# Mt. San Antonio College
## Basic Fire Academy Application
### *Application Must Be Typed*

| Name | | | | Student ID | |
|------|--|--|--|-----------|--|
| Address | | | | Cell Phone | |
| City | | Zip | | Home Phone | |
| Date of Birth | | Veteran ☐Yes ☐No | | Mt. SAC E-Mail | |
| | | | | Personal E-Mail | |

**ATTENTION CANDIDATE: If course(s) are completed at a different college you must submit an unofficial transcript along with this application to the Fire Technology Office.**

| Stop! | For Office Use Only | | | | Stop! |
|-------|---------------------|--|--|--|-------|

| Course | Course | In | Variance | Completed & Verified | College |
|--------|--------|-----|----------|----------------------|---------|
| Fire 1 | | | Yes/No | Date:<br>Initial: | |
| Fire 2 | | | Yes/No | Date:<br>Initial: | |
| Fire 3 | | | Yes/No | Date:<br>Initial: | |
| Fire 4 | | | Yes/No | Date:<br>Initial: | |
| Fire 5 | | | Yes/No | Date:<br>Initial: | |
| Fire 13 | | | Yes/No | Date:<br>Initial: | |
| EMT 90 | | | | | |
| KINF- 51, | | | Yes/No | Date:<br>Initial: | |
| Comments | | | | | |

- **PHYSICIAN CLEARANCE**: IS REQUIRED SHOULD A CANDIDATE BECOME INJURED **BEFORE** THE PHYSICAL AGILITY TEST. IT IS THE CANDIDATE'S RESPONSIBILITY TO SUBMIT PROOF OF CLEARANCE TO THE FIRE TECHNOLOGY OFFICE.