

VERDUGO FIRE ACADEMY



APPLICATION

PLEASE TYPE OR PRINT IN BLACK INK ONLY

PERSONAL INFORMATION:		
Last Name:	First Name:	M.I.:
Street Address:		
Primary Phone #:	Alternate Phone #:	
E-Mail Address:		
GCC Student ID #:		Age:
EDUCATION / CERTIFICATIONS:		
College Attended:		Dates:
Degrees / Certifications Received:		
If you have NOT completed a Fire Technology Degree, list all Fire Technology courses completed:		
Check all that apply and provide copies of each curre	ent certification:	
□ EMT-B Certification □ EMT	-P Certification	☐ CPAT Certification
FIRE DEPARTMENT INVOLVEMENT: (Check all t	hat apply)	
□ Sponsored □ Explorer	☐ Cadet	☐ Other:
Fire Department:		
Contact Person:	Phone	e #:
Can you furnish a letter from the Fire Chief or Explor	er / Cadet Program coordinator?	□ Yes □ No
CANDIDATE DATA: (Collected for statistical use by	the State Fire Marchal's Office	
		Gender: □ Male □ Female
Ethnicity:		Gender. Li Male Li Female
Cadet Signature	Date	
FOR OFFICE USE ONLY:	Date Accepted:	
□ Resume □ Transcripts □ Autobiogra		