



TEXAS FIRE ACADEMY

Advanced Course Application

Incomplete applications will not be accepted.



APPLICANT INFORMATION

Advanced Class Applying For: (circle one)

Fire Officer 1 Fire Officer 2 Fire Instructor 1 Fire Instructor 2

Driver/Operator Investigator Inspector

Last:	First:	Middle:
Date of Birth:	Email:	
Home Phone:	Cell:	TCFP PIN#:
Address:		
City:	State:	Zip:
D/L #:	Exp. Date:	Class:

EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:		
City:	State:	Zip:
Supervisor's Name:		Phone:

EMERGENCY CONTACT

Name:	Relation:	Phone:	
Address:	City:	State:	Zip:

I understand the use of illegal drugs, controlled substances and/or alcohol is prohibited on or in all Texas Fire Academy grounds, vehicles, equipment and property. I also understand that if performing duties under the influence of illegal drugs, controlled substances and/or alcohol, I will be subject to immediate termination.

I will abide by all Texas Fire Academy policies listed in the syllabus. I will hold above all else, the safety of fellow cadets and instructors. I will try to perform my duties to the best of my ability. I understand that my activities outside of Texas Fire Academy directly reflect on the school and will act accordingly.

I understand that any Academy property issued to me such as gear or any other equipment must be returned at the time of my course completion or whenever it is requested by my instructors. Failure to do so will result in possible legal action and/or paying for the replacement of such property.

I grant Texas Fire Academy, its representatives and employees the right to take photographs of me and my property in connection with any Texas Fire Academy Program. I authorize Texas Fire Academy, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Texas Fire Academy may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

I have read and understand the above.

Signature:	Date:
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