

# **Heartland Fire Training**



# **IN PARTNERSHIP WITH San Diego Miramar College**

STATE ACCREDITED FF1 ACADEMY

# **25th FIRE ACADEMY**

Sponsored Enrollment Student For Non JPA Member agencies

# ANNOUNCEMENT

# **Orientation November 15, 2013**

# January 4 – April 26, 2014

## Academy meets Monday, Wednesday, Friday and Saturday 0800-1800

The 486-hour(+) academy includes classroom sessions on topics such as firefighter safety, equipment operation, fire extinguishers, forcible entry tools and techniques, lifting and hoisting equipment, fire hose, hose nozzles and fittings, hose evolutions, ladders, breathing apparatus, fire control, fire prevention, and more; plus manipulative classes giving recruits the opportunity to practice skills taught in the classroom. Upon completion of the academy, successful students will receive a State Fire Marshal FF1 checklist with attained tasks (a necessary document to receive a State Fire Training Firefighter 1 Certificate), and a Heartland Fire Training Course Completion Certificate.

## **ACADEMY FEES**

Fire Academy Includes:

| CA Resident <b>College Tuition</b> for 9 units (FIPT 381F) at \$46 per unit are | \$414.00   |
|---|------------|
| Mandatory College health/accident fee of  | \$19.00    |
| <ul><li>California State Firefighter 1 curriculum</li><li>Books</li></ul>       |            |
| • ICS 200   | NIMS Cert  |
| • Fire Control 3  | State Cert |
| Hazardous materials FRO   | CAL EMA    |
| Confined Space Awareness  | State Cert |
| • L-180 Human Factors   | NWCG       |
| S-190 Basic Wildland Fire Behavior  | State Cert |
| • S-130 Basic Wildland Firefighting   | State Cert |
| RIC and Accountability  | HTFA Cert  |
| • Firefighter Survivability   | HTFA Cert  |
| Basic Fire Investigation  |            |
| Low Angle Rescue  | State Cert |
| Auto Extrication  | State Cert |
| • Power Distribution safety class by SDGE                                       |            |

#### TOTAL:

#### \$3975.00

Payment to the Heartland Fire Training Authority will be provided by the Sponsoring agency at the time of entrance notification. Any reimbursement issues will be between the student and the agency.

#### **Potential Additional costs to student:**

- Equipment Rental (If appropriate turnout gear not provided by agency) @\$850.00
- Proof of Medical and Respirator Examination exam (if needed) @\$250.00
- SCBA mask fit test Agency responsible if done at HTF: \$30.00

# **ENROLLEE APPLICATION INFORMATION**

Dear Fire Academy Applicant:

Thank you for your interest in the 25th Heartland Fire Academy. We hope this program will help you in preparation for a career in the Fire Service. The Heartland Fire Academy is a Miramar College course (FIPT 381) that is accredited by the California State Fire Marshal.

Please read the information provided to you in the following pages and follow the instructions carefully when filling out your application. **Incomplete application packages, or failure to comply with these procedures, may preclude your acceptance into the academy.** We thank you again for your interest and look forward to your participation within our program.

### **COURSE INFORMATION**

- Academy 25 is a 16-week course; start date will be Saturday, January 4, 2014 at 8:00 am.
- This course meets Monday, Wednesday, Friday and Saturday; 8 a.m. to 6 p.m.
- Class locations will be the Heartland Fire Training Facility and other field locations.
- Students must pass training evaluations by assigned instructors.
- Students are expected to be present at each of the required academy training sessions.

### MINIMUM REQUIREMENTS

- <u>Age</u>: 18 years of age at time of application.
- Education: High school graduate or equivalent (GED).
- <u>Certifications</u>: Possession of a valid San Diego County EMT-1A and CPR card at time of application.
- <u>Physical Ability Test (PAT)</u>
  - <u>Attend PAT offered by Heartland Fire Training</u> Or
  - Obtain letter from sponsoring agency that PAT has been passed within 6 months

### **CONDUCT**

The Academy is conducted in a paramilitary format and every effort will be made for the success of all candidates. Candidates are expected to adhere to all rules of conduct which include appropriate appearance and grooming standards. All questions regarding Academy operations and expectations will be answered during the Official Orientation after acceptance to the academy.

