



Kilgore Fire Department Citizens Fire Academy Application

Applicant

Name: _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Phone Number: _____ Other Phone Number: _____
Driver's License Number: _____ State: _____ Occupation: _____
E-Mail Address: _____

Personal References

1	Name: _____ Phone Number: _____ Address: _____ City: _____ State: _____ Zip Code: _____
2	Name: _____ Phone Number: _____ Address: _____ City: _____ State: _____ Zip Code: _____

Personal History Statement

Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Arrested or Conviction for theft: <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrested or Conviction Family Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently under investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Have an invalid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No
Felony	Misdemeanor
Arrest : <input type="checkbox"/> Yes <input type="checkbox"/> No No Bill: <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest : <input type="checkbox"/> Yes <input type="checkbox"/> No No Bill: <input type="checkbox"/> Yes <input type="checkbox"/> No
Conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer Yes to any of the above questions, explain.

Other Information

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

Do you require any special accommodations to perform activities listed in the program description?

Emergency Contact: _____ Phone Number: _____

For more information please e-mail michael.stanley@cityofkilgore.com

I hereby authorize the Kilgore Fire Department to make inquiries into the above information and records of the Kilgore Police Department for the purpose of evaluating my applications.

Signature: _____

Date: ____/____/____