

TILTON-NORTHFIELD FIRE & EMS

Application for Employment



Name (Last, First, Middle) _____ Date _____

Physical Address _____

Mailing Address _____

Phone _____ Social Security # _____

APPLYING FOR THE POSITION OF: Call Full Time Email: _____

EMPLOYMENT

Employer _____ Dates of Employment: _____ to _____

Address _____ Phone _____

Would you be allowed to leave work to attend calls? _____

May we contact your employer? YES NO

Employer _____ Dates of Employment: _____ to _____

Address _____ Phone _____

Would you be allowed to leave work to attend calls? _____

May we contact your employer? YES NO

Employer _____ Dates of Employment: _____ to _____

Address _____ Phone _____

Would you be allowed to leave work to attend calls? _____

May we contact your employer? YES NO

EDUCATION

High School _____ Years attended: _____ Diploma GED

College _____ Years attended: _____ Degree _____

Fire & EMS Certification: _____

Other Applicable Training: _____

Drivers License Type _____ State _____ Endorsements _____

Have you been convicted of ANY motor vehicle violations or charged with any crimes?

Do you currently meet the State of NH full time firefighter requirements (physical ability test, HS Diploma/ GED, Firefighter II)? YES NO

Are you laterally transferring from another department? YES NO

Michael W. Sitar, Jr.
Chief

Michael J. Robinson
Deputy Chief

Sean M. Valovanie
Deputy Chief

*"To protect the life, property, and environment of the citizens and visitors of Tilton-Northfield by delivering efficient, professional, high quality, cost effective, and timely services, including: fire suppression, rescue, emergency medical services, fire prevention, public safety education, and code enforcement."
Mission Statement*

12 Center Street
Tilton, NH 03276
603-286-4781
fax 603-286-4787
www.tnfd.org
info@tnfd.org

REFERENCES

Reference _____ Relationship _____

Occupation _____ Phone _____ Years Acquainted _____

Reference _____ Relationship _____

Occupation _____ Phone _____ Years Acquainted _____

Reference _____ Relationship _____

Occupation _____ Phone _____ Years Acquainted _____

Comments or Additional Information _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. I shall not hold this organization liable for any information that is obtained which is not in this application. I understand that this organization will do a background check on my criminal and motor vehicle records at any time prior to or during my employment. In consideration of my employment, I agree to conform to the rules and regulations of this organization.

Applicant's Signature _____ Date _____

Office Use

Chief's Notes:

Date: _____

