



## EMPLOYMENT INFORMATION

DATES ATTENDED	EMPLOYER	YOUR POSITION	REASON FOR LEAVING
From: To:	Company Street City _____ State Telephone ( )	Title Duties  Approx # Hrs/week	
From: To:	Company Street City _____ State Telephone ( )	Title Duties  Approx # Hrs/week	
From: To:	Company Street City _____ State Telephone ( )	Title Duties  Approx # Hrs/week	
From: To:	Company Street City _____ State Telephone ( )	Title Duties  Approx # Hrs/week	

### CHECK - LIST

**A COPY OF THE PHYSICIAN'S STATEMENT MUST BE SUBMITTED TO THE INSTRUCTOR ADMINISTERING THE PHYSICAL AGILITY TEST PRIOR TO TAKING THE TEST.**

- \_\_\_\_\_ Official College Transcripts showing completion of 3 units of Fire and Emergency Technology 1 with a grade of "C" or better.
  
- \_\_\_\_\_ Completion of EMT-1 training **OR** possession of a valid EMT certificate (if EMT certificate is used, a photocopy of the certificate must accompany the application form). **THIS IS IN ADDITION TO THE 3 UNITS SPECIFIED IN ITEM NUMBER 1.** A current valid EMT-1 card is required to successfully **complete** the fire academy.
  
- \_\_\_\_\_ An original signed physician's statement indicating that the applicant has met the minimum NFPA #1582 standards. The physical examination packet, including the form for the physician to fill out is available in the Industry and Technology Division Office, Technical Arts Building, Room TA 102 or TA 207A, the Fire and Emergency Office.
  
- \_\_\_\_\_ A photocopy of a valid California Driver's License (Class C).
  
- \_\_\_\_\_ Proof that you have passed a BIDDLE test. If ECC's physical ability test was taken, Dr. Storer will notify the Fire Tech office of the results.

Completed applications and supporting documents must be submitted to the Industry and Technology Division Office, **Technical Arts Building, Room TA 207A** Any missing items will be cause for ineligibility. Entry into the Academy will be determined by lottery draw.

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If you do not wish to take the El Camino College Physical Agility Test, you can take a **BIDDLE or CPAT TEST.**

The **BIDDLE** is offered at the following colleges:

*The BIDDLE costs approximately \$5.00.*

RIO HONDO COLLEGE  
3600 Workman Mill Road Whittier, CA 90601  
*(562) 908-3406 - Myrna*

MT. SAN ANTONIO COLLEGE  
1100 North Grand Avenue Walnut, CA 91789  
*(909) 594-5611 x 3025 - Liz Ward*

The **CPAT TEST** is offered at:

*The CPAT Test costs approximately \$150.00*

OXNARD COLLEGE REGIONAL FIRE ACADEMY  
4000 South Rose Avenue  
Oxnard, CA 93033  
[www.oxnardcollege.edu/programs/firetech/cpatforms/cpat.asp](http://www.oxnardcollege.edu/programs/firetech/cpatforms/cpat.asp)  
*(805) 354-8109*

CALIFORNIA FIRE FIGHTER JOINT APPRENTICESHIP COMMITTEE  
(CPAT Testing Center)  
626 North Eckhoff Street  
Orange, CA 92868  
[www.cpatonline.org](http://www.cpatonline.org)  
*(877) 648-2728*

## CLASS HOURS - REGISTRATION FEES - UNITS

Students may attend either a Full-time or Part-time Academy:

FULL-TIME	8:00 am - 5:00 pm	Monday thru Friday	10 weeks
PART-TIME	5:30 pm - 9:40 pm	Tues/Wed/Thursday	16 weeks
	8:00 am - 5:00 pm	Saturday	
	8:00 am - 5:00 pm	Every other Sunday	
	8:00 am - 5:00 pm	One day at Camp 8	

The registration fee is \$391.50. The textbook information will be mailed to you along with related uniform information. All textbooks may be purchased in the college bookstore. Upon successful completion of the Academy, 14.5 units of Fire and Emergency credit are awarded and graduates are eligible for certification as a Level 1 Firefighter by the Office of the California State Fire Marshal, once they have completed 6 months as a full-time firefighter or 12 months as a reserve or volunteer. **Registration will occur at the first class meeting and students should be prepared to pay the registration fee at that time.**

## WHAT OTHER COLLEGES OFFER FIRE ACADEMY PROGRAMS?

Rancho Santiago (Santa Ana)  
Rio Hondo (Whittier)  
Mount San Antonio (Walnut)

Crafton Hills (Yucaipa)  
Allen Hancock (Santa Maria)  
Miramar College (San Diego)

## CAN OTHER PHYSICAL AGILITY TESTS BE SUBSTITUTED FOR THE REQUIRED EL CAMINO COLLEGE TEST?

Yes, proof that you have taken and passed the standardized physical agility "Biddle" test.

