



RIO HONDO COLLEGE FIRE ACADEMY APPLICATION PACKET

- ❖ Please **read the entire packet** before filling out the application. All information pertaining to the application process is explained on our web site (www.riohondofire.com) under “Academy Information Packet”.
- ❖ Should you have any questions about this packet, the Information packet, the Fire Academy, or the Fire Technology program, please attend an information meeting. All your questions will be answered at this meeting.

Information meetings are held on the second Tuesday of each month starting at 6:30 p.m. at the Rio Hondo College Fire Academy in the City of Santa Fe Springs.

**Application Deadline is
Monday, November 28, 2011 at 1700**



RIO HONDO COMMUNITY COLLEGE DISTRICT
Department of Public Safety – Fire Technology
 11400 Greenstone Avenue ♦ Santa Fe Springs ♦ California ♦ 90670-4621
 (562) 941-4082 ♦ (562) 941-7382 Fax
 Tracy E. Rickman, Fire Technology Coordinator ♦ Extension 21
 Myrna Reyes, Clerical Support ♦ Extension 23



FIRE ACADEMY APPLICATION

This application packet holds all the necessary forms to apply for the Firefighter I, Basic Fire Academy. Please use the checklist provided to assure that you have completed all the required prerequisites to attend the academy and that you turn in all that is needed to apply.

For detail information pertaining to the academy application process, please refer our website (www.riohondofire.com) under "Academy Information Packet".

The following events, dates, and times are important. The events listed are part of the application process and are **mandatory** that you attend. **No Exceptions!** Failure to attend any of the events may result in your application and sponsorship being void and you not being accepted into the academy. There is no need to make an appointment for the events. Dates and Events listed are for the applicants of Class 78.

Firefighter I, Basic Fire Academy
Class 78
 Full-Time Academy
 January 9, 2012 – May 5, 2012

IMPORTANT DATES & EVENTS

EVENT	DAY	DATES & TIME
Applications Available	→ → →	September 15, 2011 through November 23, 2011
Application Due Date	Monday	November 28, 2011 at 1700
Notification Date	Monday	By December 5, 2011
On-Line Registration	Tuesday	December 6, 2011 (0800 – 1700)
Orientation	Tuesday	December 6, 2011 (1300)
Payment Deadline	Thursday	January 5, 2012 (Mandatory)
Physical Abilities Test	Saturday	December 10, 2011 at 1300 (Mandatory)
Family Day	Sunday	December 11, 2011 at 1300 (Mandatory)
Instruction Begins	Monday	January 9, 2012 at 0600
Graduation	Saturday	May 5, 2011 at 1000



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To: Fire Academy Applicants

From: Tracy E. Rickman, Fire Academy Coordinator

Subject: Application Process

Please ensure that you completely fill out all of the necessary forms and the supporting documents outlined on the Fire Academy application Checklist. **Application packets are due as indicated by 5:00 p.m. Incomplete and late packets will not be considered for further process. THIS INCLUDES SPONSORED APPLICANTS.** It is your responsibility to make sure that your application packet is complete. You will ***not*** be notified if your packet is incomplete.

It is important that you have a "Student Identification Number". If you are a current Rio Hondo College student, you should know your number. This number should be placed on the academy documents where requested.

If you are new to Rio Hondo College or a returning student, please submit an application to register. A student identification number and a Rio Hondo email address will be assigned to you within 3-5 working days. Please obtain your Student Identification Number prior to meeting with the counselor and turning in your application. Your student identification number is needed upon applying to the academy. To submit an application to register, please go to riohondo.edu and click on ► Apply Online to Rio Hondo College (Red Print) and follow the directions from there.

Please **NOTE** – Rio Hondo College does **not** use any part of your social security number for the identification number issued to you.

It is mandatory that you make an appointment with Jennifer Fernandez (Counseling) to verify your **course prerequisites**. You can contact her at jfernandez@riohondo.edu or (562) 941-4082 extension 28. ***Please ensure that your application packet is complete prior to seeing her.*** The academy staff will assess your prerequisites and application packet.

Physicals are a requirement of the academy and must be completed by the application due date. Refer to our website for details. (www.riohondofire.com) under "Academy Information Packet".

If you plan on being sponsored, you must submit a sponsorship form with your application. Please make sure that the "**Fire Chief's**" signature is on this form. Other fire department personnel (i.e. Division Chief, Assistant Chief, etc.) cannot sign in lieu of the Fire Chief. Being sponsored will **NOT** waive any of the necessary forms or requirements to process your application. **Sponsored applicants have the same due dates. It is your responsibility to make sure that your application packet is complete and turned in by the due date.**

In addition, you will be required to take a Physical Abilities Test (Biddle). For date and time, refer to the first page of this application packet. This Biddle Test is **MANDATORY** for all applicants, even if you have taken the "Biddle" before. (*RAIN or SHINE*)

There is no need to make an appointment. This is a **mandatory** test, you are required to take the Physical Abilities Test on these assigned dates even if have taken this test in the past. If you do not take this Physical Abilities Test as scheduled, your application is void.

