



# Imperial Valley College

## Fire Academy (Firefighter 1) Application

January 2026 – March 2026



### **\*\*Must be a current Imperial Valley College Student OR Applying for Admission to IVC\*\***

**Admission to IVC:** go to [www.imperial.edu](http://www.imperial.edu) click on "Apply Now" If you need further assistance, please contact Admission & Records at 760-355-6101, also located in Building #10

**Counseling phone:** 760-355-6543 to schedule an appointment with our Program Counselor, Paige Lovitt or email her at [paige.lovitt@imperial.edu](mailto:paige.lovitt@imperial.edu)

**NOTE: Complete all areas of the application below. All statements in your application are subject to verification. Keep in mind, incorrect or incomplete statements may prevent your application from being considered for the Fire Academy - Firefighter 1.**

Name: \_\_\_\_\_ IVC G#: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ IVC Student Email (legible): \_\_\_\_\_

Personal Email (legible): \_\_\_\_\_

### **REQUIREMENTS and APPLICATION CHECKLIST:**

\_\_\_\_ = Be 18 years of age

\_\_\_\_ = U.S. Citizen

\_\_\_\_ = Copy of Valid Government ID (Example: Driver's license, State issued ID, or Military ID)

\_\_\_\_ = Copy of Immunization records

\_\_\_\_ = High School Diploma/Transcript or GED – Valid completion documentation

\_\_\_\_ = A Registered IVC Student

\_\_\_\_ = Fire Academy (Firefighter 1) Application – Must be legible, neat, complete and signed/dated

\_\_\_\_ = Must be able to pass a background and drug screen **(if selected)**

\_\_\_\_ = Must be able to pass a physical exam and comply with Health Packet **(if selected)**

\_\_\_\_ = Submit any **VALID** issued EMT Course Completion Certificates, NREMT License, EMT license (if applicable)

### **Completed applications will be accepted (January 2026 – March 2026):**

### **HOW TO SUBMIT APPLICATION AND REQUIRED DOCUMENTS INSTRUCTIONS:**

**NOTE:** All Completed applications (including all required documents listed above) are to be submitted VIA

**Email to:** [tricia.jones@imperial.edu](mailto:tricia.jones@imperial.edu)

- Application is digital/fillable, so please download the application first. Then save the document prior to filling it out. **(EXAMPLE: JOHN DOE - 2026 Fire Acad-Firefighter App)** As it will not save your information. Make sure to attach all documents to your email when you submit your application.

- **NOTE: Incomplete applications will not be considered.**
- Students are notified within 15 business days being submitted, we have received an application. Any changes should be reported to the Fire Office via email, [tricia.jones@imperial.edu](mailto:tricia.jones@imperial.edu)
- **Notice of Mandatory Fire Academy - Firefighter I Orientation** will be in mid-April 2026; as to when it will be scheduled.



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Rev. 11/2026

### GENERAL INFORMATION

Name \_\_\_\_\_ IVC G# \_\_\_\_\_

Previous Name(s) Used \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Soc Sec# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male \_\_\_\_\_ / Female \_\_\_\_\_ Age \_\_\_\_\_ / Date of Birth \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

IVC Student Email: \_\_\_\_\_ @students.imperial.edu United States Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

Ethnicity: American Indian / Alaskan Native \_\_\_\_\_ African-American \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_

Hispanic \_\_\_\_\_ Filipino \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_ List: \_\_\_\_\_

Allergies \_\_\_\_\_ List any medication you are currently taking if any \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Emergency contact relationship to the applicant \_\_\_\_\_

### EDUCATIONAL BACKGROUND

High School Attended	City _____ State _____	Year Graduated / Rec'd GED _____
List All Colleges Attended (Include IVC)	Dates Attended	Degree/Certificate Awarded

Do you have a current Certification/License in an Allied Health Program (EMT, CNA, MA)? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which certification/license do you have \_\_\_\_\_

Do you have recent healthcare work or volunteer experience (recent and more than 100 hours?) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where \_\_\_\_\_

Do you have a degree (AA/AS, BA/BS, and/or MA/MS)? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a current EMT Course Completion Certificate? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when were you awarded the EMT Course Completion? School \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

Do you have a current NREMT License? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, License# \_\_\_\_\_ State \_\_\_\_\_

Do you have a current EMT License? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, License# \_\_\_\_\_ State \_\_\_\_\_

**OFFICE USE ONLY:** Petition needed for FIRE 140? \_\_\_\_\_ (Requires = valid EMT Completion Cert, NREMT License, EMT License)

Fire Academy Coordinators' Approval \_\_\_\_\_ & Fire Component given/passed \_\_\_\_\_ Permission Granted to PETITION \_\_\_\_\_





