



# MOORESVILLE FIRE-RESCUE 2017 CITIZENS FIRE ACADEMY APPLICATION



## CONTACT INFORMATION AND PERSONAL DATA

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you 18 years of age or older? Yes  No  Birth Year: \_\_\_\_\_

Do you possess a valid North Carolina Driver's License? Yes  No

Do you have any special needs or food allergies that require accommodations in order for you to participate in this program?

Yes  No  If Yes, please explain... \_\_\_\_\_

Do you know any employees of Mooresville Fire-Rescue? \_\_\_\_\_

How did you hear about the Citizens Fire Academy? \_\_\_\_\_

Why are you interested in attending the Citizens Fire Academy? \_\_\_\_\_

Please list any community activities or organizations in which you participate on a regular basis: \_\_\_\_\_

## BACKGROUND (Note: Applicants convicted of a felony are ineligible to attend.)

Have you ever been convicted of a felony? Yes  No  If Yes, please explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor other than minor traffic offenses? Yes  No

If Yes, please explain including date and disposition: \_\_\_\_\_

## REFERENCES Please list three character references other than family members or employees.

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

In case of an emergency who do we contact? Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on the application shall be sufficient cause for rejection for enrollment or dismissal from the Citizens Fire Academy which is conducted by Mooresville Fire-Rescue. I also grant permission for Mooresville Fire-Rescue to verify the above information contained on this application and check for prior criminal history.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please Return Completed Applications to: Citizens Fire Academy Program, P.O. Box 878, Mooresville, NC 28115**