

**Lexington Division of Fire and Emergency Services
Citizen's Fire Academy**

1405 Old Frankfort Pike Lexington KY 40504

Phone: 859-231-5662

Fax: 859-225-2241

Application for Enrollment

Date _____ E-mail _____

Last name _____ First name _____

Middle name _____ Maiden _____

Date of birth _____ Age _____ S.S. # _____

Address _____

Zip code _____ Home Phone _____

Employer _____

Employer address _____

Zip code _____ Employer phone _____

Occupation _____

In case of emergency, whom should we notify?

Name _____ Home phone _____

Address _____ Cell phone _____

Relationship _____

Have you ever been convicted of a crime other than a traffic offense?

Circle one: **Yes** **No**

If yes, please explain: _____

(Note: Persons with a prior felony conviction are not eligible to attend the Academy)

Do you have a valid driver's license? Circle one: **Yes** **No**

If yes, License # _____

Do you have any special needs that would require accommodation in order for you to participate in this program? Circle one: **Yes No**

If yes, please explain _____

Please list any community activities. (organizations, sports, associations, etc)

Are you fluent in a language other than English? Circle one: **Yes No**

If yes, please specify _____

Tell us why you are interested in attending the Citizen's Fire Academy.

Please list two references that are not family members.

Name _____ Home phone _____

Name _____ Home phone _____

What is your golf shirt size? Circle one: S M L XL 2XL 3XL

You must be 18 years old and live or work in Fayette County to participate.

I hereby certify there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Lexington Fire Department, Citizen's Fire Academy. I also grant permission for the Lexington Fire Department to verify the above information and to conduct a background check for prior criminal history.

Signature _____ Date _____

Return to:
Lexington Fire Department
1405 Old Frankfort Pike
Lexington KY 40504
Attn: Community Services
Phone: 859-231-5662 Fax: 859-225-2241