

LAGRANGE FIRE & RESCUE DEPARTMENT

CITIZENS FIRE ACADEMY APPLICATION
309 North First Avenue, LaGrange, KY 40031
502-222-1143 Phone 502-222-3168 Fax

TODAY'S DATE

EMAIL ADDRESS

LAST NAME

FIRST NAME

MIDDLE INITIAL

AGE

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

GENDER

TELEPHONE NUMBER

OPERATORS LICENSE NUMBER

EMPLOYER

OCCUPATION

EMPLOYER STREET ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER TELEPHONE NUMBER

YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME?

YES NO

DO YOU HAVE ANY SPECIAL NEEDS THAT WOULD REQUIRE ACCOMMODATION IN ORDER FOR YOU TO PARTICIPATE IN THIS PROGRAM?

EMERGENCY CONTACT - IN CASE OF EMERGENCY

LAST NAME

FIRST NAME

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE