

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

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

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

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

1. Are you currently a CPR/AED certified? _____ (if yes, attach card)
2. Have you completed Incident Safety Officer (min. 15 hr. class)? _____
3. Have you completed the required OSHA/TOSHA Program Training? _____
4. Do you have good literacy skills? _____
5. Are you available to attend Quarterly County Safety Meetings? _____

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