

CITIZEN FIRE ACADEMY

Application for Admission

Name: _____ Male/ Female(Circle) Date of Birth: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail address: _____

Driver's License: _____ State Issued: _____

Employer: _____ Occupation: _____

Employer Address: _____

Formal Education: Highest grade level completed: 8 9 10 11 12 13 14 15 16 17 18 18+

Criminal History: Have you ever been arrested for or convicted of a crime other than traffic offenses?

Yes _____ No _____ If yes, please explain: _____

Emergency Contact: _____

Name

Relationship

Emergency Contact Phone: (____) _____

How did you hear about the Academy? _____

What experience have you had with the Longmont Fire Department?

Positive _____

Negative _____

In-between _____

Please explain: _____

What do you know about the Longmont Fire Department?

If we could only answer one question about the Longmont Fire Department during the academy, what would you ask?

What is the one thing about the fire service or Longmont Fire Department that concerns you, a pet peeve?

Thinking back to that point in your life when you wanted to be a firefighter, what was it that made you think it would be a great job?

Please mark your T shirt size - S M L XL 2XL 3XL

If you have any special needs which require accommodation in order for you to participate in this program/service, please contact the Longmont Fire Department at 303-651-8437 in order to make arrangements.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO GRANT PERMISSION FOR THE LONGMONT FIRE DEPARTMENT TO VERIFY THE ABOVE INFORMATION CONTAINED IN THIS APPLICATION AND CHECK FOR DRIVERS' AND PRIOR CRIMINAL HISTORY.

Signature

Date

Please return to: Longmont Fire Department, CFA • 225 Kimbark Street • Longmont, CO 80501
Fax to 303-651-8651