



Town of Spencer Fire Department Application

Name: _____

Address: _____

Town: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

Applicant ever a call/volunteer firefighter? _____ **How Long:** _____

Applicant ever a full time firefighter? _____ **How Long:** _____

Trained in CPR? _____ **Expiration date:** _____

First Responder or EMT? _____ **Expiration date:** _____

Related firefighting experience. _____

Education: _____ **Recommended by:** _____

Employer: _____ **Phone:** _____

Work address: _____

Work Hours: _____ **Can you leave work:** _____

References: At least 3. _____ **Phone** _____
_____ **Phone** _____
_____ **Phone** _____

Applicant's Signature: _____ **Date:** _____

Fire Department signature: _____ **Date:** _____

Interview: _____

Hire Date: _____