



STAFFORD FIRE DEPARTMENT

ISO Class 1

2702 SOUTH MAIN ~ STAFFORD, TX 77477

OFFICE (281) 208-6984 ~ FACSIMILE (281) 208-6980

WWW.STAFFORDFIRERESCUE.ORG

CITIZENS' FIRE ACADEMY APPLICATION (Page 1)

Date _____ E-mail _____

Last name _____ First name _____

Middle name _____ Maiden _____

Date of birth _____ Age _____ S.S. # _____

Address _____

Zip code _____ Home phone _____

Employer _____

Employer address _____

Zip code _____ Employer phone _____

Occupation _____

In case of emergency, whom should we notify?

Name _____ Home phone _____

Relationship _____ Cell phone _____

Address _____

Have you ever been convicted of a crime other than a traffic offense?

Circle one: Yes / No If yes, please explain: _____

(Note: Persons with a prior felony conviction are not eligible to participate in the Academy)

Do you have a valid driver's license?

Circle one: Yes / No If yes, license #: _____



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CITIZENS' FIRE ACADEMY APPLICATION (Page 2)

Tell us why you are interested in attending the Citizens' Fire Academy.

Please list two references who are not family members.

Name _____ Home phone _____

Name _____ Home phone _____

Do you have any special needs that would require accommodation in order for you to participate in this program?

Circle one: Yes / No If yes, please explain: _____

What is your T-shirt size? Circle One: S M L XL XXL

Are you certified in CPR? Circle one: Yes / No

If no, are you interested in becoming certified? Circle one: Yes / No

I hereby certify there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Stafford Fire Department Citizens' Fire Academy. I also grant permission for the Stafford Fire Department to verify the above information and to conduct a background check for prior criminal history.

Participant signature: _____ Date: _____

Notary Public: _____ Date: _____

My commission expires _____, _____

SEAL