

*Skokie Fire Department*  
*Citizens Fire Academy Application*

(Please Print)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License Number \* \_\_\_\_\_

Social Security \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_

Are you currently a member of a fire department? Yes  No

If yes, where? \_\_\_\_\_

If the Academy is filled, would you like to be placed on a waiting list? Yes  No

\* Information will be used for the sole purpose of an applicant background check.

I am at least 18 years of age, and either a resident or an employee of the Village of Skokie. I verify all information on the Citizens Fire Academy application to be accurate and truthful. I further understand the Skokie Fire Department will be conducting a background check that may include, but not be limited to any criminal history. The Skokie Fire Department reserves the right to accept or reject any applicant for the Citizens Fire Academy. I understand and agree to the terms stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application is to be completed and returned to the Skokie Fire Department, attention: Captain Kathleen Furgala, 7424 Niles Center Road, Skokie, Illinois 60077. Any questions, call 847-982-5340.

Authorized Approval: \_\_\_\_\_  
Jason Brandt, Fire Chief