



Cape Fear Community College

North Campus

Safety Training Center
4500 Blue Clay Road • Castle Hayne, NC 28429
Phone (910) 362-7770 or (910) 362-7799 • Fax (910) 362-7797 • www.cfcc.edu/ce/firetraining

Firefighter Academy Application

PLEASE PRINT LEGIBLY

I. Applicant Personal Information

Name: _____
Last First Middle

Address: _____

City, State, Zip Code: _____

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

e-mail address: _____

Social Security #: _____ If not US Citizen Type of Visa: _____

Are you 18 years or older: circle one Yes / No Date of Birth: _____

Have you ever had any Felony Convictions Including Traffic Violations: circle one Yes / No. If Yes, what type? _____

How did you learn about the First Responder Academy? _____

II. Educational Experience

High School _____ Phone _____

Years Completed circle one 9 10 11 12 GED

Technical School / College _____ Phone _____

Course Major _____ Degree Years circle one 1 2 3 4

Other education: _____

III. Work History

Present or Last Employer _____ Supervisor Name _____

Employer Address _____ Telephone _____

Job Title _____ Dates: From _____ To _____

Duties _____

IV. References

Name: _____ Relation: _____ Phone# _____

Name: _____ Relation: _____ Phone# _____

Name: _____ Relation: _____ Phone# _____

APPLICANT NAME _____

LODGING

____ Check here if you will need housing during the Academy. Limited housing is available at area fire departments. **Recruit lodging is solely the responsibility of the student and shall be accomplished prior to the start of the Academy.**

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 Cape Fear Community College Firefighter Academy as may be necessary in arriving at an 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 also understand that I am required to abide by all policies and procedures of Cape Fear Community College and the Safety Training Center. Entrance to the Firefighter Academy will be contingent upon satisfactory completion of all required forms. I give my permission for review of these forms by the Director of Fire/Rescue and appropriate staff, as necessary. I also authorize the use of any photos or other media that may be taken during the Academy for the use of CFCC in its advertising.

Printed Name _____ Signature _____

Date _____

**PLEASE BE CERTAIN ALL INFORMATION IS INCLUDED AND RETURNED WITH PACKET.
INCOMPLETE PACKETS WILL NOT BE APPROVED FOR ADMISSION.**