



CITY OF CONCORD
DEPARTMENT OF FIRE & LIFE SAFETY
FIREFIGHTER INTEREST FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

Email Address: _____

MINIMUM REQUIREMENTS:

- * HIGH SCHOOL GRADUATE OR EQUIVALENT
- * 18 YEARS OF AGE
- * ABILITY TO OBTAIN NC CLASS "B" DRIVER'S LICENSE

Date: _____

Return completed form to:

City of Concord Dept. of Fire and Life Safety
Attn: Training Division
100 Warren C. Coleman Blvd.
Concord, NC 28027

Fire Administration 704-920-5516

