

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 completed the Basic Firefighting or equivalent training? \_\_\_\_\_
2. Have you completed the Live Burn Weekend or have at least 5 years of active firefighting experience? \_\_\_\_\_
3. Have you been an active member of DCFD for a minimum of 3 cumulative years? \_\_\_\_\_
4. Have you completed of Incident Command Systems IS-100, IS-200, IS-300, IS-700, and IS-800? \_\_\_\_\_
5. Are you currently, or have you been, certified in CPR/AED? \_\_\_\_\_
6. Have you completed the Hazmat Awareness and Hazmat Operations course? \_\_\_\_\_
7. Have you completed the Basic Pumper Operations (FF111) course? \_\_\_\_\_
8. Have you completed Leadership I and II? \_\_\_\_\_
9. Have you completed a Strategy and Tactics classroom course of at least 15 hours duration? \_\_\_\_\_
10. Do you have a current or past certification as a Vehicle Extrication Rescue Technician with a current or previous certificate of training in a course with a minimum 24 hours of instruction?
11. Do you agree to complete 8 hrs. of annual certified training while holding this office?  
\_\_\_\_\_
12. Have you completed the Practical Skills Tests as outlined in Article II, Section B10? \_\_\_\_ (check off sheets must be attached)

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