

**DeKalb County Fire Department  
Application to Hold the Office of  
Communications Officer**

**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 2 years?** \_\_\_\_\_
2. **Are you familiar with two-way communications and pager equipment?** \_\_\_\_\_
3. **Do you have good organizational skills?** \_\_\_\_\_

**Applications must be submitted no later than December 31 of each year, prior to the annual officer elections in January.**