



Gurnee Citizens Fire Academy 2005 Application for Enrollment



Name: _____ Mr./Mrs./Ms.

Home Address: _____
Street City Zip

Occupation: _____

Business Address: _____
Street City Zip

Home Phone #: (____) _____ Work Phone #: (____) _____ Email: _____

Date of Birth: ____ / ____ / ____ Drivers License #: _____

Have you ever been convicted of a crime? If so, explain: _____

How did you first hear about the Citizen's Fire Academy: _____

Why do you wish to attend the Citizens Fire Academy? _____

Shirt Size: _____

Do you have a current CPR card? Yes No

In consideration of my application to attend the Citizens Fire Academy, I give the Gurnee Fire Department permission to check my personal background and references and to conduct other background checks as necessary to ensure the integrity of the class. The above information is correct to the best of my knowledge.

Signature of Applicant

Date