



## APPLICATION INSTRUCTIONS

1

### MAKE SURE YOU'RE ELIGIBLE TO APPLY

This program is for any current high school student in Kent County. To participate, students must:

- Be between 15 and 18 years old by July 22, 2019
- Have a minimum GPA of 2.0
- Be of good moral character
- Have an acceptable legal history
- Be in good standing at your school
- Be in good physical condition and pass a physical

Before the program starts, you'll need to attend a mandatory information meeting. A parent or legal guardian must also attend this meeting with the student on **July 17, 2019 from 6-9pm.**

2

### MAKE SURE YOU CAN ATTEND EVERY DAY OF THE ACADEMY

Attendance is mandatory for each day of the Academy. The Academy dates are Monday, July 22, 2019 through Friday, July 26, 2019.

3

### GATHER YOUR INFORMATION

Have this information ready before you start the application:

- Your resume
- Your school's address and phone number
- Email address of a counselor, teacher, or coach as a character reference
- A detailed written explanation of why you want to attend the Fire Youth Academy
- Your employment history information

4

### APPLY FOR THE FIRE YOUTH ACADEMY

- Complete the application online by entering the requested data at:  
[www.grandrapidsmi.gov/Services/Apply-for-the-Youth-Fire-Academy](http://www.grandrapidsmi.gov/Services/Apply-for-the-Youth-Fire-Academy)
- Or download the PDF form which can be completed electronically or by hand. Electronically, the form can be automatically submitted to Human Resources by selecting the "Submit" button on the bottom of the last page. If printed and completed by hand the form can be mailed to:

*City Hall - Human Resources, 300 Monroe Ave NW 8th Floor, Grand Rapids MI 49503*

- **ALL APPLICATIONS MUST BE RECEIVED BY FRIDAY, MAY 31**

5

### WE'LL REVIEW YOUR APPLICATION

We'll notify you once we have reviewed your application. You will get an invite to interview for acceptance into the program. Here is a list of items you should have ready for your interview:

- Driver's License (if available)
- Student ID
- Letter of recommendation from school counselor, teacher, or coach
- Proof of physical for the current school calendar year
- Copy of your resume



CITY OF  
GRAND  
RAPIDS

## GRAND RAPIDS FIRE DEPARTMENT FIRE YOUTH ACADEMY APPLICATION



### ELIGIBILITY

#### LET'S MAKE SURE YOU QUALIFY

Are you a Freshman, Sophomore, or Junior attending high school in Kent County?

- I am*
- I am not*

Is your current GPA over 2.0?

- It is*
- It is not*

Would others consider you to be a moral person?

- I believe they would*
- Unfortunately, no*

Are you in good physical condition?

- I am*
- Unfortunately, no*



# GRAND RAPIDS FIRE DEPARTMENT FIRE YOUTH ACADEMY APPLICATION



## CONTACT INFORMATION

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

\_\_\_\_\_  
ADDRESS CITY STATE ZIP (12345)

\_\_\_\_\_  
LANDLINE CELL EMAIL

How should we contact you?  Landline  Cell  Email

\_\_\_\_\_  
BIRTHDATE (mm/dd/yyyy)



## EMERGENCY CONTACTS

### PRIMARY EMERGENCY CONTACT

### SECONDARY EMERGENCY CONTACT

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
THEIR RELATIONSHIP TO YOU

\_\_\_\_\_  
THEIR RELATIONSHIP TO YOU

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
ALTERNATE PHONE NUMBER

\_\_\_\_\_  
ALTERNATE PHONE NUMBER



# GRAND RAPIDS FIRE DEPARTMENT FIRE YOUTH ACADEMY APPLICATION



## EDUCATION HISTORY

\_\_\_\_\_  
CURRENT HIGH SCHOOL NAME

\_\_\_\_\_  
PHONE (numbers only, 1234567890)

\_\_\_\_\_  
MONTH & YEAR STARTED  
(mm/yyyy)

Current Grade:  Freshman  Sophomore  Junior  Other \_\_\_\_\_

\_\_\_\_\_  
GPA (0.00)

\_\_\_\_\_  
SCHOOL REFERENCE NAME & TITLE (e.g., counselor, mentor, teacher)

\_\_\_\_\_  
SCHOOL REFERENCE'S EMAIL

List any honors you have received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had disciplinary actions that has occurred since 6th grade?  Yes  No

If **Yes**, list all disciplinary actions here. If you were suspended or expelled, you must specify when, where and why.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Have you attended another high school?  Yes  No

If **Yes**, please provide the following information about the previous high school.

