

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 _____

Email Address _____

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 Thomas Doran, 7424 Niles Center Road, Skokie, Illinois 60077. Any questions, call 847-982-5340.

Authorized Approval: _____
Jeffrey J. Hoeflich, Interim Fire Chief