



408 Hurricane Shoals Road NE | Lawrenceville, GA 30046-4406
(O) 678.518.4800 | (F) 678.518.4806
www.gwinnettcountry.com | www.gwinnettfire.org

(Please Print or Type)

Name (Last, First, Middle): _____ **DATE:** ___/___/___

Date of Birth: ___/___/___ **Race:** ___ **Sex:** ___ **Age:** ___ **Driver's License #:** _____

Residence Address:

Occupation: _____ **Work Address:** _____

Work Number: _____ **Home Phone:** _____ **Cell:** _____

Email: _____

How did you hear of this Academy? _____

Have you ever been arrested for any offense other than a traffic violation? (If yes, Please list the date arrested, charges, and describe the circumstances)

Describe in your own words why you want to be in the Citizens Fire Academy:

Please list two personal references other than a family member:

(1) **Name:** _____ **Phone:** _____

(2) **Name:** _____ **Phone:** _____



Gwinnett
Fire & Emergency
Services

Citizens Fire Academy Application

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Emergency Contact Name: _____ **Phone:** _____

Address: _____

I hereby authorize the Gwinnett County Department of Fire and Emergency Services to conduct an examination of the local / county police records for the purpose of evaluating my application. I also by signature give permission for release of Criminal History Information to the Gwinnett County Department of Fire and Emergency Services.

Signature: _____

Date: ___/___/___

Witnessed By: _____

Date: ___/___/___

Return completed applications by mail to the Gwinnett County Department of Fire and Emergency Services Headquarters, Attention: CFA Coordinator at 408 Hurricane Shoals Road, Northeast, Lawrenceville, Ga. 30046; Phone 678.518.4800.



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GCIC/NCIC Purpose Code-E

Last Name _____ First Name _____ Middle _____

Date of Birth ____/____/____ Sex _____ RACE _____

Birth Place _____ Social Security Number _____

Signature _____ Date ____/____/____

This Section is to be Completed by a GCIC/NCIC Full Terminal Operator only:

Was a Criminal History Record found on the above named applicant?
Yes _____ No _____

If yes, was the record attached to this form? Yes _____ No _____

Full Terminal Operator Signature _____

Date _____

This form has been completed by an applicant to the Gwinnett County Department of Fire and Emergency Services Citizen Fire Academy. This information will be retained by the Gwinnett Fire and Emergency Services along with the original application. The information is not to be used for release to the general public nor any media outlets.