

NAME: _____
ADDRESS: _____
PHONE #: _____

**NEW LONDON FIRE DEPARTMENT
FIRE FIGHTER APPLICATION SUPPLEMENT**

1. Do you have a Minnesota Drivers License? Yes or No

License #: _____

Type: _____

2. What would your response time be to the fire hall?

Day: _____ Night: _____

3. Veteran: Yes or No Disabled Veteran: Yes or No

4. Are you able to attend a minimum of 100 hours of training, above and beyond the monthly meetings, within the first two years?

5. Explain any previous First Responder medical training you have had and whether you are willing to take the course to become certified.

6. Are you available to take the required Fire Fighter specialty training?

7. Are you able to complete the necessary training and attend meetings on the first and third Tuesday of every month? If no, explain.

8. Explain any special training or skills which you possess that would be applicable to this position.

9. Are you able to perform all of the essential job requirements?

10. Are you able to respond to an emergency when the Fire Department is called out?
