



**Colleyville Citizen Fire Academy  
Application**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How long have you lived in Colleyville:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Have you ever been arrested, convicted, or cited for an offense other than a traffic citation?** \_\_\_\_\_

**If so, please list the date and charges below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why would you like to attend the Colleyville Citizen Fire Academy?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about the Citizen Fire Academy?**

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**Can you commit to attending all or most of the classes on Thursday nights from 7pm to 10pm? \_\_\_\_\_**

**Please provide the name and number of an emergency contact:**

**Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the preceding statements and answers to questions. I understand any omissions or false statements on the application shall be sufficient cause for rejection from enrollment in the Colleyville Fire Department Citizen Fire Academy. I further understand the Colleyville Fire Department will be conducting a background review including a criminal history.**

**Printed Name: \_\_\_\_\_**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**