

TOWN OF NEW GLASGOW FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT

NAME:

(Surname) (Given Name)

ADDRESS:

PHONE:

HOME- _____ BUSINESS- _____

POSITION APPLIED FOR:

WORK EXPERIENCE:

(Begin with current or most recent employer)

Employer:	From:	To:	Position/Duties:

FIRE RELATED EXPERIENCE:

EDUCATION:

Name of Educational Institution:	Highest Grade Completed/Degree:	Field of Study:

TRAINING:

Have you attended a fire training school?

If yes, what is the name of the school?

List credited courses.

Additional skills, training, professional qualifications, licenses:

OTHER:

Are you able to respond to fire calls at any time of day?

Are you able to leave your place of employment to attend a fire?

Do you have immediate access to a motor vehicle at all times?

REFERENCES:

List two references other than former employers or relatives.

Name:	Address:	Occupation:	Phone Number:

DATE _____

SIGNATURE OF APPLICANT _____