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 5th 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

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
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<th>Address</th>
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<td>Number</td>
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<th>Date</th>
<th>Email</th>
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<td>_____ / ____ / ____</td>
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- [ ] Male
- [ ] Female
- [ ] Pre-Service
- [ ] In-Service / Sponsored by Agency: ________________________________

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<th>Signature</th>
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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.
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: ____________________

Birthdate: ___ / ___ / ___  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>Fire Technology (Pending Courses Only)</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: ___________ PLACE OF BIRTH: _____________ Zip Code: ___________

TELEPHONE: ____________________________ STUDENT ID: __________________________

DATE OF BIRTH: ______________________ SOCIAL SECURITY NO: ____________________

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 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>
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<thead>
<tr>
<th>Hepatitis 1</th>
<th>Hepatitis 2</th>
<th>Hepatitis 3</th>
<th>Titer Results</th>
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| Varicella 1 | Varicella 2 | Titer Results | Tetanus Diphtheria Booster | (within past 10 years) |
|-------------|-------------|---------------|-------------------------------|
|             |             |               |                               |

<table>
<thead>
<tr>
<th>TB Test Date:</th>
<th>Reaction:</th>
<th>If TB skin test is positive, a chest x-ray is required.</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>CHEST X-RAY RESULTS Date: ______________________ RESULTS __________________________</td>
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</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>FATHER</th>
<th>MOTHER</th>
<th>BROTHERS</th>
<th>SISTERS</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>Place of Birth:</td>
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<td>Occupation:</td>
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<tr>
<td>State of Health:</td>
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<td>Age:</td>
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<tr>
<td>If Deceased, Cause of Death:</td>
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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
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>
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<td>Skin</td>
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<td>Teeth</td>
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<tr>
<td>Chest / Lungs</td>
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<tr>
<td>Heart: Before Exercise</td>
<td>After Exercise</td>
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<tr>
<td>Abdomen</td>
<td>Rectal Exam</td>
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<tr>
<td>Genitalia</td>
<td>Hernia</td>
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<tr>
<td>Pelvic and Breast Exam (on females)</td>
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<td>Pregnancy Test ☐ + ☐ - Female cadets must have a Urine Pregnancy Test.</td>
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<td>Back Dorsal Spine</td>
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<td>Extremities</td>
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<td>Neurological</td>
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Recommendations:

HEARING

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<th>250</th>
<th>500</th>
<th>1000</th>
<th>2000</th>
<th>4000</th>
<th>6000</th>
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Audiometrist:

Date:

VISION SCREENING

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<td>Uncorrected</td>
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<tr>
<td>Corrected</td>
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<td>Color Vision</td>
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<tr>
<td>Wears ☐ Glasses ☐ Contact Lenses</td>
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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. 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