



# Dallas Fire-Rescue Department Citizens Fire Academy Application



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email 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: \_\_\_\_\_

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: \_\_\_\_\_

.....  
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 remit to: Dallas Fire-Rescue  
Training Department  
5000 Dolphin Road.  
Building A  
Dallas, Texas 75223 fax (214-670-8547)  
Or email to [Cynthia.mcgruder@dallascityhall.com](mailto:Cynthia.mcgruder@dallascityhall.com)