

City of Plano — Plano Fire-Rescue Citizens Fire Academy

Application for Enrollment

Name		
Address		_ City/Zip Code
Preferred Phone Number	Secon	nd Phone
Email address		_T-Shirt size
Date of Birth	Driver License Number	State issued
Occupation	Business Name	
How did you hear about the Citizens Fire Academy?		
What is your purpose for attending?		
Have you ever been arrested for or co	onvicted of a crime?	If yes, please explain.
Please list name, address, and phone number of two personal references.		
1		
2		