

**** THIS IS NOT AN APPLICATION ****



Mail to: Carlsbad Fire Department
401 S. Halagueno St
Carlsbad, NM 88220
Phone: 575-885-3125
Email: ksahrens@cityofcarlsbadnm.com

CARLSBAD FIRE DEPARTMENT EMPLOYMENT INTEREST FORM

This form is intended to provide individuals the opportunity to be entered in our employment interest database during those periods when the department is not accepting applications. If you are interested in seeking employment with the Carlsbad Fire Department, please complete this form and mail or email it to the address listed above. We will notify you when we begin our next recruitment.

PLEASE PRINT LEGIBLY

_____ New Information

_____ Updated Information

PERSONAL INFORMATION				
Last Name:		First Name:	Middle:	Home Phone:
Mailing Address:		Apt #:		Cell Phone:
City:		State:	Zip Code:	Additional Phone Number:
Email address:				Today's Date:

CERTIFICATIONS (SELECT ALL THAT APPLY)			
<input type="checkbox"/> Firefighter I (IFSAC)	<input type="checkbox"/>	Nationally Registered EMT	<input type="checkbox"/> New Mexico Licensed EMT-Basic
<input type="checkbox"/> Firefighter II (IFSAC)	<input type="checkbox"/>	Nationally Registered AEMT	<input type="checkbox"/> New Mexico Licensed EMT-Intermediate
<input type="checkbox"/> Firefighter I (ProBoard)	<input type="checkbox"/>	Nationally Registered Paramedic	<input type="checkbox"/> New Mexico Licensed EMT-Paramedic
<input type="checkbox"/> Firefighter II (ProBoard)			

Signature: _____

I attest that all information listed above is correct and accurate.