



Enid Fire Department CITIZEN FIRE ACADEMY

APPLICATION FOR ENROLLMENT

Privacy Act Notice: *The Fire Department's application form for the Citizen Fire Academy requests your social security or alien registration number. Disclosing this number on these forms is voluntary. The request is made pursuant to the Fire Department's practice of requiring program participants to undergo a criminal history check using this number along with other identifying information to conduct criminal history record checks on them. This information is necessary for the Fire Department to obtain accurate criminal history record information and will be used only for that purpose. Signing these forms indicates that you have read and understand that this number will be used by the Fire Department to obtain access to your criminal history record information. This information will be maintained as confidential and retained until a participant completes or withdraws from the program at which time the records will be destroyed.*

Name: _____
(Last, First, Middle)

Please list all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed your name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of birth: _____ Place of birth: _____ Current Age: _____
(Minimum age 21)

Gender: (circle one) Male Female Social Security Number: _____ (See privacy act notice above.)
(or alien registration number)

Hair color: _____ Eye color: _____

Citizenship (country) _____ Acquired by: (circle one) Birth Marriage Naturalization

Home Address: _____
(Street City State Zip)

Home phone: _____ Cell Phone: _____ Email address: _____

In the event of an emergency, please list indicate a relative or close associate that can be contacted.

Name: _____ Relationship: _____ Phone: _____

Occupation: _____ Place of Employment: _____ Work phone: _____

Employer Address: _____
(Street City State Zip)

Job Title: _____ Length of time with present employer: _____

Organization Memberships: *Please list any organizations, associations, or community groups to which you belong.*

How do you plan on sharing your experience and newly acquired knowledge with your community after completion of the academy?

Why are you interested in the Citizen Fire Academy?

Authorization to Conduct Criminal Background Check

Have you ever been charged with a felony offense? *(circle one)* Yes No

If yes, list details pertaining to charges including date, place, law enforcement agency, charge, court and disposition.

Have you ever been convicted of a felony? *(circle one)* Yes No

If yes, please be advised that Enid Fire Department policy prohibits your participation in the Citizen Fire Academy program.

I hereby authorize the Enid Fire Department to conduct a standard check of law enforcement records on me. I understand that this check will include, but will not be limited to, any record of charges, prosecutions or convictions for criminal offenses. Any information obtained will be used in determining the applicant's suitability for the academy. I also affirm that the information provided herein is truthful and correct to the best of my knowledge. I understand that participation in this voluntary academy requires approval by the Enid Fire Chief, whose discretion is absolute.

Full Name (print)

Full Name (signature)

Date of authorization

Please return this completed form to:

Enid Fire Department
Attn: Fire Marshal Ken Helms
410 W. Owen K. Garriott Road
Enid, OK 73701

You may also scan this document and email as an attachment to khelms@enid.org.