

DeKalb County Fire Department
Application to Hold the Office of
LIEUTENANT

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

Date of Birth (mm/dd/yy): _____

Please answer the following questions with “yes” or “no”:

1. Have you been an active member of DCFD for a minimum of 3 years? _____
2. Have you completed a Basic Hazardous Materials training course? _____
3. Have you completed Incident Command Systems (ICS) or National Incident Management Systems (NIMS) training?

4. Are you currently CPR/AED certified through American Red Cross or American Heart Association? _____
5. Have you completed the Introduction to Fire Pumpers (FF111) course? _____
6. Do you agree to complete 8 hours of annual certified training while holding this office? _____

Documentation is required to be attached to this application showing evidence that the qualifications have been met.