

**DeKalb County Fire Department
Application to Hold the Office of
Training 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 5 years?** _____
2. **Are you familiar with the department’s operations and equipment?** _____
3. **Are you a certified Fire Instructor?** _____
4. **Do you have good “people” skills?** _____
5. **Have you complete the Introduction to Fire Pumpers course?**

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