

**APPLICATION FOR EXAMINATION  
FOR ENTRY-LEVEL FIREFIGHTER  
CITY OF ATHENS, TEXAS**

**Deadline for application: Tuesday, September 3<sup>RD</sup>, 2019**

**PLACE AND TIME OF EXAMINATION:**      **ATHENS PARTNERSHIP CENTER  
DEREK DANIELS ROOM  
201 W. CORSICANA STREET  
ATHENS, TX**

**Tuesday, September 10<sup>th</sup> , 2019  
9:00 A.M.**

**NAME OF APPLICANT** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Civil Service Use Only	
	<b><u>Test Score</u></b>
<b>WRITTEN</b> _____	
<b>MILITARY</b> _____	<b>TOTAL</b> _____
<b>PHYSICAL ABILITY</b> _____	Pass      _____ Fail

\_\_\_\_\_  
**Administrator Signature**