



RIO HONDO COMMUNITY COLLEGE DISTRICT
Administration of Justice and Fire Technology
11400 Greenstone Avenue ♦ Santa Fe Springs ♦ California ♦ 90670
(562) 941-4082



To: Fire Academy Applicants

From: Kurt Norwood, RHC Fire Academy Director

Subject: Class 106 Fire Academy Application Process

Class 106 of the Rio Hondo Firefighter I & II Basic Academy is a full-time academy. The academy class meets 5 days a week from 0600 to 1800, Monday through Friday. **Class 106 is scheduled to begin on Monday, January 26th 2026 and graduates on Thursday, May 21st 2026.**

Applicants are advised that prior to **January 26, 2026**, they must have:

- Completed the six (6) fire technology core classes,
- Passed EMT with at least a 'B' grade or possess a current EMT-B Card
- Passed FTEC 044 or equivalent (Physical Fitness & Ability for the Firefighter)

Applications must be submitted with **unofficial transcripts, medical examination** record and supporting documentation, in person, **ONLY on Tuesday, October 28th (9 am – 4 pm) or Wednesday, October 29th (11 am – 5 pm).** **Tentatively**, at these sessions, vehicles will **LINE UP** facing North against the curb in front of the Fire Academy facility. Once in line, **remain in your vehicle until summoned**, and then you may enter the application drop off site. **If this should change, applicants will be informed upon arrival.**

The Rio Hondo Fire Academy is located at **11400 Greenstone Avenue, Santa Fe Springs, 90670.**

All Fire Academy candidates are required to take the Biddle Physical Abilities Test on **Monday, December 15th** and **Tuesday, December 16th**, tentatively, even if you have taken it before. Candidates who do not take the agility test on this date will be removed from the application process.

A letter will be sent by email to all accepted candidates by **November 20, 2026, tentatively.** This letter will advise you on the process for registration for the class and other crucial events and dates.

For the required medical examination, applicants will have to use their own Doctor or Health or Urgent Care Center. The Rio Hondo College Student Health Services is not able to provide this service.

If you are unable to submit your application on either of the above dates, contact counselor Diana Valladares (DValladares@riohondo.edu).



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FIREFIGHTER I & II ACADEMY APPLICATION & CHECKLIST

Last Name: _____ First Name: _____ M.I. _____

Address: _____
Number Street City State Zip Code

Home Phone: () _____ Cell Phone: () _____

Birthdate: ____ / ____ / ____ Email: _____

☐ Male ☐ Female ☐ Nonbinary 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)

- ☐ Unofficial Transcripts of Fire Technology classes
- ☐ Current EMT-B Card or EMT-B Course with at least a "B"
- ☐ Course Verification (Completed by Counselor Valladares on the day you drop off application)
- ☐ Physical Examination Form (2 pages) including copies of Immunization Records
- ☐ Medical Insurance Verification Form
 - ☐ If you have medical insurance, a copy of your insurance card
- ☐ Copy of your Driver's License

Other documents potentially needed:

- ☐ Coursework-in-Progress Form (only Fire Technology classes that are still pending a final grade)
- ☐ Sponsorship Form (Only if you are an in-service applicant)



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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:

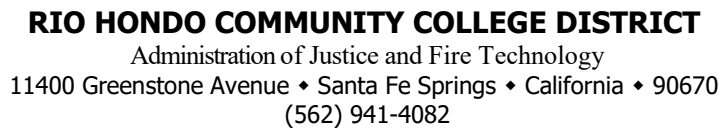
Has completed:

- ☐ Current EMT Certification or Certified EMT-B course with at least a "B"
- ☐ Rio Hondo College Fire Technology Core Courses (or equivalent) with a grade "C" or better
☐ FTEC101 ☐ FTEC102 • FTEC103 • FTEC104 • FTEC105 • FTEC106
- ☐ FTEC 044

Signature: _____ Date: _____
Fire Chief

Fire 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 number and title, semester you are taking the course, and list the college where you are taking the course.

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.

[illegible]



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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

TELEPHONE: _____

STUDENT ID: _____

City State Zip Code
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						



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LAST NAME: _____ FIRST NAME: _____

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PHYSICAL EXAMINATION (To be completed by Physician)

Height	Weight	BP	Temperature	Pulse	Respiration
Skin			Ears		
Eyes			Throat		
Teeth			Neck		
Chest / Lungs					
Heart: Before Exercise			After Exercise		
Abdomen			Hernia		
Pregnancy Test <input type="checkbox"/> + <input type="checkbox"/> - <u>Female cadets must have a Urine Pregnancy Test.</u>					
Back Dorsal Spine					
Extremities					
Neurological					
Recommendations:					

HEARING						
	250	500	1000	2000	4000	6000
Right						
Left						
Audio metrist:						
Date:						

VISION SCREENING		
	Right	Left
Uncorrected		
Corrected		
Color Vision		
Wears <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses		
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

Medical Provider: _____
(Signature)

Date: _____

Provider Printed Name: _____

Phone: _____



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INSURANCE VERIFICATION

Name: _____ Home Phone: _____

Address: _____

Soc Security No.: ____ - ____ - ____ Student ID #: ____ - ____ - ____ DOB: _____

Do you have medical insurance? ☐ Yes ☐ No (Note: Insurance is not necessary to enter the Fire Academy)

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



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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 a Fire Explorer Post? ☐ Yes ☐ No

If so, for what Fire Department _____

How long? _____

4. Do you have any fire service experience? ☐ Yes ☐ No

If so, what kind? _____

How long? _____