

EFD Citizens Fire Academy 2021 Application



Name: _____ Mr. / Mrs. / Ms.

Home Address: _____

Occupation: _____

Business Address: _____

Telephone: _____ (Home) _____ (Mobile)

Date of Birth: _____

Driver's License #: _____

Have you ever been convicted of a crime? If so, explain:

Why do you wish to attend the Citizens Fire Academy?

Shirt Size: XL L M S Coat Size: _____ Pants Waist & Inseam: _____

Shoe Size: _____

Do you have a current CPR card? Yes No

In consideration of my application to attend the Citizens Fire Academy, I give the Eagle Fire Department permission to check my personal background to ensure integrity of the class.

The above information is correct to the best of my knowledge.

Signature of Applicant

Date