

# Fire Academy



**Currently Collecting Applications**

## **Contact the Public Safety Institute office**

Mon - Thurs | 7AM - 5PM

928-317-6452 or email [lupe.fuentes@azwestern.edu](mailto:lupe.fuentes@azwestern.edu)

**Application Available:** April 7 - June 9 for Fall 2025

[www.azwestern.edu/degrees-and-certificates/occupational-certificate/fire-academy](http://www.azwestern.edu/degrees-and-certificates/occupational-certificate/fire-academy)

Knowledge and Practical skills necessary for certification as an entry level Firefighter I/II. Successful completion qualifies the student to sit for the Firefighter I/II Certification examination conducted by the Arizona Center for Fire Services Excellence. Fees for examination \$200.

**Class starts: Tuesday, August 19, 2025**

**Tuesday 6:00PM - 10:00PM**

**Thursday 6:00PM - 10:00PM**

**Saturday & Sunday 7:00AM - 5:00PM**

### **Admission and selection policy**

1. Highschool Diploma or GED
2. Minimum age requirement of 18 years
3. Meet the medical requirements of Drug Screening
4. AHA BLS Healthcare Provider card

### **First Semester**

#### **Firefighter I/II**

Firefighter I FSC 148

Firefighter II FSC 149

HazMat Awareness/Operation for First Responders (FSC 112)

**Tuition:** [azwestern.edu/paying-for-college/tuition-and-fees](http://azwestern.edu/paying-for-college/tuition-and-fees)

# FIRE ACADEMY APPLICATION PROCEDURE

**Please note: Applications will not be accepted without all of the below information included.**  
THIS APPLICATION MUST BE HAND-DELIVERED TO THE PSI SECRETARY IN THE PSI BUILDING

- \_\_\_ 1. Complete and submit the Academy Application Form. (attached)
- \_\_\_ 2. Read, complete, and submit the Memo of Understanding Form and the Assumption of Risks and Hold Harmless Form, (attached).
- \_\_\_ 3. Complete and return the Statement of Personal History and Application for Open Enrollment Form.
- \_\_\_ 4. Eligible for ENG 101 or reading score 250+
- \_\_\_ 5. Submit a drug test. This test can be taken at any doctor's office or Urgent Care (we recommend Pinnacle Health Care on 32<sup>nd</sup> St). The results **MUST** be faxed (317-6230) to the PSI office. Hand-delivered results will **NOT** be accepted. If you are active-duty military, a letter from your SACO will suffice.
- \_\_\_ 6. Submit proof of citizenship or residency (birth certificate, passport, residency card) **and a valid driver's license.**
- \_\_\_ 7. Submit a copy of your High School Diploma or GED.
- \_\_\_ 8. Submit proof of current CPR for healthcare provider BLS (American Heart Association only).
- \_\_\_ 9. Upon completion of your application, we will schedule your physical agility test You must pass the physical agility test before advancing to the oral board.

**The applicant is responsible for all costs that may be involved in the application process. INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED.**  
**For questions call 317-6452**

**Arizona Western College  
Public Safety Institute – Cadet Application**

NAME: \_\_\_\_\_  
                    First                                    Middle                                    Last

A WC Student ID # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

MESSAGE TELEPHONE: \_\_\_\_\_ TYPE: \_\_\_\_\_ (Pager, Cell, Etc)

E-MAIL (required): \_\_\_\_\_

EDUCATION: (Circle the highest level completed)    G.E.D.    12    13    14    15    16    16+

SEMESTER: (Circle one)    Winter    Spring    Summer    Fall    Year: \_\_\_\_\_

I understand that all costs pertaining to the selection process are my responsibility and each portion of the process must be paid for prior to my participation in each step.

Signed: \_\_\_\_\_

**Must be submitted with the application package prior to the start of the Academy.**

# Fire Academy

## STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR OPEN ENROLLMENT IN A COMMUNITY COLLEGE PROGRAM

### I. TO THE APPLICANT

This is not an application for employment, nor is employment guaranteed upon successful completion of the Academy.

### II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER §13-2704 AND §39-161 AND IS CAUSE TO DENY OR REVOKE ACCEPTANCE TO THIS ACADEMY.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation.

- a. Illegal drug use.
- b. Participation in criminal activity or behavior.
- c. Dishonesty/providing false information.

### IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the Continuation Sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

I understand that if approved as a student in this program, neither my acceptance as an open enrollment participant nor my eventual graduation from this academy, can be considered a guarantee of my eligibility for certification by the AZ Center for Fire Service Excellence Agency as a Fireman in this state.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# Fire Academy

## STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR OPEN ENROLLMENT IN A COMMUNITY COLLEGE PROGRAM

**ARIZONA ADMINISTRATIVE CODE R13-4-106:** A person who seeks open enrollment shall complete and submit to the basic training academy, a personal history statement on a form prescribed by the Department before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a firefighter. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the public safety profession, and is of good moral character.

**INSTRUCTIONS:** Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound on or explain your answers. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. <b>Name</b> (Last, First, Middle)			
2. <b>Address:</b>		3. <b>City:</b>	4. <b>State/Zip Code:</b>
5. <b>Date of Birth</b> (Month/Day/Year):	6. <b>Place of Birth</b> (City/State):	7. <b>Social Security Number:</b>	
8. <b>List any other names, DOB, or SSN's you have used:</b>			
9. <b>Current Marital Status:</b>		10. <b>Spouse's Name Before Marriage:</b>	
11. <b>Home Telephone Number:</b>	12. <b>Work Telephone Number:</b>	13. <b>Cell/Mobile Number:</b>	
14. <b>Are you a citizen of the United States?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> PLEASE ATTACH A COPY OF YOUR BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.			
15. <b>Do you have</b> (Check one) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma Please attach a copy of one of the above.		16. <b>When and where did you receive it?</b>	
17. <b>MILITARY SERVICE:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If YES attach the member 4 copy of the DD 214 and continue with this section. If NO skip to #18.			
Branch of Service: _____		Date Entered:	Date Separated:
Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> _____			
If NO list type of discharge/separation and explain on the Continuation Sheet			
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list the current assignment:			
<b>AGENCY VERIFICATION:</b>			
U.S. Citizen (Documentation in File)	INITIALS:	DATE:	INITIALS:
21 Years of Age		High School Diploma/GED (Documentation in File)	

## Assumption of Risks and Hold Harmless

In the Firefighter Training Academy, the student assumes certain risks associated with the duties of Firefighting. The Student agrees to hold harmless, and irrevocably release the College, its faculty and staff, and all participating agencies from any and all liability and claims related to participation in the Firefighter Training Academy.

**BE ADVISED** – you may come into contact with hazardous chemicals. The College will provide adequate instruction on the safe handling of hazardous chemicals and holds the student responsible for properly following instructions.

**BE ADVISED** – you must participate in strenuous physical activity. Including, but not limited to; physical training, jogging, climbing (possibly as high as 100 feet), lifting heavy objects, manipulation of obstacle courses, sustained exposure to severe environmental temperatures, and exposure to smoke and fire. The student certifies that they are in good physical and mental health, and are able to accomplish such activities.

I have read and understood this document. I hereby assume all risks and hold harmless the faculty, staff, and administration of Arizona Western College and any participating agencies and organizations.

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Candidate Signature & Date

This statement will become part of your permanent record.

Candidate Name: (Print) \_\_\_\_\_ AWC ID#: \_\_\_\_\_

# Memo Of Understanding

Fire Academy  
P.O. Box 929 Yuma, Arizona 85366-0929

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## **Memo of Understanding**

As an applicant for the Arizona Western College Fire Academy Open Enrollment Program, I understand that all expenses involving the background investigation, drug screen testing, and medical examination are my responsibility.

I further understand that if the Academy Director receives information during the process that would indicate difficulty in being hired by any agency, the process will be halted and my application rejected. I understand I will be notified that the process has been halted and monies for services rendered will **NOT** be refunded after the drop and add date.

As the sponsor of the open enrollment cadets, the college has the right to terminate the relationship anytime information concerning the unsuitability of a cadet to become a Fire Fighter is received. At that point, the cadet would be notified of the decision and the type of information received. Any refunds will be given according to the standard Arizona Western College refund policy found in the general catalog. This decision may be appealed to the Dean of Instructional Services.

During the Academy, I understand per the Academy Rules and Regulations, I may be terminated for rule and regulation violations. Upon termination, any refunds would be according to the standard Arizona Western College refund policy found in the general catalog.

PRINT YOUR NAME: \_\_\_\_\_

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