



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

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)

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

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**Please list two personal references other than a family member:**

(1) Name: \_\_\_\_\_ Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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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:  
Gwinnett County Department of Fire and Emergency Services Headquarters,  
Attention: CFA Coordinator  
408 Hurricane Shoals Road, NE  
Lawrenceville, Ga. 30046  
Phone (678) 518-4800.*



Gwinnett County Department of Fire and Emergency Services  
Citizen Fire Academy

## 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* \_\_\_\_\_

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*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.*