



Matt Trexel
Fire Chief
Burlington Fire Department
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Burlington, IA 52601
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APPLICATION
CITIZEN'S FIRE ACADEMY
BURLINGTON FIRE DEPARTMENT

NAME: _____ **DATE OF BIRTH:** _____ **SEX:** _____
 First Middle Last Mo./Day/Yr. M/F

ADDRESS: _____
 Street Apt. City State Zip

HOME PHONE: () _____ **WORK PHONE:** () _____

Drivers license number _____ Social Security Number _____

Employer _____ Occupation _____

Employer's address _____
 Number & Street City State Zip

Have you been arrested for any offense other than traffic? Yes () No ()

If yes, what for? _____ When? _____ Where? _____

What do you expect to gain from attending this program?

Will you be able to attend all eight sessions? Yes () No ()

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen's Fire Academy.

_____ **DATE:** _____