

## Bozeman Fire Department Citizen's Academy Application for Enrollment

Full Legal Name:		
First name you go by (for your name tag!):		
Home/Mailing Address:		
City:	State: Zip:	
Contact Phone:	Sex: M F E-Mail:	
Date of Birth:	Driver's License #:State:	
Employer/Occupation:		
Employer Address:	City:	
How were you referred to the Bozeman Fire Department CFA?		
List any medical concerns or special accommodations we may need to know about:		
Emergency contact name and number:		



A brief background check will be conducted on each applicant. If an applicant has a criminal history to such an extent that it raises concerns by the administration of the Bozeman Police Department, it will be determined by the citizen's police academy coordinator whether it is in the best interest of the Bozeman Police Department to admit that applicant into the academy. Any intentional misrepresentation will be grounds for dis-missal.

•		en arrested, cited, or convicted as an adult (18 years and older) for a criminal a traffic violation?
Yes	No	If yes, please explain each violation:
above respec	information t to the I nine my su	hereby acknowledge that I have completed the on completely and accurately. I understand and give my permission, with Bozeman Police Department, to conduct a brief background check to uitability for admission to the Bozeman Fire Department Citizen's Police
Signatı	ure	Date