

DeKalb County Fire Department
Application to Hold the Office of
ASSISTANT CHIEF

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

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

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

1. Do you currently meet all of the requirements for Lieutenant and Captain? _____
2. Have you served a minimum of 3 years as Captain (or higher) on the DeKalb County Fire Department? _____
3. Have you completed the Fire Chief Orientation (Asst. to Commissioner) training? _____
4. Do you agree to complete 15 hours of annual certified training while holding this office? _____
5. Have you successfully completed all the required skill sets as outlined in Article II, Section B10 of the DCFD SOG's? _____

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

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