

**GARLAND FIRE DEPARTMENT**  
**Citizens Fire Academy**  
**Garland, Texas**  
**Fax (972) 781-7154**

**A P P L I C A T I O N**

Name\_\_\_\_\_

Home Phone #\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Date of Birth\_\_\_\_\_

Driver' License #\_\_\_\_\_

Occupation\_\_\_\_\_

Business Phone #\_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please read the attached program description. Do you require any accommodations to perform the activities in the program description? If yes, explain.

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Why would you like to attend the Garland Citizen's Fire Academy?

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Have you ever been arrested for any offense other than a traffic violation and/or convicted of a felony or misdemeanor? If yes, explain.

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List name, address, and phone number of two personal references.

1.\_\_\_\_\_

2.\_\_\_\_\_

I hereby authorize the Garland Fire Department to make an examination of the records of the Garland Police Department for the purpose of evaluating my application.

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Signature

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Date