## WHAT IS THE SELECTION PROCEDURE?

1. Complete an application form.
2. Submit official transcripts and other supporting documents.
3. Students will be selected by a lottery draw and put in either the full-time or part-time academy according to their indicated preference on the application form. **The applications that have all requirements completed will be in the initial lottery.**
4. If a student is not selected for the upcoming academy class, his/her name will remain on the eligibility list, and will be offered an opportunity to participate in the next academy class providing that space is available. If a student declines an invitation to attend an academy when openings occur, his/her name will be placed at the bottom of the current eligibility list. The student need not re-apply. The application packages are valid for only one year.

No offer of employment is guaranteed upon completion of the Academy.

Successful completion of a Fire Academy is a requirement for admission into the Los Angeles County Paramedic Training Institute (if desired).

Any technical questions about the Academy may be referred to as follows:

Chief Ken Mays  
Fire Academy Coordinator  
El Camino Fire Academy Training Center  
(310) 419-4403

Deborah Zavala, Program Assistant  
Fire and Emergency Technology Office  
(310) 660-6589

### **MOST COMMONLY ASKED QUESTIONS ABOUT THE FIRE ACADEMY**

#### **DOES ALL COLLEGE WORK HAVE TO BE COMPLETED AT EL CAMINO?**

No, work may be completed at any college.

#### **HOW DOES THE LOTTERY DRAW WORK?**

The applications that are complete, by having met the prerequisites will be placed into the lottery.

#### **IS THE STUDENT RESPONSIBLE FOR PAYING THE COST OF THE MEDICAL EXAMINATION?**

Yes, the student must pay for this examination.

#### **WHAT IS MEANT BY A "SIGNED STATEMENT FROM A PHYSICIAN"?**

Simply, the two pages from the medical packet signed by a physician.

## **FIRE ACADEMY APPLICANTS!**

If you are an El Camino College student, you are eligible to take the medical examination (NFPA 1582) at the Health Center. Please contact them at (310) 660-3643.

If you are not an El Camino College student, you may take the attached form to your doctor or to a **US HEALTHWORKS MEDICAL GROUP** listed below.

### **US HEALTHWORKS / VAN NUYS**

**(Corporate Headquarters)**

16300 Roscow Boulevard, Van Nuys, CA 91406  
(818) 893-4426 (800) 992-4442

### **US HEALTHWORKS / COMPTON-CARSON**

2499 South Wilmington Avenue, Compton, CA 90220  
(310) 638-1113

### **US HEALTHWORKS / COMMERCE**

3430 South Garfield Avenue, Commerce, CA 90040  
(323) 722-8481

### **US HEALTHWORKS / CHATSWORTH**

9449 De Soto Avenue, Chatsworth, CA 91311  
(818) 882-8100

### **US HEALTHWORKS / EL SEGUNDO**

500 North Nash Street, El Segundo, CA 90245  
(310) 640-9911

### **US HEALTHWORKS / VERNON**

3851 Soto Street, Vernon, CA 90058  
(323) 585-7162

### **US HEALTHWORKS / LOS ANGELES**

437 East Washington Boulevard, Los Angeles, CA 90015  
(213) 747-0634

### **US HEALTHWORKS / SANTA ANA**

1530 East Edinger Avenue, Santa Ana, CA 92705  
(714) 541-6610

### **US HEALTHWORKS / TORRANCE**

19401 South Vermont Avenue, Torrance, CA 90501  
(310) 324-5777

El Camino College

FIRE ACADEMY

PHYSICAL EXAMINATION FORM

(To Be Completed By The Physician)

APPLICANT'S NAME \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ RESTING PULSE RATE \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_

