

MERRIONETTE PARK



**Merrionette Park Fire
Academy**
3165 W 115th Street.
Merrionette Park, IL, 60803
708-396-3180



Academy Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth _____

Driver License Number: _____ Class: _____ Exp. Date: _____

Shoe Size: _____ Shirt Size: _____

EMS Certificates: EMT-B or EMT-Paramedic License Number: _____ Expiration Date: _____
Please provide a copy of any EMS License, CPR card with your application

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

MERRIONETTE PARK

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in my release

I understand I must pass a physical prior to the start of the academy.

I understand the academy fee is \$750.00 and must be paid in full by January 2, 2023 unless a payment plan is agreed to by the academy director.

Signature: _____ Date: _____