



Firefighter Program Application

Background Authorization

I authorize the staff of the Public Safety Training Center, Florida Gateway College, or their authorized representative to enter my name and personal data into the NCIC / FCIC computer for a criminal history check.

Please Print

Name _____

(Last)

(First)

(Middle)

Mailing Address: _____

(Street or Box)

(City)

(State)

(Zip)

Telephone Number: (____) _____ - _____

Social Security Number _____ - _____ - _____

Date of Birth: _____/_____/_____

Race: _____

Sex: _____

I certify that all of the information contained herein is accurate, true, and correct to the best of my knowledge.

(Print)

(Signature)

_____/_____/_____

(date)

Witness, my hand and official seal this _____ day of _____ A.D. _____

Personally known to me _____ or identification produced _____.

Identification type: _____

(Notary Public)