SHREVEPORT FIRE DEPARTMENT - CITIZENS FIRE ACADEMY

6440 Greenwood Road

Shreveport, Louisiana 71119

(318) 673-6766

APPLICATION FOR ENROLLMENT

Name: _____ CIRCLE ONE: Mr. Mrs. Ms.

Home Address: _____

Street **City/State** **Zip**

Occupation: _____ Business Name: _____

Business Address: _____

Street **City/State** **Zip**

Home Phone: _____ Work Phone: _____

Race: _____ Sex: M F _____ DOB: / /

S. S. #: - - _____ Drivers License #: _____

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

_____

_____

How did you first hear about the Citizens Fire Academy?

_____

_____

Why do you wish to attend the Citizens Fire Academy?

_____

_____

Give two character references:

NAME	ADDRESS	PHONE NUMBER
1.		
2.		

In consideration of my application to attend the Citizens Fire Academy, I give the Shreveport Fire Department permission to check my personal background and references and to conduct other background checks such as arrest records, convictions, and traffic citations as necessary to insure the integrity of the class. The above information is correct to the best of my knowledge.

_____ _____

Date **Signature of Applicant**

Mail completed and signed application to the address above. Attn: Asst. Chief Louis Johnson.