To: Fire Academy Applicants
From: Andrew Grzywa, Fire Academy Director
Subject: Class 97 Fire Academy Application

Class 97 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, Mondays through Fridays.

**Class 97 Fire Academy is scheduled to begin on Monday, August 16, 2021 and graduation will take place on Friday, December 3, 2021. (Please note that due to the Covid-19, this graduation may be private).**

You must complete the six (6) fire technology core classes, pass EMT with at least a “B” or have current EMT-1 certification, and pass FTEC044 (Physical Fitness & Ability for the Firefighter) before the start of the Academy, (August 16, 2021) to apply.

Your application must be submitted, and your academic requirements verified by Diana Valladares, RHC Public Safety Counselor, ONLY on June 9th (1100 – 1800) or on June 10th (0800 – 1400) via DRIVE-THRU LINE UP (wearing a mask and staying in your car).

All Fire Academy candidates are required to take the Physical Abilities Test (Biddle) on Friday, June 25th at 0730, regardless if you have already taken it before.

You will register online for the academy on July 6th or July 7th, 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 to Class 97:

- **Time:** 0800 – 1600 (bring your lunch)
- **Date:** Friday, July 23, 2021
- **Location:** Rio Hondo Fire Academy Training Center
  11400 Greenstone Avenue, Santa Fe Springs

Although not required to have all uniforms, books, or turnouts by Orientation Day, please do bring what you have for inspection purposes.

All items must be brought on the first day of the fire academy on August 16, 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.

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

Last Name ______________________________________ Last Name ______________________________________ M.I. _____

Address: __________________________________________ ___________________________ ___________________________

Number Street City State Zip Code

Home Phone: ( ) __________________________ Cell Phone: ( ) __________________________

Birthdate: _____/_____/_____ Email: __________________________

☐ Male ☐ Female RHC ID # __________________________

☐ Pre-Service ☐ In-Service / Sponsored by Agency: __________________________

Signature: __________________________ Date __________________________

Items required on separate sheets of paper: (Copies will not be made on site)

☐ 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 (only Fire Technology classes)

☐ Unofficial Transcripts of Fire Technology classes

☐ Physical Examination Form (2 pages) including copies of Immunization Records

☐ Medical Insurance Verification Form

☐ Copy of your COVID-19 Vaccination Record Card (Vaccine Optional)

☐ 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 bonafide:

**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

      ☐ FTEC044

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: ______________________

Birthday: __ _ / __ _ /  Student ID #: __ __ __ __ __ __ __

Name of College: ______________________

Semester: ☐ Fall  ☐ Spring  ☐ Summer  Year: __________

**STUDENT**: Identify the course #, title and units on the form. Please have your Fire Technology 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>
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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: ___________________________

TELEPHONE: ___________________________ STUDENT ID: ___________________________

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 ☐ Other Blood Diseases
☐ 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 Pox ☐ 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>MMR 1</th>
<th>MMR 2</th>
<th>Titer Results</th>
<th>Influenza</th>
<th>Hepatitis 1</th>
<th>Hepatitis 2</th>
<th>Hepatitis 3</th>
<th>Titer Results</th>
<th>Varicella 2</th>
<th>Titer Results</th>
<th>Tetanus Diphtheria Booster (within past 10 years)</th>
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</thead>
</table>

TB Test Date: ___________________________ Reaction: ___________________________

CHEST X-RAY RESULTS Date: ___________________________ RESULTS ___________________________

* 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

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<tr>
<th>FATHER</th>
<th>MOTHER</th>
<th>BROTHERS</th>
<th>SISTERS</th>
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<tr>
<td>Name</td>
<td>Place of Birth</td>
<td>Occupation</td>
<td>State of Health</td>
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<tr>
<td>Age</td>
<td>If Deceased</td>
<td>Cause of Death</td>
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</tbody>
</table>
**RIO HONDO COMMUNITY COLLEGE DISTRICT**
Department of Public Safety - Fire Technology
11400 Greenstone Avenue • Santa Fe Springs • California • 90670
Andrew Grzywa, Fire Academy Director • (562) 941-4082

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LAST NAME: ____________________________ FIRST NAME: ____________________________

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**PHYSICAL EXAMINATION** *(To be completed by Physician)*

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<th>Height</th>
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<td>Teeth</td>
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Chest / Lungs

Heart: Before Exercise * After Exercise

Abdomen

Genitalia

Pelvic and Breast Exam (on females)

Pregnancy Test ☐ + ☐ - Female cadets must have a Urine Pregnancy Test.

Back Dorsal Spine

Extremities

Neurological

Recommendations:

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**HEARING**

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<th>1000</th>
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Audiometrist:

Date:

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**VISION SCREENING**

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<td>Color Vision</td>
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</table>

Wears ☐ Glasses ☐ Contact Lenses

Examiner:

Date:

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**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 un-popular decision without regret? □ Yes □ No