#### PHYSICAL TRAINING

Physical Training is an important component of the Academy. All candidates must be in good physical condition before entering the Academy.

See <u>http://www.heartlandfiretraining.org/downloads/academy\_pt\_program\_2013.PDF</u> for information.

#### **IMPORTANT DATES**

| October 11, 2013     | Application Deadline                                  |
|----------------------|---|
| October 19, 2013     | Physical Agility Test*                                |
| November 7 & 8, 2013 | Acceptance Notification                               |
| November 15, 2013    | Acceptance Orientation (Mandatory) 8 a.m. – 1 p.m.    |
| January 4, 2014      | First Day of Academy<br>Family may attend 0800 - 1200 |

\*Times TBA

### **Selection Process**

The selection process will be managed by each member agency.

For those not receiving a PAT completion letter from their agency:

- **Physical Abilities Test**: A job-specific physical abilities test to evaluate physical strength and endurance. A walk through will be given prior to actual timed test. A "Hold Harmless" Heartland Fire Training Facility form will be completed/signed prior to participating in test.
  - CPAT is not accepted at this time.
  - For PAT test description.
    See <u>http://www.heartlandfiretraining.org/downloads/physical\_agility\_2008.pdf</u>

• <u>Medical Examination</u>: Sponsored candidates will be required to show proof of a recent (within 6 months) Respirator Clearance Doctor Exam; specific to OSHA requirements. If not provided by the sponsoring agency, the medical examination is completed at the Candidate's expense; approximate cost \$250.00. Exam is given at Sharp Rees-Stealy. More information will be provided at Acceptance Orientation.

# **TESTING DATES**

#### PHYSICAL AGILITY: October 19, 2013; TIME: FOLLOWING WRITTEN

All testing will be accomplished at: Heartland Fire Training Facility 1301 N. Marshall Ave EL Cajon, CA 92020

# Additional Required Equipment/Costs

Each recruit will be required to have the appropriate Uniforms and safety equipment (Including Turnout Safety Gear) prior to the start of the Academy. If not provided by the sponsoring agency, Heartland Fire Training has negotiated the best prices available for the purchase of uniforms, and the rental of the safety gear.

Once accepted to the Academy each recruit will receive detailed information on the specifications and type of required equipment

#### **APPLICATION INSTRUCTIONS**

Please type or use <u>blue ink</u> **ONLY**. Fill out the attached application completely and return it to: Heartland Fire Training Facility; 1301 N. Marshall Ave., El Cajon CA 92020 during normal office hours on or before: 3:00 p.m. Friday, October 11, 2013 (excluding weekends). It is the applicant's responsibility to ensure that all pertaining documents arrive with your application packet. All supporting documents must be in your application package for you to be considered for the academy.

#### STAPLE ALL DOCUMENTS IN ONE PACKAGE; NO NOTEBOOKS/FOLDERS

#### A COMPLETE APPLICATION SHOULD INCLUDE:

- CANDIDATE APPLICATION (form attached)
- "TELL ME ABOUT YOU" (form attached)
- FROM AGENCY
  - WRITTEN VERIFICATION FROM AGENCY ON LETTERHEAD
  - LIABILITY LETTER
  - PROOF OF COMPLETION OF PHYSICAL AGILITY TEST WITHIN SIX MONTHS OF ACADEMY APPLICATION
  - COMPLETION OF RESPIRATOR MEDICAL EXAM REPORT WITHIN SIX MONTHS OF ACADEMY APPLICATION AND CLEARED TO WEAR A SCBA

#### MAIL APPLICATION PACKET OR DELIVER APPLICATION PACKET TO:

HEARTLAND FIRE TRAINING FACILITY 1301 N. Marshall Ave El Cajon CA 92020

#### **OFFICE HOURS FOR DELIVERY:**

Monday – Friday – 7:30 a.m. to 3:00 PM CLOSED SATURDAY AND SUNDAY

APPLICATION DEADLINE:

