



**WYLIE COMMUNITY EMERGENCY RESPONSE TEAM
APPLICATION**

Name: _____

Date of Birth: ____/____/____ Age: _____ Sex: F or M

Driver's License #: _____ State: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home E-Mail: _____

Other Phone / Cell / Pager: _____

Business / Occupation: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Bus. Phone: _____ Bus. E-Mail: _____

Years living or working in Wylie: _____

I, the undersigned, hereby grant permission to the Wylie Fire Department, to conduct a background investigation on me to determine my eligibility to attend the Wylie "Community Emergency Response Team" training program, and for no other purpose. I understand that my acceptance is predicated on no felony convictions, no convictions for offenses involving moral turpitude and no outstanding warrants of any kind. I further understand that should I not qualify for any reason, that all records obtained, collected, or otherwise prepared for this purpose shall be destroyed in their entirety.

Signed

Date

Note: Applications will be reviewed and approved in the order they are received. Applications not approved due to class size will be held for the next available class.

***Please return this application to:
Wylie Fire Administration (8:00AM-5:00PM)
Attn: Debra McClendon
801A Suite 204, S Hwy 78
Wylie Texas 75098***