



CITY OF CONCORD  
Firefighter Expression of 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: \_\_\_\_\_

**City of Concord**  
**Human Resources Department**  
66 Union Street  
P.O. Box 308  
Concord, NC 28026-0308  
**Phone:** 704-920-5100  
**Fax:** 704-920-6947  
**Email:** [hrcoc@concordnc.gov](mailto:hrcoc@concordnc.gov)  
**[www.concordnc.gov](http://www.concordnc.gov)**