



RIO HONDO COMMUNITY COLLEGE DISTRICT
 Department of Public Safety - Fire Technology
 11400 Greenstone Avenue • Santa Fe Springs • California • 90670
 Tracy Rickman, Fire Academy Coordinator • (562) 941-4082



FIRE ACADEMY APPLICATION

This application packet holds all the necessary forms to apply for the Firefighter I, Basic Fire Academy. 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.

Firefighter I, Basic Fire Academy
Class 93
 Full Time Academy
 August 12th 2019 to November 9th 2019
 Monday-Friday
 0600-1800

IMPORTANT DATES & EVENTS

EVENT	DAY	DATES & TIME
Applications Available		March 1 st to June 1 st
Application Due Dates	Wednesday OR Thursday	June 12th from 0800 to 1400 June 13th from 1100 to 1700
Physical Abilities Test	Saturday	August 3 rd Mandatory for all applicants Bring Snacks/Water; Wear PT clothes
On-Line Registration	Tuesday	August 6 th from 0800 to 1700
Orientation Day	Wednesday	August 7 th from 0800 to 1600 RHC Fire Academy (bring your lunch)
Family Day	Saturday	August 10 th 2019 1300- 1530 Suits/Male Slacks/Female
Instruction Begins	Monday	August 12 th 2019 at 0600
Class #93 Graduation	Saturday	November 9 th 2019 at 1000



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To: Fire Academy Applicants
From: Tracy E. Rickman, Fire Academy Coordinator
Subject: Class 93 Fire Academy Application Process

Class 93 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. Class 93 Fire Academy is scheduled to begin on Monday, August 12th 2019, and graduation will take place on Saturday, November 9th 2019.

You must complete the six (6) fire technology core classes, pass EMT with at least a "B" or have current EMT-1 certification, and fulfill your basic skills by the end of the Summer 2019 semester in order to apply for the Firefighter I Academy. Also, your **application must be submitted** to and your academic requirements verified by Diana Valladares, RHC Public Safety Counselor, **ONLY on June 12th and 13th 2019.**

All Fire Academy candidates are required to take the **Physical Abilities Test (Biddle) on Saturday, August 3rd at 0730**, regardless if you have already taken it before.

You will **register online** for the academy on **August 6th 2018, beginning at 0800**. A letter will be sent to all accepted candidates instructing you to do so with the appropriate registration information. Should you encounter any registration issues, staff will be available to assist.

There will be a **Mandatory Orientation meeting** for all cadets accepted of Class 93:

Time: 0800 – 1600 (bring your lunch)
Date: **Wednesday, August 7th, 2019**
Location: Rio Hondo Fire Academy Training Center
11400 Greenstone Avenue ~ Santa Fe Springs

All items, books, uniforms, turnouts, must be brought to the first day of the fire academy on **August 12th 2019**. All Turnouts, serviceable, must be brought to the Fire Academy orientation on August 7th at 0800. For Orientation, information on attire will be sent to selected candidates prior to meeting on Wednesday, August 7th 2019.

For the required physical, if applicants do not have their own Doctor, please call Maria Ordaz at (562) 692-0921 extension 3438 and make an appointment with the Rio Hondo Health Services Department.

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:

- Sponsorship Form (optional)
- Current EMT Cert or EMT-1 Course with at least a "B" (enlarge to 150%; copy on lower half of page)
- Course Verification (Completed by Counselor)
- Coursework-in-Progress Form (if needed)
- Physical Examination Form (2 pages)
- Medical Insurance Verification Form
- If you have insurance copy your Medical Insurance Card; (enlarge to 150%; copy on lower half of page)
- Copy of your Driver's License; (enlarge to 150%; copy on lower half of page)
- 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.



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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-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
- Rio Hondo College: Math 033 English 035 Reading 043 with a grade of "C" or better

Signature: _____ Date: _____
Fire Chief

Chief's Printed Name: _____

Department: _____ Phone Number: () _____



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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: _____

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				



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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 Rectal Exam

Genitalia Hernia

Pelvic and Breast Exam (on females)

Pregnancy Test + - Female cadets must have a Urine Pregnancy Test.

Back Dorsal Spine

Extremities

Neurological

Recommendations:

HEARING						
	250	500	1000	2000	4000	6000
Right						
Left						
Audiometrist:						
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

Examining Physician: _____
(Signature)

Date: _____

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