COMMENTS ON APPLICANT'S HEALTH HISTORY \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	Normal	Abnormal	Comments
<b>HEAD</b>			
Eyes			
Pupils			
Ocular Motion			
Ears			
Nasal Cavity			
Mouth: Teeth			
Tongue			
Tonsils			
<b>NECK</b>			
Thyroid			
Cervical Nodes			
<b>CHEST</b>			
Lungs			
Heart: Size			
Sounds			
Resting EKG			
<b>ABDOMEN</b>			
<b>GENITALIA</b>			
<b>MUSCULOSKELETAL</b>			
Cervical Spine			
Thoracic Spine			
Lumbar Spine			
Shoulders			
Elbows			
Hips			
Knees			
Ankles			
Hands			
Feet			
Other Joints			
<b>NEUROLOGICAL</b>			
Reflexes			
<b>SKIN</b>			

PHYSICAL EXAMINATION FORM - MEDICAL CLEARANCE (continued)

APPLICANT'S NAME \_\_\_\_\_

I have examined the above applicant and the applicant has passed the NFPA 1582 medical examination.

I have found him/her to be medically qualified to participate in the Physical Conditioning Program at the Fire Academy through El Camino College. I have been provided with the applicant's Health History Statement. Any exercise limitations are listed below.

Exercise Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXAMINING PHYSICIAN \_\_\_\_\_  
(Print Name)

Address \_\_\_\_\_  
Number Street City State Zip

Medical License # \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



List any medications you are now taking. Include self-prescribed medications and dietary supplements.

Type of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 Type of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

List any athletic or physical activities that you regularly engage in. Specify for each the frequency, intensity, and duration of your involvement, as in the example.

ACTIVITY	FREQUENCY	INTENSITY	DURATION
(Example) Bicycling	3 times per week	10 miles	past 18 months
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DIET AND WEIGHT**

What is your present weight? \_\_\_\_\_ What is a good weight for you? \_\_\_\_\_  
 What is the most you have ever weighed? \_\_\_\_\_ How long ago? \_\_\_\_\_  
 Is your present weight stable? \_\_\_\_\_  
 Do you have trouble keeping your weight stable? \_\_\_\_\_  
 Are you presently dieting? \_\_\_\_\_ If so, describe: \_\_\_\_\_

How many times per week do you eat the following: Vegetables: \_\_\_\_\_ Fruits: \_\_\_\_\_ Eggs: \_\_\_\_\_  
 Beef: \_\_\_\_\_ Pork: \_\_\_\_\_ Fish: \_\_\_\_\_ Fowl: \_\_\_\_\_ Fried Foods: \_\_\_\_\_ Deserts: \_\_\_\_\_

How much and how often do you consume: Milk? \_\_\_\_\_  
 Coffee? \_\_\_\_\_ Tea? \_\_\_\_\_ Cola? \_\_\_\_\_

**MEDICAL HISTORY**

Do you now have or have you ever had any of the following?

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Obesity	<input type="checkbox"/>	<input type="checkbox"/>	Neurological Problems
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Problems	<input type="checkbox"/>	<input type="checkbox"/>	High Serum Lipids (Fats--for example, cholesterol)			

Have you ever experienced any of the following? For each condition checked, indicate whether the condition was diagnosed and whether the condition was associated with exercise or physical work.

Experienced?			Diagnosed?		Exercise or Physical Work?	
yes	no		yes	no	yes	no
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Discomfort or Pain in Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Discomfort or Pain in Jaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Discomfort or Pain in Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Discomfort or Pain in Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Discomfort or Pain in Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Heart Palpitations or Skipped Beats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever taken any of the following tests? If yes, indicate whether the results indicated any abnormalities.

yes	no		yes	no
<input type="checkbox"/>	<input type="checkbox"/>	Exercise Stress Test	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Exercise Stress Test with Isotopes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Echocardiogram -	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Coronary Angiogram	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Holter Monitor	<input type="checkbox"/>	<input type="checkbox"/>
		Any Abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>
		Any Abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>
		Any Abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>
		Any Abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>
		Any Abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>

Has a blood relative ever been diagnosed as having any of the following? (Include parents, grandparents, aunts, uncles, brothers, sisters, and children, but exclude relatives by marriage.)

			M	F	O
			O	A	T
			T	T	H
			H	H	E
			E	E	R
			R	R	R
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus			
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease			
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure			
<input type="checkbox"/>	<input type="checkbox"/>	High Serum Lipids (Fats, Cholesterol)			
<input type="checkbox"/>	<input type="checkbox"/>	Obesity			
<input type="checkbox"/>	<input type="checkbox"/>	Stroke			

List anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_