



Firefighter I Academy Application

Please Print Clearly in Ink or Type

_____	_____	_____	_____
Last Name	First Name	M.I.	Date of Birth
_____			_____
Street Address	Apt. #	Cell Phone	
_____	_____	_____	
City	State	Zip	
_____	_____	_____	

E-Mail Address			

Education:

Did you graduate from High School or obtain a GED? Yes No

Circle the highest grad you have completed:

College 13 14 15 16 **Post Grad** 17 18 19 20

EMR Completed Date _____

EMT-1 Completed Date _____

List Fire Service Courses you have completed.

<u>Title</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____

Briefly state any firefighting experience you have: _____

Number of attempts applying for the Fire Academy 1st 2nd 3rd 4th more than 4

Current CPAT Certification Card (***Dated between November 10, 2019 – November 10, 2020***)

Yes No Date Scheduled _____

Current GPA _____

I certify that the information recorded on this application is correct.

Signature _____

Date/Time Received _____ Received by _____ Applicant's Initials _____