



Dallas Fire-Rescue Department
Citizens Fire Academy Application



Last Name: _____ First Name: _____ Middle Initial: _____

Sex: (M/F)** _____ ***Race:** _____ (Required for criminal background check**)

Address: _____

City: _____ State: _____ Zip Code: _____

Please list cities you have resided in the last 10 years: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail Address: _____

Date of Birth: _____ Soc. Sec. # _____

Driver License # _____ State Issued: _____

Employer: _____ Position/Title: _____

Employer Address: _____ Work Phone: _____

.....

Personal Reference #1

Name: _____

Address: _____

Phone: _____

.....

Personal Reference #2

Name: _____

Address: _____

Phone: _____

Any known medical conditions: _____

Medications taking: _____

Any known allergies: _____

.....
In Case of Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

.....
How did you hear about the Citizens Fire Academy? _____

In your own words, tell us why you want to attend the Citizens Fire Academy: _____

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Have you ever been convicted of a felony: Yes No

Have you ever been convicted of a felony involving moral turpitude: Yes No

Do you have any severe limitations which would hinder you from engaging in activities associated with the Citizens' Fire Academy? Yes No

.....
I am willing to undergo a minimum background investigation by the City of Dallas due to the sensitivity and nature of some of the information that will be covered during the course of training. Yes No



Please submit to: Dallas Fire-Rescue Department
Training Division
5000 Dolphin Road Building A
Dallas, Texas 75223
fax (214-670-8547) Attention to Cynthia McGruder
Or e-mail to Cynthia. McGruder@**dallascityhall.com**