

Office Use Only:



# Application for Enrollment

## Part I

Date of Application: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Please indicate the best way to contact you:*

Home Email  Work Email  cell #  Home #  Work #

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Please list name, address, and phone number of two personal references.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |





**Part II**

How did you hear about the Citizens Fire Corps Academy?

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What is your purpose for attending?

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Have you ever been arrested for or convicted of a crime? If Yes, explain.

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Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate the name you would like on your name badge (first name only): \_\_\_\_\_

**T-Shirt size:**

S

M

L

XL

XXL

XXXL



I give permission to share my contact information with the Citizens Fire Academy Alumni Association. \_\_\_\_\_ (please initial for acceptance)



## CITIZENS FIRE ACADEMY PROGRAM INQUIRY RELEASE

In connection with my application for participation in the Allen Citizen's Fire Academy program, I understand that investigative inquiries on my background (in accordance with the Fair Credit Reporting Act and all state and federal laws) are to be made on me.

I understand that the City of Allen and/or First Check Background Screening Services and similar entities, may make inquiries, including criminal history. Furthermore, I understand that the City of Allen and/or First Check Background Screening Services may request information from various federal, state and other agencies that maintain records concerning my past criminal history.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if participation in the program is denied because of information obtained from a Consumer Reporting Agency. Upon written request, I will be entitled to receive from the City of Allen the name and address of the Consumer Reporting Agency from which the report was obtained.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the City of Allen and/or First Check Background Screening Services to furnish any or all of the above mentioned information. In addition, I hereby release the City of Allen and First Check from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith provide to the City of Allen and/or First Check Background Screening Services the above mentioned information as requested, in order to successfully complete a background investigation for my application of participation. A copy of this authorization has the same effect as an original.

### Please Print Legibly

Participant's Full Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

I acknowledge receipt of the **Summary of Your Rights under the Fair Credit Reporting Act** and certify that I have read and understand my rights under this law.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes.



# COLLIN COLLEGE

## COLLIN COLLEGE ADMISSIONS & RECORDS Fire Protection Training or Law Enforcement Training Enrollment Form PLEASE PRINT

**Complete, Legal Name is required**

**Social Security Number or Collin CWID Number:** \_\_\_\_\_

**First time**  
 Yes  No  
(Check one)

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Social Security Number is required if this is your first time to register at Collin. You will then be given an ID number to use at Collin for future registrations.

First Name \_\_\_\_\_

TCFP Pin Number: \_\_\_\_\_  
(Fire Protection only)

Driver's License # \_\_\_\_\_  
(Fire Protection only)

Middle Name \_\_\_\_\_

Department: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Address  or Work Address   
(Check one)

City, State, ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_  
(This is the email address where we will send your ID number)

CRN Number	Course Title	Room Number	Start Date	Start Time	Course Tuition
		Allen FD		6:00PM	FREE

**The following information is requested for internal, state, federal reports and funding. All information will be held in strictest confidence.**

Do you have a disability?  Yes  No

Please select one Ethnicity Code:  
 Hispanic or Latino  
 Not Hispanic or Latino

Please select as many race codes as applicable

- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Asian
- American Indian or Alaskan Native



## Payment Method:

**Students will be responsible for all amounts owed if sponsoring agency does not remit payment in full.**

Cash <input type="checkbox"/> Amount: _____  Received By: _____	Check: Agency <input type="checkbox"/> Check: Personal <input type="checkbox"/>  Check Number: _____  Excellence Fund <input type="checkbox"/>	Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/>  Card No: _____  Expiration Date: _____  Digit Security Code: _____  Signature: _____	Agency Billing Agreement <input type="checkbox"/>  Agency Name & Billing Address: _____ _____ _____
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I understand that it is **mandatory** that I attend all training sessions of this course in order to receive full training credits. Should an emergency arise it is my responsibility to contact the class coordinator. I hereby release Collin County Community College, their agents, employees, or instructors from any and all liability for an accident or injury that may be sustained while participating in the above mentioned activity. I hereby release liability against any employee required to administer first aid or obtain medical care from any licensed physician, hospital, or emergency medical provider for the participant named herein when time is of the essence.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Collin College is an equal opportunity institution and provides education and employment opportunities without discrimination on the basis of race, color, religion, sex, age, national origin, disability or veteran status. With few exceptions, state law gives you the following rights regarding the information collected by Collin about you: the right to request to be informed about the information; the right to receive and review the information; and the right to correct information about you that is incorrect.

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture

Office of Deputy Administrator - GIPSA  
Washington, DC 20250

202-720-7051