

Cleveland Community College Fire Academy

ATTENTION: Carolyn Lovelace
137 South Post Rd
Shelby, NC 28152

Firefighter Academy Application

I. Applicant Personal Information

Name _____ Last _____ First _____ Middle _____

Address: _____

Telephone: (Home) _____ (Work) _____

Social Security #: - - - If not US Citizen Type of Visa: _____

Are you 18 years or older: Yes / No Date of Birth: _____

Have You Ever had any Felony Convictions Including Traffic Violations: Yes / No If Yes what type? _____

How did you learn about the Firefighter Academy _____

II. Educational Experience

High School _____ Name _____ Phone _____

Years Completed 9 10 11 12 GED _____

Technical School / College _____ Name _____ Phone _____

Course Major _____ Degree _____ Years 1 2 3 4 _____

College / University _____ Name _____ Phone _____

Major _____ Degree _____ Years 1 2 3 4 _____

Graduate / Professional School _____ Name _____ Phone _____

List other course, workshops, and educational experience which relate to firefighting _____

III. Work History

Present or Last Employer _____ Supervisor _____

Employer Address _____ Telephone _____

Job Title _____ Dates: From _____ To: _____

Duties _____

Present or Last Employer _____ Supervisor _____

Employer Address _____ Telephone _____

Job Title _____ Dates: From _____ To: _____

Duties _____

Other Certifications, Qualifications, & Memberships: _____

IV. References

Name: _____ Relation: _____ Phone# _____

Name: _____ Relation: _____ Phone# _____

Name: _____ Relation: _____ Phone# _____

I will not commute to the Academy and request housing _____

I certify that the answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for the Cleveland Community College Firefighter Academy as may be necessary in arriving at an acceptance to the Academy. In the event of acceptance to the Academy, I understand that false or misleading information given in my application or interview(s) may result in discharge from the Academy. I understand, also, that I am required to abide by all policies and procedures of Cleveland Community College and the Fire Academy.

Entrance to the Firefighter Academy will be contingent upon satisfactory completion of all required forms. I give my permission for review of all these forms by the Application Committee as necessary. I also authorize the use of any photos or other media that may be taken during the Academy for the use of advertising the Firefighter Academy now and in the future.

Signature

Date

Before Submitting Your Application Please Check to See that You Have:

1. Listed your Social Security Number.
2. Listed your zip code correctly.
3. Given complete information on your education and work history.
4. Signed and dated your application.