\_\_\_\_\_  
PREVIOUS HIGH SCHOOL NAME

\_\_\_\_\_  
PREVIOUS PHONE (numbers only, 1234567890)

\_\_\_\_\_  
MONTH & YEAR STARTED  
(mm/yyyy)

\_\_\_\_\_  
REASON FOR TRANSFERRING TO NEW SCHOOL

\_\_\_\_\_  
MONTH & YEAR ENDED  
(mm/yyyy)

\_\_\_\_\_  
PREVIOUS SCHOOL REFERENCE NAME & TITLE (e.g., counselor, mentor, teacher)

\_\_\_\_\_  
PREVIOUS SCHOOL REFERENCE'S EMAIL



# GRAND RAPIDS FIRE DEPARTMENT FIRE YOUTH ACADEMY APPLICATION



## EMPLOYMENT HISTORY

Are you or have you been employed?  Yes  No

Do you have a resume?  Yes  No

If **Yes**, then you can 1) include a copy if you are mailing this form to the City-Human Resources Department, 2) attach an electronic copy (either MS Word or PDF) if emailing completed form or 3) bring both hard copy printouts of the Fire Youth Academy application and the resume if you are personally delivering it to City Hall.

\_\_\_\_\_  
CURRENT EMPLOYER'S NAME START DATE (mm/yyyy) END DATE (mm/yyyy)

\_\_\_\_\_  
ADDRESS CITY STATE ZIP (12345)

\_\_\_\_\_  
SUPERVISOR'S NAME SUPERVISOR'S PHONE NUMBER (1234567890) SUPERVISOR'S EMAIL

\_\_\_\_\_  
YOUR POSITION HELD BRIEFLY DESCRIBE YOUR DUTIES

\_\_\_\_\_  
2ND EMPLOYER'S NAME START DATE (mm/yyyy) END DATE (mm/yyyy)

\_\_\_\_\_  
ADDRESS CITY STATE ZIP (12345)

\_\_\_\_\_  
SUPERVISOR'S NAME SUPERVISOR'S PHONE NUMBER (1234567890) SUPERVISOR'S EMAIL

\_\_\_\_\_  
YOUR POSITION HELD BRIEFLY DESCRIBE YOUR DUTIES

\_\_\_\_\_  
3RD EMPLOYER'S NAME START DATE (mm/yyyy) END DATE (mm/yyyy)

\_\_\_\_\_  
ADDRESS CITY STATE ZIP (12345)

\_\_\_\_\_  
SUPERVISOR'S NAME SUPERVISOR'S PHONE NUMBER (1234567890) SUPERVISOR'S EMAIL

\_\_\_\_\_  
YOUR POSITION HELD BRIEFLY DESCRIBE YOUR DUTIES



# GRAND RAPIDS FIRE DEPARTMENT FIRE YOUTH ACADEMY APPLICATION



## EMPLOYMENT HISTORY CONTINUED

\_\_\_\_\_  
CURRENT EMPLOYER'S NAME START DATE (mm/yyyy) END DATE (mm/yyyy)

\_\_\_\_\_  
ADDRESS CITY STATE ZIP (12345)

\_\_\_\_\_  
SUPERVISOR'S NAME SUPERVISOR'S PHONE NUMBER (1234567890) SUPERVISOR'S EMAIL

\_\_\_\_\_  
YOUR POSITION HELD BRIEFLY DESCRIBE YOUR DUTIES

\_\_\_\_\_  
2ND EMPLOYER'S NAME START DATE (mm/yyyy) END DATE (mm/yyyy)

\_\_\_\_\_  
ADDRESS CITY STATE ZIP (12345)

\_\_\_\_\_  
SUPERVISOR'S NAME SUPERVISOR'S PHONE NUMBER (1234567890) SUPERVISOR'S EMAIL

\_\_\_\_\_  
YOUR POSITION HELD BRIEFLY DESCRIBE YOUR DUTIES

\_\_\_\_\_  
3RD EMPLOYER'S NAME START DATE (mm/yyyy) END DATE (mm/yyyy)

\_\_\_\_\_  
ADDRESS CITY STATE ZIP (12345)

\_\_\_\_\_  
SUPERVISOR'S NAME SUPERVISOR'S PHONE NUMBER (1234567890) SUPERVISOR'S EMAIL

\_\_\_\_\_  
YOUR POSITION HELD BRIEFLY DESCRIBE YOUR DUTIES





# GRAND RAPIDS FIRE DEPARTMENT FIRE YOUTH ACADEMY APPLICATION



## LEGAL HISTORY

Have you ever been questioned by law enforcement personnel for any reason?  Yes  No

**INCIDENT 1** *(Please detail those interactions: Where were you and what were you doing. Note if you were a witness, victim or suspect.)*

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**INCIDENT 2** *(Please detail those interactions: Where were you and what were you doing. Note if you were a witness, victim or suspect.)*

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# GRAND RAPIDS FIRE DEPARTMENT FIRE YOUTH ACADEMY APPLICATION



## LEGAL HISTORY CONTINUED

**INCIDENT 3** *(Please detail those interactions: Where were you and what were you doing. Note if you were a witness, victim or suspect.)*

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**INCIDENT 4** *(Please detail those interactions: Where were you and what were you doing. Note if you were a witness, victim or suspect.)*

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**Thank You for Completing the FYA Application!**