

**Hurst Fire Department
Citizens Fire Academy
Application for Enrollment**

Applicant must be 21 years of age to apply. Incomplete and or unsigned applications will not be considered. Please type or print.

First Name: _____ Last Name: _____ MI: ____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business/Cell: _____

Social Security #: _____ Date of Birth: _____

Drivers License Number: _____ State: _____

Are you a resident of Hurst? _____ How long? _____

Do you work in Hurst? _____ How long? _____

If so give name, address and type of business.

Name: _____

Address: _____

Type: _____

Background:

Are you presently, or have you been a member of the armed forces of the United States?

_____ Branch of Service _____

Date of discharge _____ Type of discharge _____

List all fraternal organizations, clubs and associations of which you are, or have been a member. _____

If the answer to any of the following questions is YES, please explain the circumstance of each instance, in detail, on a separate sheet of paper. List the date, place, charge, action taken, and financial disposition as it may apply.

Have you ever been cited, arrested, or convicted of an offense in the past ten years? _____

Have you ever been arrested for or convicted of a felony? _____

Have you ever been arrested for or convicted of a D.W.I.? _____

Have you been fired or asked to resign from any job in the past five years? _____

Are you now or have you ever been a member of any group which advocates armed or violent resistance or rebellion against the government of the United States of America, or of this State? _____

Employment:

List information on all employment you have held in the preceding two years. If retired, homemaker, unemployed, etc., please list your last place of employment.

Present Employer _____ Date Hired _____

Address _____

Phone _____ Supervisor _____ Position _____

Present Employer _____ Date Hired _____

Address _____

Phone _____ Supervisor _____ Position _____

Present Employer _____ Date Hired _____

Address _____

Phone _____ Supervisor _____ Position _____

Emergency Contacts:

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

Medical History:

The following information is needed in the event of a medical emergency.

List any medications you are currently taking and the conditions for which they are used.

List any medical information that you feel the Hurst Fire Department should be aware of.

On a separate sheet of paper, state the reasons why you would like to attend the Citizens Fire Academy and attach it, along with any supportive material you consider relevant to your application.

Please review your answers carefully and read the statement below before signing this application.

I certify that all statements made on this application are true and complete and there are no willful misrepresentations, omissions, or falsifications in the foregoing statements or answers to questions. I understand that any omissions, falsification, or misrepresentations shall be sufficient cause of rejection for enrollment in or dismissal from the Hurst Citizens Fire Academy. I further understand that the Hurst Fire Department will conduct a background investigation that will include, but not limited to, employment history and personal references.

Applicants Signature

Date