holder’s name: ____________________________  Relationship: ____________________________

Policy No: ____________________________  Group No: ____________________________  Member No: ____________________________

Ins. Co. Address: ____________________________

Is this insurance the ☐ Primary Insurance or ☐ Secondary Insurance?

Insurance Co: ____________________________  ☐ Individual  ☐ Group  ☐ HMO

Policy holder’s name: ____________________________  Relationship: ____________________________

Policy No: ____________________________  Group No: ____________________________  Member No: ____________________________

Ins. Co. Address: ____________________________

I hereby certify that the foregoing answers I have designated to the stated questions are true, complete, and correct to the best of my knowledge.

__________________________________________  __________________________________________
Signature  Date
QUESTIONNAIRE

Last Name: ___________________________ First: ___________________________ M.I. ______

1. Have you ever served in the American Armed Forces? □ Yes □ No
   If so, what branch of service? ___________________________
   How long? __________
   What was your military specialty? ___________________________

2. Have you been a member of an Explorer Post? □ Yes □ No
   If so, for what Fire Department __________________________
   How long? __________________________

3. Have you ever served as a member of a Color Guard? □ Yes □ No

4. Have you ever been a member of a high school or college ROTC unit? □ Yes □ No

5. Have you ever been a member of a marching band? □ Yes □ No

6. Have you ever held a supervisory position? □ Yes □ No

7. Have you ever held a managerial position? □ Yes □ No

8. Would you consider yourself a leader? □ Yes □ No

9. Would you like to be in a position of leadership? □ Yes □ No

10. Are you as willing to take orders, as you are willing to give orders? □ Yes □ No

11. If in a position of authority, would you be able to make unpopular decision without regret? □ Yes □ No