

Town of Wakefield NH

Fire-Rescue-EMS Application

Your Contact Information

First Name

Last Name

E-mail Address

Phone

Which position are you applying for?

Firefighter

EMT

Present Employer

What experience do you have in this field?

Highest level of education

References

First Name

Last Name

E-mail Address

Phone

First Name

Last Name

E-mail Address

Phone

First Name

Last Name

E-mail Address

Phone

Drivers License State, Number and type

Any driving suspensions or been revoked?

Yes

No

Ever been convicted of a crime?

When can you start?

What experience/ certifications do you currently have? (CPR, FF1, EMT)