

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?	Yes No If yes, w			ich dept:		
Henrico County Resident?	Yes No If yes, wh			ch District:		
How did you hear about the Henrico Citizens Fire Academy?						
Why do you want to attend?						
Authorize Henrico Fire to conduct both a criminal history I and DMV check as part of the application process for the						
(Applicant's Signature Here) 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			alid?	Yes No	
Employer:						
Employer Street Address:						
City:	State:			Zip Code:		
Have you ever been arrested and or convicted of a misdemeanor or Yes No felony?						
Have you ever been arrested and or convicted of a misdemeanor traffic Yes No violation?						
If Yes, explain where and final disposition:						

<u>Please return the completed application to:</u>

Henrico County Division of Fire, Citizens Fire Academy Coordinator 7721 E. Parham Road, PO Box 90775, Henrico, VA 23273-0775 Or Email the completed application to FireCFA@co.henrico.gov