

Dormont Fire Department Citizens Fire Academy Background Report Request

The following section must be entirely completed. Any information omitted will result in the return of the application to the requesting department.

APPLICANT: ASK FOR INSTRUCTIONS ON WHERE TO RETURN THIS FORM

Date: _____

Last Name: _____

Middle Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Date of Birth: ____/____/____

Social Security #: _____ - _____ - _____

Driver's License #: _____ State: _____

Will applicant submit to a background Investigation? (____) Yes (____) No

Signature of Applicant

Date

Requested by: Fire Dept.

Supervisor: _____ Phone: _____

This section completed by Dormont PD:

Checked by Officer/Sargent _____, on _____.

ALERT Results: _____
AC Crim Results: _____
Meghan's Law Results: _____
DL Results: _____