



**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 92**  
 Part Time Academy  
 January 5<sup>th</sup> 2019 to June 1<sup>st</sup> 2019  
 Wednesday/Thursday/Saturday  
 0600-1800

## IMPORTANT DATES & EVENTS

EVENT	DAY	DATES & TIME
Applications Available		September 4 <sup>th</sup> to October 15 <sup>th</sup> 2018
<b>Application Due Dates</b>	Tuesday OR Wednesday	<b>October 16<sup>th</sup> from 0800 to 1400</b>  <b>October 17<sup>th</sup> from 1200 to 1800</b>
Physical Abilities Test	Saturday	October 27 <sup>th</sup> Mandatory for all applicants Bring Snacks/Water; Wear PT clothes
On-Line Registration	Tuesday	November 6 <sup>th</sup> from 0800 to 1700
Orientation Day	Wednesday	November 7 <sup>th</sup> from 0800 to 1600 RHC Fire Academy (bring your lunch)
Family Day	Saturday	December 1 <sup>st</sup> 2018 1300- 1530 Suits/Men Slacks/Female
Instruction Begins	Saturday	January 5 <sup>th</sup> 2019 at 0600
Class #92 Graduation	Saturday	June 1 <sup>st</sup> 2019 at 1000



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To: Fire Academy Applicants  
From: Tracy E. Rickman, Fire Academy Coordinator  
Subject: Class 92 Fire Academy Application Process

Class 92 of the Rio Hondo Firefighter I, Basic Academy is a part-time academy. The academy class meets 3 days a week from 0600 to 1800. Class 92 Fire Academy is scheduled to begin on Saturday January 5<sup>th</sup> 2019, and graduation will take place on Saturday, June 1<sup>st</sup> 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 Fall 2018 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 October 16<sup>th</sup> and 17<sup>th</sup> 2018.**

All Fire Academy candidates are required to take the **Physical Abilities Test (Biddle) on Saturday, October 27<sup>th</sup> at 0730**, regardless if you have already taken it before.

You will **register online** for the academy on November 6<sup>th</sup> 2018 **beginning at 0800**. A letter will be sent to all candidates instructing you to do so 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 of Class 92:

Time: 0800 – 1600 (bring your lunch)  
Date: **Wednesday, November 7<sup>th</sup>, 2018**  
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 the orientation what you do have for inspection purposes. All items must be brought to the first day of the fire academy on January 5<sup>th</sup> 2019.

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

***Class 92 will be offered as a part time extended fire academy for currently employed CARE AMBULANCE employees. However, non-Care employees may apply. If the total number of seats are not filled by CARE employees, we will consider adding other applicants to this class. All Rio Hondo College requirements MUST be met by all who apply. This includes Fire classes, EMT course completion, English, Math and Reading requirements of the Fire Academy program. The next Full-Time fire academy will begin in 2019. Applications will go out in February 2019.***

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 Drivers 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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## 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: _____	<b>If TB skin test is positive, a chest x-ray is required.</b>	
		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				





## 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