



LITTLE ROCK FIRE DEPARTMENT  
CITIZENS FIRE ACADEMY APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Sex: (M/F) \_\_\_\_\_ \*Race: \_\_\_\_\_ (\*Required for criminal background check)

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please list cities you have resided in the last 10 years:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc.Sec.#: \_\_\_\_\_

Driver License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Personal Reference #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Personal Reference #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Any known medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Medications taking: \_\_\_\_\_  
\_\_\_\_\_

Any known allergies: \_\_\_\_\_  
\_\_\_\_\_

.....  
In Case of Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

.....  
How did you hear about the Citizens Fire Academy? \_\_\_\_\_

In your own words, tell us why you want to attend the Citizens Fire Academy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
Have you ever been convicted of a felony: Yes  No

Have you ever been convicted of a felony involving moral turpitude: Yes  No

Do you have any severe limitations which would hinder you from engaging in activities associated with the Citizens' Fire Academy? Yes  No

.....  
I am willing to undergo a minimum background investigation by the City of Little Rock due to the sensitivity and nature of some of the information that will be covered during the course of training.  
\_\_\_\_\_ Yes \_\_\_\_\_ No



Please submit to Little Rock Fire Department  
624 South Chester Street  
Little Rock, AR 72201  
Fax(501-918-3734) Attention to  
Mildred Ragsdill  
or e-mail to [mragsdill@littlerock.org](mailto:mragsdill@littlerock.org)



**LITTLE ROCK FIRE DEPARTMENT  
CITIZENS' FIRE ACADEMY**

RELEASE

I, \_\_\_\_\_ do hereby give the Little Rock Fire Department, their assigns, licensees and legal representatives the irrevocable right to use my name, picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. I have read this release and am fully familiar with its contents.

Signed \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_



Please note: It is your responsibility to have this form notarized and return with your application.

## RELEASE OF LIABILITY

THE STATE OF ARKANSAS  
COUNTY OF PULASKI

WHEREAS, I, \_\_\_\_\_, THE UNDERSIGNED, HAVE APPLIED TO BE A PARTICIPANT IN THE Citizens' Fire Academy on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; And

WHEREAS, I am aware that accidents resulting in personal injury and property damage sometimes occur in the type of activity in which I will be participating, and could occur while taking and performing in hands-on exercises;

And

WHEREAS, I desire to participate in these exercises;

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS:

THAT, I, \_\_\_\_\_, FOR AND IN consideration of the opportunity to participate with the City of Little Rock hereby release and remise any claim against the City of Little Rock which might arise should I suffer personal injuries or property damages of any character while engaged in the Citizens' Fire Academy.

\_\_\_\_\_  
Signature

THE STATE OF ARKANSAS  
COUNTY OF PULASKI

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Pulaski County, Arkansas

My Commission Expires: \_\_\_\_\_