ALL APPLICATIONS MUST BE RECEIVED BY 3:00PM, FRIDAY, OCTOBER 11, 2013



### HEARTLAND FIRE TRAINING RECRUIT ACADEMY

### **REFUND POLICY**

- PURPOSE: This refund policy applies to recruits and/or sponsoring agencies outside of the Heartland Training Facility Joint Powers Agreement. The intention is to insure that an equitable refund is provided for students that don't complete the academy. This policy also provides the Heartland Training Facility with adequate compensation for the following items:
  - 1. Material expenses
  - 2. Administrative expenses
  - **3.** Instructor scheduling and expenses
  - 4. Reservation of a place in the academy
  - 5. Student/Instructor ratio
- **POLICY:** The reason for a recruit not completing the academy will not be a factor in the refund policy. Refunds will be a percentage of the tuition fee based on the date the recruit is officially taken off the academy roster. Below is the criterion to be followed:
  - 1. 75% of the tuition fee to be refunded to students/agency that voluntarily drop-out or fail during week one.  $(1/4 1/11 \ 2014)$
  - 2. 50% of the tuition fee to be refunded to students/agency that voluntarily drop-out or fail during week two.  $(1/13 1/18 \ 2014)$
  - 3. 25% of the tuition fee to be refunded to students/agency that voluntarily drop-out or fail during week three. (1/20 1/25 2014)

Students that enter week four and subsequently fail to complete the academy will not be entitled to a refund.

# 25th Heartland Fire Academy (2014) Open Enrollment Student Application

Date:

**INSTRUCTIONS (please read carefully):** This application is an initial part of the candidate evaluation process. Please apply only if you feel reasonably certain that you meet the requirements as described in the position flyer. Print clearly in **BLUE** ink or type and fill this application out completely. Please notify us promptly if you have a change of address, phone or email.

| Full Name (Last, First MI)           |                                       |                                       |              |               | Date of Birth       | Soc          | Social Security Numb          |              |                |
|--------------------------------------|---------------------------------------|---------------------------------------|--------------|---------------|---------------------|--------------|-------------------------------|--------------|----------------|
|                                      |                                       |                                       |              |               |                     |              |                               |              |                |
| Home Address                         |                                       |                                       |              |               | City                | Sta          | te                            | Zip Code     |                |
|                                      | _                                     |                                       |              |               |                     |              |                               |              |                |
| Mailing Address (if differer         | nt from home                          | e address)                            |              |               |                     |              |                               |              |                |
|                                      |                                       |                                       |              |               |                     |              |                               |              |                |
| Home Phone Number                    | Cell Pho                              | one Number*                           | Drive        | r's License I | Number              | State        | Exp                           | o. Date      |                |
| ( )                                  | ( )                                   |                                       |              |               |                     |              |                               |              |                |
| EMAIL                                |                                       |                                       |              | MOST          |                     |              | WILLE                         | RE SENT TO   |                |
|                                      | · · · · · · · · · · · · · · · · · · · |                                       |              |               | YOUR EMAIL          |              |                               |              |                |
| NO OTHER FORM OF<br>WILL BE ACCEPTED |                                       | TION                                  |              |               |                     |              |                               |              |                |
|                                      |                                       |                                       |              |               |                     |              |                               |              |                |
|                                      |                                       |                                       |              |               |                     |              |                               |              |                |
| EDUCATION AND TR                     | AINING                                |                                       |              |               |                     |              |                               |              |                |
|                                      |                                       |                                       |              |               |                     |              |                               |              |                |
| Name and location of High            | n School:                             |                                       |              |               |                     |              | · · · · · · · · ·             |              |                |
| Circle highest grade comp            | leted: 9 1                            | 0 11 12                               | Did yo       | u receive a   | high school diplom  | na? 🗌 Ye     | es 🗌 N                        | lo 🗌 GED     |                |
| Include relevant educatior           | and trainin                           | a including o                         | ollege busir | oes techni    | cal and in service  | COURSOWOR    | k Atta                        | ch a conv of |                |
| your San Diego County                |                                       |                                       |              |               |                     |              |                               |              |                |
| Page                                 |                                       |                                       | Lipite       | s/Hours       |                     |              |                               |              |                |
| School Name                          | Dates of                              | Attendance                            |              | npleted       | Course/Se           | Series Title | Course/Series Title Degree/Ce |              | ee/Certificate |
| Location (city and state)            | From                                  | To<br>Ma / Ma                         | 0.000        | Otr           | or Major            | Field        | ield Received & Yea           |              |                |
|                                      | Mo / Yr                               | Mo / Yr                               | Sem.         | Qtr.          |                     |              |                               |              |                |
|                                      |                                       |                                       |              |               |                     |              |                               |              |                |
|                                      |                                       |                                       |              |               |                     |              |                               |              |                |
|                                      |                                       |                                       |              |               |                     |              |                               |              |                |
|                                      |                                       |                                       |              |               |                     |              |                               |              |                |
|                                      |                                       |                                       |              |               |                     |              |                               |              |                |
| Please describe additiona            |                                       | k or training (i                      | ncluding mil | itary) which  | may assist you in   | the Eire S   | onvico                        |              |                |
| Flease describe additiona            |                                       | K OF training (I                      |              | italy), which | i may assist you ii |              | ervice.                       |              |                |
| Please list and provide co           | pies of spec                          | ial certificates                      | or other cor | npetencies    | which may assist    | you in the F | ire Serv                      | ice.         |                |
|                                      | · ·                                   |                                       |              |               | <u>,</u>            |              |                               |              |                |
| Licensing Information                |                                       |                                       |              |               |                     |              |                               |              |                |
| EMT 1 Certification: Type            | :                                     | · · · · · · · · · · · · · · · · · · · | Number:      |               | Expiration          | Date:        |                               |              |                |
| Driver's License: Type               | Driver's License: Type:               |                                       | Number:      |               | Expiration Date:    |              |                               |              |                |