Lastly, please be patient. Please **DO NOT** call our office asking if you have been selected or if you can know where you ended up on the waiting list.

Notification date is listed on the first page of this packet. You will be notified whether or not you have been accepted into the next part-time fire academy. If you do not hear from the college by dates mentioned in the first page, please call (562) 941-4082 extension 21.

Good luck to all that apply!



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FIRE ACADEMY APPLICATION CHECKLIST

Name: _____ Class No: _____

Student I.D. Number: _____ Date: ____ / ____ / ____

This checklist is provided to assist you in completing and turning in all items and forms necessary to process your application packet. **Please complete and attach this sheet to the top of your application packet when you turn it in.**

All items listed below must be provided to submit your application. ***DO NOT*** submit your packet until all items listed are completed and included.

- Fire Academy Application
- Sponsorship Are you being sponsored? No Yes If yes, Agency _____
If yes, include: In-Service & Sponsorship Verification Form
- Certified EMT-1 Certificate or National Registry (Please provide photo copy) ***(Prerequisite)***
- Fire Core Classes ***(Prerequisite)***
 - FTEC 101 – Fire Protection Organization
 - FTEC 103 – Fire Behavior and Combustion
 - FTEC 104 – Fire Prevention Technology
 - FTEC 105 – Building Construction for Fire Protection
 - FTEC 106 – Fire Protection Equipment & Systems
- Math 30 or Assessment Equivalency ***(Prerequisite)***
- English 35 or Assessment Equivalency ***(Prerequisite)***
- Reading 23 or Assessment Equivalency ***(Prerequisite)***

IMPORTANT - If you are currently enrolled in any Fire Technology course(s), or the required Math, English, or Reading classes, please include the signed Course Work in Progress Form(s) or email from the instructor verifying your grade status.

- Official transcripts from colleges that support the course requirements &/or degrees earned are required. Transcripts must be sent to the Rio Hondo College Admissions & Records Office directly. From your other colleges. The address is: RHC Admissions & Records, 3600 Workman Mill Road, Whittier, CA 90601. Rio Hondo College will not accept official transcripts from students, even if you mail them in a sealed envelope. Transcripts must be sent from college to college.

Do not request Rio Hondo College transcripts, we will obtain your course records. You will **NOT** be given credit for course work completed unless you provide our office with transcripts.

- Medical Physical Examination Form and Supporting Medical Documents – Your physical must be complete prior to attending the academy. All supporting documents must be included when you turn in your application. Schedule your appointment(s) early so that you will be able to turn in all forms and results with your application. ***FYI*** – Should the holidays fall during this application period, the Student Health Center may be closed or have limited scheduled hours.

PLEASE NOTE: The Student Health Services Office will be moving at the end of the year. It is important that you schedule your appointments early and keep your appointments as scheduled. Physicals provided by the RHC Student Health Office are a two appointment process. Again, schedule your physical early. The health office will not be able to see students during the time they have set aside for the preparation, packing, and the move.

Physicals provided by Rio Hondo College must be **scheduled by October 31, 2011 and completed by November 18, 2011** for Class 78. The school nurse will provide our office with your completed physical forms and test results.

Physicals provided by an outside medical facility must be completed on time so that you may turn in the necessary forms and test results by the application deadline date.

Please check one below:

- Medical Examination provided by RHC Student Health Center
- Medical Examination was done at an outside medical facility

- Insurance Verification Form – Form must be submitted regardless if you have insurance or not.
 - Copies of your Medical Insurance Card(s) if applicable (front & back) “Enlarge to 150 degrees on copier”
- California Drivers License (Copy must be legible) Please use “Photo Button” on copier for a clear copy and enlarge to 150 degrees

- Questionnaire

Important! Your application packet ***must*** be complete. ***Do not*** ask fire academy staff members or the counselor to waive any part of your application. You are responsible to assure that all required forms and information are complete, correct, and submitted on time.

Do not ask fire academy staff or the counselor to hold your packet while you gather the items needed to complete your packet.

Do not turn in your application packet in pieces. Turn it in complete and correct.

Important! If you are notified that you have been accepted into the Basic Fire Academy, please go to the uniform vendor *immediately*. Vendors need time to fit, make alterations, and stencil your uniforms and gear. Ordering and purchasing your uniforms and gear late may result in not having your required wear on time.

Books and supplies should also be purchased prior to the start date.



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FIRE ACADEMY APPLICATION

Academy Application For: Full-Time Academy Part-Time Academy Class No: _____

STATUS: Pre-Service In-Service / Sponsored Agency: _____
A signed In-Service / Sponsorship Verification Form must be provided when you turn in your application packet.