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Are you a Military Veteran or spouse of a Veteran? ..... Yes \_\_\_ No \_\_\_  
Do you have a documented disability? ..... Yes \_\_\_ No \_\_\_  
If yes, include brief description of disability \_\_\_\_\_  
Do you need any assistance or modifications? \_\_\_\_\_  
Are you a documented refugee? ..... Yes \_\_\_ No \_\_\_  
Are you eligible to receive Financial Aid, CalWorks, BOGFW-B, Federal Pell grants or EOPS? ..... Yes \_\_\_ No \_\_\_  
Are you the first generation of your family to attend college? ..... Yes \_\_\_ No \_\_\_  
Have you recently had difficult family or personal circumstances (pertaining to single parent, deployed spouse, family caregiver, death of family member in past 6 months, medical problem, or financial issue)? ..... Yes \_\_\_ No \_\_\_

### **Alternate Language Proficiency:** If answered yes below, documentation is required

Can you speak, read, and write in any of the languages below in a healthcare setting, OR have you completed an advanced level course in a foreign language? ..... Yes \_\_\_ No \_\_\_

If yes, check language and list course and provide verification of proficiency:

American Sign \_\_\_, Spanish \_\_\_, Tagalog \_\_\_, Arabic \_\_\_, Chinese \_\_\_, Farsi \_\_\_, Russian \_\_\_,  
Indian Subcontinent \_\_\_, Southeast Asia \_\_\_, Other \_\_\_\_\_

### **Work Experience:**

List most recent (past 5 years) Work Experience, paid or voluntary, that relates to the fire service (if applicable):	
Dates from:	Employer _____ Job Title _____ Duties _____
Dates to:	
Dates from:	Employer _____ Job Title _____ Duties _____
Dates to:	
Dates from:	Employer _____ Job Title _____ Duties _____
Dates to:	



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Do you have a physical condition or limitation that may hinder activity or lifting of heavy equipment, such as ladders, fire hoses, etc?.....Yes \_\_\_ No \_\_\_

If yes, please briefly describe below or attach documentation to this application.

***(Student must pass a physical exam and agility test if selected).***

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Have you ever been convicted of a criminal offense, DUI, misdemeanor, or received a traffic violation that resulted in arrest, imprisonment, or placed on probation?..... Yes \_\_\_ No \_\_\_

If Yes, please describe briefly describe below or attach documentation to the application.

***(Student must pass a background check and drug screen if selected).***

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**Previous convictions:** When applying for the Fire Academy - Firefighter I, the California State Fire Training ARTP; states that they will consider the nature, severity, and recency of the offense(s), as well as rehabilitation and other factors, but cannot make a determination for approval or denial of a licensure without evaluating the entire (licensure) application and supporting documentation. IVC Nursing applicants are therefore required to submit a typed statement with the application identifying all occurrence(s). A background check and drug screen will be required if admitted to the program. Failure to disclose this information (including expunged convictions) will disqualify the applicant, or cause dismissal from the Fire Program. The IVC Fire Program does not make a determination whether a student with a past history of criminal activity should or should not apply.

### **REMINDER – INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:**

***(High School Diploma/GED, college transcripts, government issued ID, immunization records)***

### **CERTIFICATION OF APPLICANT**

I certify that the answers I have given are true and I have not withheld any facts or circumstances. I have submitted all documentation necessary to consider my application in full. I understand that all answers given are subject to verification, and any falsification, misrepresentation, or omission of facts are sufficient reason for dismissal if discovery at any time during enrollment in the IVC Fire Academy (Firefighter 1) Program.

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



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### Student Questionnaire

Student's Name: \_\_\_\_\_

Answer all questions below and attach this questionnaire to your application. Responses can be hand-written in a neat and legible format or typed. Use a separate sheet of paper if needed.

1. Tell us about yourself (past to current) and where you want to be in 5-10 years.
2. The IVC Firefighter I Academy is a rigorous program. If you are selected, what would you contribute to your class? You may include your strengths or positives from life experiences or previous work experiences.
3. What do you feel are the attributes or characteristics of a firefighter and which one is more important to you?
4. Define 'teamwork' and why you feel teamwork is critical in the fire service?

#### CERTIFICATION OF APPLICANT

I certify that the foregoing information and answers are true, complete, and correct. I understand that any false information I listed is cause for rejection of my application. I have attached the required documentation. I hereby authorize IVC to investigate all statements contained in this application.

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_



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**ADDITIONAL PAGE – IF NEEDED FOR RESPONSES TO ANY QUESTIONS**