



Gwinnett

Office of the Fire Marshal
GWINNETT COUNTY
DEPARTMENT OF FIRE AND EMERGENCY SERVICES
Community Risk Reduction
408 Hurricane Shoals Road NE, Lawrenceville, GA 30046
(O) 678.518.4980
(F) 678.518.4901
www.gwinnettfiremarshal.com

Citizen Fire Academy Application

(Please Print or Type)

Name (Last, First, Middle): _____ DATE: ____/____/____

Date of Birth: ____/____/____ Race: ____ Sex: ____ Age: ____ Drivers License #: _____

Residence Address: _____

Occupation: _____ Work Address: _____

Work Number: _____ Home Phone: _____ Cell: _____

Email: _____

How did you hear of this academy? _____

Have you ever been arrested for any offense other than a traffic violation?

(If yes, Please list the date arrested, charges, and describe the circumstances)

Describe in your own words why you want to be in the Citizens Fire Academy:

Please list two personal references other than a family member:

(1) Name: _____ Number: _____

(2) Name: _____ Number: _____

(3) Emergency Contact Name: _____ Phone: _____

Address: _____

I hereby authorize the Gwinnett County Department of Fire and Emergency Services to conduct an examination of the local/county police records for the purpose of evaluating my application. I also by signature give permission for release of Criminal History Information to the Gwinnett County Department of Fire and Emergency Services.

Signature: _____ DATE: ____/____/____

Witnessed by: _____ DATE: ____/____/____

Return completed applications by mail to the Gwinnett County Department of Fire and Emergency Services Headquarters, Attention: CFA Coordinator at 408 Hurricane Shoals Road, Northeast, Lawrenceville, GA, 30046, Phone 678.518.4800.



Criminal History Information Release

GCIC/NCIC Purpose Code-E

Last Name: _____	First Name: _____	Middle: _____
Date of Birth: ____/____/____	Sex: _____	Race: _____
Birth Place: _____	Social Security Number: _____	
Signature: _____	Date: ____/____/____	

This Section is to be Completed by a GCIC/NCIC Full Terminal Operator only:

Was a Criminal History Record found on the above named applicant?

_____ Yes _____ No

If yes, was the record attached to this form? _____ Yes _____ No

Full Terminal Operator Signature _____

Date _____

This form has been completed by an applicant to the Gwinnett County Department of Fire and Emergency Services Citizen Fire Academy. This information will be retained by the Gwinnett Fire & Emergency Services along with the original application. The information is not to be used for release to the general public nor any media outlets.