

El Camino College

FIRE ACADEMY

APPLICATION FORM AND CHECKLIST

NAME _____
First M.I. Last

MAILING ADDRESS _____
Number Street Apt. No.

City State Zip

PHONE: Work _____ Home _____

DRIVER'S LICENSE NUMBER _____

ECC I.D. NUMBER or SS NUMBER _____

EMAIL ADDRESS _____

_____ **I am interested in the 10-week (Full-time) Academy**

_____ **I am interested in the 16-week (Part-time) Academy**

EMPLOYMENT INFORMATION

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

CHECK – LIST

- _____ Official College Transcripts showing completion of 3 units of Fire and Emergency 1 with a grade of “C” or better.
- _____ Possession of a valid EMT license or National Registry Card (a photocopy of the license or card must accompany the application form). **THIS IS IN ADDITION TO THE 3 UNITS OF FIRE AND EMERGENCY TECHNOLOGY 1.**
- _____ An original signed physician’s statement.
- _____ A photocopy of a valid California Driver’s License (Class C)
- _____ Proof that you have passed a BIDDLE or CPAT test.

Completed applications and supporting documents must be submitted to the Industry and Technology Division Office, Technical Arts Building, Room TA 102. Any missing items will be cause for ineligibility. Please go our website www.elcamino.edu and click on Fire Academy for further information.