STUDENT IDENTIFICATION NUMBER: _____

If you do not have a Rio Hondo College Student Security Number (Student Identification Number), please log onto the Rio Hondo College website and “Apply online to Rio Hondo College” which is in red letters under Access Rio. A student identification number will be issued to you within 3-5 working days. The I.D. number will be sent to you via email. When you apply, you will be applying for the Fall 2011 semester.

NAME: _____

Last
First
M. I.

ADDRESS: _____

Number
Street
Apt. Number

City
State
Zip Code

HOME PHONE: () _____ **CELL PHONE:** () _____

E-MAIL: _____

MALE FEMALE **BIRTHDATE:** ____ / ____ / ____

DATE: ____ / ____ / ____ **SIGNATURE:** _____

By signing and submitting this application you are indicating that you have completed all the prerequisites required to attend the Firefighter I, Basic Fire Academy and that all supporting documents are attached. Should you be currently enrolled in any of the required courses, a Course Work in Progress form should be attached with the instructors’ signature with the grade earning specified. If the class is on-line, an email from the instructor is submitted in lieu of the Course Work in Progress Form. All courses should be completed prior to the start of the academy.

In addition to the academic requirements, you have also completed a medical physical examination and you are physically capable in keeping up with the arduous physical activities.

Course Description: This course is designed for recently employed firefighters and other interested students. Topics covered include organization of the public and private fire service, characteristics and behavior of fire, fire hazards and firefighter safety, extinguishing agents and related extinguishing equipment, fire protection systems construction and assemblies, basic fire fighting tactics and strategy, fire prevention, hazardous materials, emergency care, wild land firefighting, Rapid Intervention, Rescue Systems and physical fitness. This course meets the “State Board Accredited Academy” (ARA or Accredited Regional Academy by the California State Fire Marshal). Students who complete this course also receive California certification as Hazardous Materials First Responder Operational, Confine Space Awareness, Rescue Systems I, S-110, S-130, S-190, Trench Rescue, rapid Intervention Crew Tactics and ICS-200. This course requires completion of a medical physical examination and includes arduous physical activity. This course may be taken once and repeated once for credit.



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COURSE WORK IN PROGRESS VERIFICATION

DATE: ___ / ___ / ___

STUDENT: _____

STUDENT'S SIGNATURE: _____

BIRTHDATE: ___ / ___ / ___ **SOC. SEC. NO.:** ___ - ___ - ___

** USE ONE FORM PER COLLEGE. Photocopy additional forms as needed.*

NAME OF COLLEGE: _____

SEMESTER: FALL SPRING SUMMER **YEAR:** _____

DATES: FROM _____ TO _____

INSTRUCTOR: Tentative grades are needed for the above named student who is applying for the Rio Hondo College Fire Academy. Please circle the tentative grade, **print and sign** your name in **INK**. For online courses, please email students course work in progress to student for processing.

COURSE #	COURSE TITLE	UNITS	GRADE TO DATE	INSTRUCTOR'S NAME & SIGNTR
			A B C D F CR NC	
			A B C D F CR NC	
			A B C D F CR NC	
			A B C D F CR NC	
			A B C D F CR NC	
			A B C D F CR NC	
			A B C D F CR NC	
			A B C D F CR NC	

Use One Form Per College. Make copies as needed.

RECORD OF MEDICAL HISTORY AND PHYSICAL EXAMINATION
 (To be filled in by student. Please use ink and print clearly.)

NAME: _____ DATE: _____

PERMANENT ADDRESS: _____
 _____ TELEPHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY NO: _____

FAMILY PHYSICIAN: _____
 Name Address Telephone

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)

NOTE: A Tetanus Diphtheria booster is required if none has been received within the last 10 years.

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: _____

MMR 1 _____	MMR 2 _____	Tetanus Diphtheria Booster _____ (within past 10 years)
Hepatitis 1 _____	Hepatitis 2 _____	Hepatitis 3 _____

* 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

FAMILY MEDICAL HISTORY

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

Class No.

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 holders 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 holders 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 holders 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

Please attach photocopies of Medical Insurance I.D. coverage card(s) for all insurance policies listed.



NAME: _____

CLASS: _____

QUESTIONNAIRE

1. Have you ever served in the American Armed Forces? Yes No
 If yes, what service? _____
 How long? _____ If yes, what was your military specialty?

2. Have you ever served as a member of a Color Guard? Yes No
3. Have you ever been a member of a high school or college ROTC unit? Yes No
4. Have you ever been a member of a marching band? Yes No
5. Have you ever held a supervisory position? Yes No
6. Have you ever held a managerial position? Yes No
7. Would you consider yourself a leader? Yes No
8. Would you like to be in a position of leadership? Yes No
9. If in a position of authority, would you be able to make un-popular decision without regret? Yes No
10. Are you as willing to take orders as you are willing to give orders? Yes No