



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



To: Fire Academy Applicants  
From: Andrew Grzywa, Fire Academy Director  
Subject: Class 96 Fire Academy Application

Class 96 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, Mondays through Fridays.

**Class 96 Fire Academy is scheduled to begin on Monday, February 8, 2021 and graduation will take place on Thursday, May 27, 2021.**  
**(Please note that due to the Covid-19, this graduation may be private).**

You must complete the six (6) fire technology core classes, pass EMT with at least a "B" or have current EMT-1 certification, and pass FTEC044 (Physical Fitness & Ability for the Firefighter) before the start of the Academy, (February 8, 2021) in order to apply.

Your **application must be submitted** and your academic requirements verified by Diana Valladares, RHC Public Safety Counselor, **ONLY on December 1<sup>st</sup> or December 2<sup>nd</sup> 2020 in a DRIVE-THROUGH LINE UP (wearing a mask and staying in your car).**

All Fire Academy candidates are required to take the **Physical Abilities Test (Biddle) on Saturday, December 19th at 0730**, regardless if you have already taken it before.

You will **register online** for the academy on **Monday, January 11<sup>th</sup> or Tuesday, January 12, 2021, beginning at 0800**. A letter will be sent to all accepted candidates instructing you 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 to Class 96:

Time: 0800 – 1600 (bring your lunch)  
Date: **Friday, January 22, 2021**  
Location: Rio Hondo Fire Academy Training Center  
11400 Greenstone Avenue, Santa Fe Springs

**Although not required** to have all uniforms, books or turnouts by Orientation Day, **please bring what you do have** for inspection purposes.

**All items must** be brought on the first day of the fire academy on **February 8, 2020**.

For the required physical, applicants will have to use their own Doctor or Health Center. As soon as the health offices open back up, please make an appointment in advance. The main campus is on remote mode and cannot perform physicals at this time. **Applicants will have until February 7<sup>th</sup> to turn in their physicals.**

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: (Copies will not be made on site)

- 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 on the day you drop off application)
- Coursework-in-Progress Form (only Fire Technology classes)
- Unofficial Transcripts of Fire Technology classes
- Physical Examination Form (2 pages) including copies of Immunization Records
- 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.



**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
  - FTEC044

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Fire Chief

Chief's Printed Name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_





**RECORD OF MEDICAL HISTORY AND PHYSICAL EXAMINATION**

(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 \_\_\_\_\_

**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				



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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 <input type="checkbox"/> + <input type="checkbox"/> - 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**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: \_\_\_\_\_

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**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