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| --- |
| Full Name: |
| Home Street Address: | Apt/Suite: |
| City: | State: | Zip Code: |
| Home Phone: | Cell Phone: | Work Phone: |
| Email Address: |
| Henrico County Employee? (Circle One) |  Yes No | If yes, which dept: |
| Henrico County Resident? (Circle One) |  Yes No | If yes, which District: |
| How did you hear about the Henrico Citizens Fire Academy? |  |
|  |  |
|  |  |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant’s Signature Here) | Authorize Henrico Fire to conduct both a criminal history and DMV check as part of the application process for the Henrico Citizens Fire Academy. |
| ***(The following information is required and will be used for a criminal history/DMV check of all applicants.)*** |
| Date of Birth: (DD,MM,YYYY) |  | **Gender:** | Social Security Number: |  |
| Driver’s License Number |  | **Race:** | State of Driver’s License |  |
| Driver’s License Exp: |  |  | Is your license valid? (Circle One) |  Yes No |
| Employer: |
| Employer Street Address: |
| City: | State: | Zip Code: |
| Have you ever been arrested and or convicted of a misdemeanor or felony? |  Yes No |
| Have you ever been arrested and or convicted of a misdemeanor traffic violation? |  Yes No |
| *If Yes, explain where and final disposition:* |  |
|  |

***Please return completed application to:***

Henrico County Division of Fire, Citizens Fire Academy Coordinator

7721 E. Parham Road, PO Box 90775, Henrico, VA 23273-0775

Or Email completed application to: FireCFA@co.henrico.va.us