

YUBA COLLEGE FIRE TECHNOLOGY FFII ACADEMY

NAME: Last, First, Middle Initial	
Yuba College Student ID No.	
Address	
City, State, Zip	
Cell Phone:	
Email:	

Education:

Total Completed College Units		Cumulative GPA		Degree Completed	
Date Completed		Major		School	
Fire Fighter I (pre-requisite)	YES		NO		Comments:

Fire Experience (if not applicable, list N/A – Do Not Leave Blank):

Department		Rank:	
Department		Rank:	
Will you be sponsored by a Fire Department?	YES	NO	What Department?
Were you in R.O.P.?	YES	NO	Department & Years
Military Experience	YES	NO	

Have you ever applied to, or attended, a Fire Academy?			
YES	No	When?	
If Yes, Reason for Non-Completion:			

Certificates (Please attach copies & list)—CPR will need to be completed prior to the scheduled orientation.

EMT Certified		Exp Date		CPR		Exp Date	

Health & History

All students accepted to the academy will need to complete a **Health History Statement, Par Q & You**, and will need a **Medical Clearance** prior to completing the final enrollment process. Understanding the physical demands and rigorous activities with this academy, do you have any medical conditions, existing injury, or are you taking any medications for a chronic health problem that will affect total participation in the Academy?

If YES, please provide a brief explanation:

I understand that falsification of this application or any submitted materials can result in disqualification to attend this Academy; I further understand that this application will not be kept on file or returned if I am not accepted to attend (please keep copies of all documents you submit).

Applicant Signature: _____ Date: _____