#### **EXPERIENCE**

Beginning with your current or most recent position, list all positions you have held for at least the last 10 years; account for periods of unemployment. **Each title change or promotion should be listed and detailed separately.** If additional space is needed, please make copies of this page or attach additional sheets in a similar format.

| From: / /           | Employer:             |            |
|---------------------|-----------------------|------------|
| То: / /             | Address:              |            |
| Total Yrs: Mos:     | Job Title/Assignment: |            |
| Hours/Week:         | Duties                |            |
| Number Supervised:  |                       |            |
| Supervisor:         | Title:                | Phone: ( ) |
| Reason for leaving: |                       |            |
| From: / /           | Employer:             |            |
| To: / /             | Address:              |            |
| Total Yrs: Mos:     | Job Title/Assignment: |            |
| Hours/Week:         | Duties                |            |
| Number Supervised:  |                       |            |
| Supervisor:         | Title:                | Phone: ( ) |
| Reason for leaving: |                       |            |
| From: / /           | Employer:             |            |
| To: / /             | Address:              |            |
| Total Yrs: Mos:     | Job Title/Assignment: |            |
| Hours/Week:         | Duties                |            |
| Number Supervised:  |                       |            |
| Supervisor:         | Title:                | Phone: ( ) |
| Reason for leaving: |                       |            |
| From: / /           | Employer:             |            |
| To: / /             | Address:              |            |
| Total Yrs: Mos:     | Job Title/Assignment: |            |
| Hours/Week:         | Duties                |            |
| Number Supervised:  |                       |            |
| Supervisor:         | Title:                | Phone: ( ) |
| Reason for leaving: |                       |            |
|                     |                       |            |

Additional pages of this application form attached?

Yes No

Please check one of the following if it applies to you:

□ I have successfully completed the City of El Cajon's 2013 written and physical agility reserve testing.

**CERTIFICATE OF APPLICANT (Read carefully before signing):** I hereby certify that all statements made in this application and on all supplemental information provided are true, and I agree and understand that any misstatement of facts may cause disqualification from or forfeiture of placement in the Heartland Fire Academy. I authorize the Heartland Fire Training Authority personnel members to make any necessary and appropriate investigations to verify the information provided.

SIGNATURE: \_\_\_\_\_\_ DATE: \_\_\_\_\_\_

(OFFICE USE ONLY) DATE RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_

INITIALS: \_\_\_\_\_

#### Reminder: Attach ALL necessary documentation to verify education and certifications. You MUST include a copy of a valid California Driver's License (or ID).

| N   | am | e | • |
|-----|----|---|---|
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#### PROFILE - TELL US ABOUT YOU

- 1. Why should we select you for the 25th Fire academy (2014)?
- 2. What are your outstanding strengths?
- 3. What are your greatest weaknesses?
- 4. List specific examples of working under pressure or meeting deadlines.
- 5. What are your three biggest accomplishments thus far?
- 6. Describe your personality.
- 7. What final impression would you like us to remember you by?

Please attach a current Photo

