



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



To: Fire Academy Applicants
From: Andrew Grzywa, Fire Academy Director
Subject: Class 98 Fire Academy Application Process

Class 98 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 98 Fire Academy is scheduled to begin on Monday, February 7th 2022 and graduation will take place on Saturday, May 28th 2022. (Please note that due to the Covid-19 Virus, this graduation may be semi-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, (February 7, 2022) in order to apply. **Also, your application must be submitted to and your academic requirements verified by Diana Valladares, RHC Public Safety Counselor, ONLY on November 10th (11 am – 6 pm) or November 11th (8 am – 2 pm) 2022 in a DRIVE-THROUGH LINE UP in front of the RHC Fire Academy in Santa Fe Springs, (wearing a mask and staying in your car).**

All Fire Academy candidates are required to take the **Physical Abilities Test (Biddle) on Friday, December 10th at 0700**, regardless if you have already taken it before.

You will **register online** for the academy on **Tuesday January 4th or Wednesday, January 5^h 2022, 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 98:

Time: 0800 – 1600 (bring your lunch)
Date: **Friday, January 21st 2022**
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 Orientation Day what you do have** for inspection purposes. **All items must** be brought to the first day of the fire academy on **February 7th 2022**.

For the required physical, applicants will have to use their own Doctor or Health Center. The main campus is still on remote mode and cannot perform physicals at this time.

Please note that Rio Hondo College has mandated that all students attending in-person courses must be vaccinated for the Coronavirus. All candidates must provide hard copy proof of their Covid-19 vaccines.

Good luck to all applicants.



FIREFIGHTER I ACADEMY APPLICATION & CHECKLIST

Last Name _____ First 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"
- 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 required)
- If you have insurance copy your Medical Insurance Card
- Copy of your Driver's License
- 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.



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



RECORD OF MEDICAL HISTORY AND PHYSICAL EXAMINATION

(To be completed by student. Please use ink and print clearly.)

NAME: _____

DATE: _____

PERMANENT ADDRESS: _____
Street

TELEPHONE: _____

City State Zip Code

STUDENT ID: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NO: _____

HEALTH HISTORY

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

- | | | | |
|---------------------------------------------|-----------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Impairment of Hearing | <input type="checkbox"/> Smoking Habits |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Kidney Trouble | Packs Daily: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Draining Ear | <input type="checkbox"/> Marked Fatigue | <input type="checkbox"/> Stomach Conditions |
| <input type="checkbox"/> Bladder Conditions | <input type="checkbox"/> Fainting | <input type="checkbox"/> Nervous Breakdown | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Gall Bladder Disease | <input type="checkbox"/> Other Blood Diseases | <input type="checkbox"/> Treatment for Alcoholism |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches (Frequent) | <input type="checkbox"/> Palpitation | <input type="checkbox"/> Treatment for Drug Addiction |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Headaches (Migraine) | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> 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)

MMR 1 _____ MMR 2 _____ Titer Results _____ Influenza _____

Hepatitis 1 _____ Hepatitis 2 _____ Hepatitis 3 _____ Titer Results _____

Varicella 1 _____ 2 _____ Titer Results _____ Tetanus Diphtheria Booster _____ (within past 10 years)

TB Test Date: _____ Reaction: _____ **If TB skin test is positive, a chest x-ray is required.**

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.

REP: Center for Disease Control

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

| | FATHER | MOTHER | BROTHERS | SISTERS |
|-----------------------------|--------|--------|----------|---------|
| Name | | | | |
| Place of Birth | | | | |
| Occupation | | | | |
| State of Health | | | | |
| Age | | | | |
| If Deceased, Cause of Death | | | | |



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. Were you accepted in a prior Academy class here or at another Fire Academy? Yes No
If so, which class or which Academy? _____
2. Have you ever served in the American Armed Forces? Yes No
If so, what branch of service? _____
How long? _____
What was your military specialty? _____
3. Have you been a member of an Explorer Post? Yes No
If so, for what Fire Department _____
How long? _____
4. Have you ever served as a member of a Color Guard? Yes No
5. Have you ever been a member of a high school or college ROTC unit? Yes No
6. Have you ever been a member of a marching band? Yes No
7. Have you ever held a supervisory position? Yes No
8. Have you ever held a managerial position? Yes No
9. Would you consider yourself a leader? Yes No
10. Would you like to be in a position of leadership? Yes No
11. Are you as willing to take orders, as you are willing to give orders? Yes No
12. If in a position of authority, would you be able to make un-popular decision without regret? Yes No