



Henrico County Division of Fire Citizens' Fire Academy Application

(All sections must be completed to be considered.)

Full Name:			
Home Street Address:			Apt/Suite:
City:	State:		Zip Code:
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
Henrico County Employee? <small>(Circle One)</small>	Yes	No	If yes, which dept:
Henrico County Resident? <small>(Circle One)</small>	Yes	No	If yes, which District:
How did you hear about the Henrico Citizens Fire Academy?			
Why do you want to attend?			
I _____ <small>(Applicant's Signature Here)</small>		Authorize Henrico Fire to conduct both a criminal history and DMV check as part of the application process for the Henrico Citizens Fire Academy.	
<i>(The following information is required and will be used for a criminal history/DMV check of all applicants.)</i>			
Date of Birth: <small>(DD,MM,YYYY)</small>	Gender:	Social Security Number:	
Driver's License Number	Race:	State of Driver's License	
Driver's License Exp:	Is your license valid? <small>(Circle One)</small>		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
<i>If Yes, explain where and final disposition:</i>			

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