

Firefighter Academy Application

Central Carolina Community College

1105 Kelly Drive, Sanford, N.C. 27330

ATTENTION: FIREFIGHTER ACADEMY

Rescue Coordinator

919-777-7778

Please print legibly or type:

I. Applicant Personal Information

Name _____
Last First Middle Preferred Name

Address: _____
Street City State ZIP

Telephone: _____
(Home) (Work) (Cell)

E-mail: _____

Are you 18 years or older: _____ Date of Birth: _____

How did you learn about the Firefighter Academy?

II. Educational Experience

High School _____
Name City County State

Years Completed: _____

Technical School / College _____
Name City State

Course Major _____ Degree _____ Years

College / University _____
Name City State

Course Major _____ Degree _____ Years

Graduate / Professional School _____
Name City State

Are you currently affiliated with a fire or rescue department? _____

If yes, list Department Affiliation: _____
Name City/Town State

List other course, workshops, and educational experience which relate to firefighting:

III. References

Name: _____ Relation: _____ Phone# _____
Name: _____ Relation: _____ Phone# _____
Name: _____ Relation: _____ Phone# _____

I certify that the answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for the CCCC Firefighter Academy as may be necessary in arriving at an acceptance to the Academy. In the event of acceptance to the Academy, I understand that false or misleading information given in my application or interview(s) may result in discharge from the Academy. I understand, also, that I am required to abide by all policies and procedures of Central Carolina Community College. Entrance to the Firefighter Academy will be contingent upon satisfactory completion of a Test of Adult Basic Education (TABE) test. I also authorize the use of any photos or other media that may be taken during the Academy for the use of advertising the Firefighter Academy now and in the future.

Signature Date

Equal Opportunity Information

State and Federal regulations prohibit discrimination based on race, sex, color, age, or handicap. The information requested below will in no way affect you as an applicant; its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

* Your application for the Academy is NOT considered complete unless this form is filled out.

Date of Birth _____ SEX _____

Ethnic Group
White
African – American
American Indian (Including Alaskan Native)
Hispanic
Asian
Other (Please explain _____)

Before Submitting Your Application Please Check to See that You Have:

1. List your ZIP code correctly.
2. Completed section for equal opportunity information.
3. Given complete information on your education.
4. Signed and dated your application.