

**Mesquite Fire Department  
Citizens Fire Academy  
Application**

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

Address \_\_\_\_\_

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

E-mail address \_\_\_\_\_

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

Cell/Pager No. \_\_\_\_\_ Date of birth \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State Issued \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Please list the requested information for three Personal References.

1. Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

2. Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Mesquite Fire Department – Citizens Fire Academy  
P.O. Box 850137, Mesquite, TX 75185-0137  
972.216.6267

3. Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

What is your purpose for attending the Citizens Fire Academy?

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If you have ever been convicted of a crime, please explain in detail on the back of this application.

I, \_\_\_\_\_, hereby acknowledge that I have completed the above information completely and accurately to the best of my knowledge. I give my permission to the Mesquite Fire Department to inquire about my qualifications and/or character. I understand that the information requested is for the purpose of a background/reference check, and this check may be made by phone or in writing and may include present and past employers, motor vehicle and police records. Permission is hereby granted to conduct a background investigation based on the information given in this application.

I also authorized my employer and any persons who may have information concerning me and my background to furnish such information to the extent allowed by law and for the intended purpose of my application to perform as a volunteer for the City of Mesquite Fire Department and hereby consent to the release of such information.

I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, omissions or falsifications will result in my removal from volunteer activities with the Mesquite Fire Department.

As a volunteer, I understand that the City of Mesquite does not provide volunteers with employee benefits, accident insurance, death benefits, compensation for lost time due to injury, nor does the City carry general liability insurance covering volunteers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date