

# CCA FIRE FIGHTER ACADEMY APPLICATION

## PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY NUMBER
OTHER NAMES (Including nicknames, maiden, former married, name changes etc.)					DRIVERS LICENSE NUMBER
STREET ADDRESS			CITY, STATE, ZIP		HOME PHONE
DATE OF BIRTH			PLACE OF BIRTH		WORK PHONE
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	CELLULAR PHONE	
SCARS, TATOOS OR OTHER DISTINGUISHING MARKS					EMAIL
ARE YOU A CITIZEN OF THE UNITED STATES    YES _____    NO _____ IF NATURALIZED, PLEASE BRING YOUR CITIZENSHIP CERTIFICATE WITH YOU FOR VERFICATION BY OFFICE STAFF.					

LIST ALL RESIDENCES FOR THE LAST 10 YEARS BEGINNING WITH CURRENT ADDRESS.

ADDRESS	CITY/STATE/ZIP	FROM MO / YR	TO MO / YR	LANDLORD NAME/ PHONE NUMBER

## EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL					
G.E.D.	CERTIFICATE NUMBER	DATE PASSED			
COLLEGE OR UNIV.					
COLLEGE OR UNIV.					

List any foreign languages you are fluent in:

Apprenticeships, Correspondence Courses, or other Special Training:

Have you ever been suspended or expelled from any school? Yes \_\_\_\_ No \_\_\_\_ If "Yes", explain:

## PERSONAL CHARACTER REFERENCES

**IT IS MANDATORY THAT YOU LIST AT LEAST THREE (3) PERSONS WHO HAVE PERSONAL KNOWLEDGE OF YOUR CHARACTER, REPUTATION AND MORALS. DO NOT LIST RELATIVES OR EMPLOYERS, PAST OR PRESENT.**

NAME	HOME PHONE	WORK PHONE
ADDRESS	TITLE	YEARS KNOWN
NAME	HOME PHONE	WORK PHONE
ADDRESS	TITLE	YEARS KNOWN
NAME	HOME PHONE	WORK PHONE
ADDRESS	TITLE	YEARS KNOWN

## MILITARY SERVICE

Have you ever served in the armed forces, military reserve or National Guard? Yes  No

If "Yes", please supply the following information:

Branch of Service Service Number

Dates of Service From To Type of Discharge

If less than an honorable discharge please explain:

Are you currently in a military reserve or National Guard Program? Yes  No

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the armed forces, military reserves or National Guard? Yes  No

If "Yes", give details (include branch of service, when, where, circumstances):

Past commanding officers or military acquaintances who know you well enough to provide accurate information about you:

NAME	ADDRESS (FACILITY/STREET/CITY/ZIP)	TELEPHONE	YEARS KNOWN FROM / TO	

## EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the last 5 years. If you have had intervening periods of military service or unemployment, please list those periods in sequence.

<b>Company Name</b>	Phone Number	
Address	Employed FROM	TO
City, State, Zip	May we Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Name & Title of Supervisor	Reason for Leaving:	
Your Job Title & Duties		
<b>Company Name</b>	Phone Number	
Address	Employed FROM	TO
City, State, Zip	May we Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Name & Title of Supervisor	Reason for Leaving:	
Your Job Title & Duties		
<b>Company Name</b>	Phone Number	
Address	Employed FROM	TO
City, State, Zip	May we Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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Your Job Title & Duties		
<b>Company Name</b>	Phone Number	
Address	Employed FROM	TO
City, State, Zip	May we Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Name & Title of Supervisor	Reason for Leaving:	
Your Job Title & Duties		
<b>Company Name</b>	Phone Number	
Address	Employed FROM	TO
City, State, Zip	May we Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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Your Job Title & Duties		

## EXPERIENCE AND EMPLOYMENT

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Your Job Title & Duties			
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Address		Employed FROM TO	
City, State, Zip		May we Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Name & Title of Supervisor		Reason for Leaving:	
Your Job Title & Duties			
<b>Company Name</b>		Phone Number	
Address		Employed FROM TO	
City, State, Zip		May we Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Name & Title of Supervisor		Reason for Leaving:	
Your Job Title & Duties			
<b>Company Name</b>		Phone Number	
Address		Employed FROM TO	
City, State, Zip		May we Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Name & Title of Supervisor		Reason for Leaving:	
Your Job Title & Duties			
If you have had no prior employment, please explain:			
Have you ever been terminated or fired from a job, asked to resign, or resigned after being informed that you were to be fired, or resigned for similar reasons: Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain:			
Have you had any extended work absences for reasons other than earned vacation? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain:			
Have you ever been a successful or unsuccessful candidate for another position requiring fire fighter certification? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain:			

## LEGAL

Have you ever been arrested, convicted of or plead guilty to any crime, or received a deferred judgment to any crime? (Include military service and significant traffic arrests.) Yes  No

If "Yes", please give details. Include when, where, approximate date, police agency and circumstances. The fact that your record may have been affected by an expungement, restriction, sealing or pardon has specific legal implications as to how you should answer this question.

Have you ever been placed on court probation as an adult? Yes  No   
If "Yes", please give details (include when, where, why).

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes  No   
If "Yes", please give details (include when, where, why).

Have you ever been asked to leave a position as a firefighter, whether employed, or as a volunteer/cadet/explorer? Yes  No   
If "Yes", please give details (include date, law enforcement agency, circumstances).

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action, including a temporary or permanent restraining order? Yes  No   
If "Yes", please give details (include when, where, name and location of court, circumstances).

Are you currently making any court ordered payments? Yes  No   
If "Yes", please explain.

## ALCOHOL AND DRUG USE

Do you drink alcoholic beverages?

Yes  No

If "Yes", please state how many and how often:

Understanding that you will be tested for illegal drug use prior to admittance, have you ever illegally tried, experimented with, or used marijuana or any other controlled substance without prescription, including steroids?

Yes  No

If "Yes", complete the following:

NAME AND TYPE OF DRUG	MONTH/YEAR FIRST TRIED OR USED	MONTH/YEAR LAST TRIED OF USED	TOTAL TIME(S) TRIED OR USED

Have you ever illegally sold or given to others, marijuana or any other controlled substance?

Yes  No

If "Yes" explain what kind, how much, how often and when?

OTHER: Information you believe has not been covered within this form and is relevant to the Community College of Aurora regarding this application:

**BEFORE SIGNING: PLEASE CHECK APPLICATION FOR ERRORS OR EMISSIONS AND READ THE FOLLOWING CAREFULLY.**

I understand that the submission of any false information or the omission of any material information in connection with my application for acceptance, whether on this document or otherwise, will constitute grounds for disqualification of my application or will be cause for immediate discharge at any time thereafter should I be accepted to the CCA Fire Fighter Training Academy.

**I HAVE ALSO READ THROUGH THE ACCOMPANYING ACADEMY APPLICATION MATERIALS IN SECTION A AND SECTION B AND HAVE SUBMITTED THE REQUIRED DOCUMENTATION ALSO MENTIONED IN SECTION C.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE