



MOORESVILLE FIRE-RESCUE CITIZENS FIRE ACADEMY APPLICATION



Name: _____

Are you 18 years of age or older?

Address: _____

Yes No

City: _____

Do you possess a valid North Carolina Driver's License?

Cell Phone: _____

Yes No

Email: _____

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 two character references other than family members or employees.

Name: _____

Phone No.: _____

Name: _____

Phone No.: _____

In case of an emergency who do we contact? Name: _____

Relationship to you: _____

Cell 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 by email with subject "Citizens Fire Academy" to dconrad@moorevillenc.gov