

GARLAND FIRE DEPARTMENT

Citizens Fire Academy

APPLICATION

Garland, Texas

Fax (972) 781-7154

Name _____

Home Phone # _____

Name as you want it on your graduation certificate _____

Please print clearly.

Address _____

City/State/Zip _____

Date of Birth _____ Age: _____

Driver' License # _____

Occupation _____

Business Phone # _____

E-Mail Address _____

T-Shirt Size: _____

Please read the attached program description. Do you require any accommodations to perform the activities in the program description? If yes, explain.

Why would you like to attend the Garland Citizens Fire Academy?

Have you ever been arrested for any offense other than a traffic violation and/or convicted of a felony or misdemeanor? If yes, explain.

List name, address, and phone number of two personal references.

1. _____

2. _____

I hereby authorize the Garland Fire Department to make an examination of the records of the Garland Police Department for the purpose of evaluating my application.

Signature

Date