



**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 97 Fire Academy Application

Class 97 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 97 Fire Academy is scheduled to begin on Monday, August 16, 2021 and graduation will take place on Friday, December 3, 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, (August 16, 2021) to apply.

Your **application must be submitted**, and your academic requirements verified by Diana Valladares, RHC Public Safety Counselor, **ONLY on June 9<sup>th</sup> (1100 – 1800) or on June 10<sup>th</sup> (0800 – 1400) via DRIVE-THRU LINE UP (wearing a mask and staying in your car).**

All Fire Academy candidates are required to take the **Physical Abilities Test (Biddle) on Friday, June 25<sup>th</sup> at 0730**, regardless if you have already taken it before.

You will **register online** for the academy on **July 6<sup>th</sup> or July 7<sup>th</sup> , 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 97:

Time: 0800 – 1600 (bring your lunch)  
Date: **Friday, July 23 , 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 do bring what you have for inspection purposes.

**All items must** be brought on the first day of the fire academy on **August 16, 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.

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
- Copy of your COVID-19 Vaccination Record Card (Vaccine Optional)
- 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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## 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: \_\_\_\_\_ **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.

RHP: 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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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