



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 107 Fire Academy Application Process

Class 107 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 107 is scheduled to begin on Monday, August 17, 2026 and graduates on Friday, December 4, 2026.**

Applicants are advised that prior to **August 17, 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 Certification
- Passed FTEC 044 or equivalent (Physical Fitness & Ability for the Firefighter)

Applications must be submitted with **unofficial transcripts, physical examination form** and supporting documentation, in person, **ONLY** on **Monday, May 4th (11 am – 5 pm) or Tuesday, May 5th (9 am – 3 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.**

Sponsorship verification form must be submitted with application for sponsorship to be considered.

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, June 15th and Tuesday, June 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 **May 21, 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 seek their own Doctor or Health or Urgent Care Center. The Rio Hondo College Student Health Services may be able to provide this service by appointment.

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



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 # _____

• Non-Sworn • Sworn • Non-Sworn - Sponsored 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 Certification or EMT-B Course completion with at least a "B"
- Physical Examination Form
- 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 or EMT classes that are still pending a final grade)
- Sponsorship Form (Only if you are a sworn or non-sworn sponsored applicant)



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/EMT 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.

Course #	Pending Courses Only	Current Grade	Instructor's Name/Signature
		A B C D F CR NC	
		A B C D F CR NC	
		A B C D F CR NC	
		A C D F CR NC	
		A B C D F CR NC	
		A B C D F CR NC	



MEDICAL HISTORY

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

NAME: _____

DATE: _____

PERMANENT ADDRESS: _____

TELEPHONE: _____

Street

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 _____



PHYSICAL EXAMINATION
 (To be completed by Medical Provider)

LAST NAME: _____ FIRST NAME: _____

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Height	Weight	BP	Temperature	Pulse	Respiration
Skin			Ears		
Eyes			Throat		
Teeth			Neck		
Chest / Lungs					
Heart: Before Exercise			After Exercise		
Abdomen			Hernia		

Are you currently pregnant? Yes No

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:		

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

Examining Medical Provider: _____

(Signature)

Date: _____

Provider Printed Name: _____

Phone: _____



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



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? _____