



# MEMBERSHIP APPLICATION

## SAN JUAN COUNTY FIRE DEPARTMENT

SAN JUAN COUNTY, NEW MEXICO

FIRE DISTRICT: \_\_\_\_\_

1-VALLEY 2-FLORA VISTA 3-CEDAR HILL 4-LA PLATA 5-BLANCO 6-LEE ACRES  
7-CENTER POINT 8-HART VALLEY 9-SULLIVAN RD 11-DZILTH-NA-O-DITH-HLE

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

*If you are under the age of 18, you must also complete a Minor's Release.*

SS#: \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ ISSUE STATE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY & ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY & ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**EMERGENCY CONTACT PHYSICAL ADDRESS:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **OTHER PHONE:** \_\_\_\_\_

Please indicate sizes below for future issuance (if applicable) of gear and apparel.

Pant Size: \_\_\_\_\_ waist \_\_\_\_\_ inseam Shoe Size: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Coat/Jacket Size: \_\_\_\_\_

1. HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT?  YES  NO

IF YES, HOW LONG? \_\_\_\_\_ WHERE? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD RESTRICT YOUR PERFORMANCE AS A FIREFIGHTER?  YES  NO

3. DO YOU HAVE A CAR OR OTHER MEANS OF TRANSPORTATION TO MEETINGS, TRAININGS OR EMERGENCIES?  YES  NO

4. HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO  
 If yes, please provide details: \_\_\_\_\_
- 
5. HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE OR HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED?  YES  NO
6. HAVE YOU EVER BEEN INVOLVED AS A OPERATOR IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST THREE (3) YEARS?  YES  NO
7. PLEASE LIST ANY PREVIOUS FIRE/RESCUE/EMS EXPERIENCE YOU HAVE:  
 \_\_\_\_\_
- 

SCHOOL	NAME	ADDRESS	COURSE OF STUDY	# OF YRS	DIPLOMA/DEGREE
High School					
Undergraduate College					
Graduate/Professional					
Other (specify)					

8. ARE YOU WILLING TO ATTEND MEETINGS, DRILLS AND PRACTICES?  YES  NO
9. ARE YOU WILLING TO TAKE DIRECTIONS FROM OFFICERS?  YES  NO
10. ARE YOU WILLING TO SERVE A PROBATIONARY PERIOD BEFORE BECOMING A REGULAR MEMBER?  YES  NO

*THE FOLLOWING ARE ADDITIONAL DESIRED QUALIFICATIONS FOR THE POSITIONS OF A FIREFIGHTER. THESE WILL BE USED TO DETERMINE YOUR STATUS WITHIN THE FIRE DEPARTMENT AND WILL NOT NECESSARILY DISQUALIFY YOU FOR MEMBERSHIP. INDICATE WHICH YOU CAN MEET BY CHECKING YES OR NO AFTER EACH ITEM.*

1. WILLING TO OBTAIN/POSSESS WITHIN SIX (6) MONTHS OF ACCEPTANCE A VALID CLASS A, B OR E DRIVER'S LICENSE.  YES  NO
2. ORAL COMMUNICATION: ABLE TO EXPLAIN POLICIES AND PROCEDURES. ABLE TO EXPLAIN WORK PROBLEMS TO SUPERVISOR.  YES  NO
3. ABLE TO COMMUNICATE WELL WITH GENERAL PUBLIC.  YES  NO
4. MATH ABILITY: ABLE TO ADD, SUBTRACT, MULTIPLY & DIVIDE.  YES  NO
5. WRITING ABILITY: ABLE TO WRITE NEATLY AND LEGIBLY. ABLE TO COMPLETE SIMPLE FORMS, REPORTS, LOGS, TIME SHEETS, SUPPLY REQUESTS, ETC.  YES  NO
6. READING ABILITY: ABLE TO UNDERSTAND BASIC ENGLISH. ABLE TO UNDERSTAND POLICY AND PROCEDURE MANUALS.  YES  NO
7. ABLE TO COMPLETE WORK WITHIN ESTABLISHED DEADLINES OR INFORM SUPERVISOR IN A TIMELY MANNER.  YES  NO

- 8. ABLE TO SEE, HEAR AND SPEAK.  YES  NO
- 9. MOBILITY: STOOP/REACH, MOVE OVER ROUGH/UNEVEN SURFACES, BALANCE ON HIGH/NARROW PLACES, WORK IN/UNDER CRAMPED PLACES. ABLE TO CRAWL.  YES  NO
- 10. ABLE TO CLIMB STAIRS, MACHINERY AND LADDER.  YES  NO
- 11. ABLE TO LIFT, CARRY, PUSH OR DRAG HEAVY ITEMS & MATERIAL.  YES  NO
- 12. STAND FOR LONG PERIODS OF TIME AND PERFORM PHYSICAL LABOR APPROXIMATELY 10 HOURS DAILY.  YES  NO
- 13. WORK OUTSIDE IN ALL TYPES OF WEATHER.  YES  NO
- 14. WORK UNDER HAZARDOUS/DANGEROUS CONDITIONS. WORK AROUND MACHINERY AND CHEMICALS.  YES  NO
- 15. WEAR UNIFORM AND COMPLY WITH DRESS STANDARDS.  YES  NO
- 16. WEAR SAFETY GEAR: FULL BUNKER OR WILDLAND GEAR, INCLUDING BOOTS, PANTS, GLOVES, HOOD, HELMET, ETC.  YES  NO
- 17. WORK IN HAZARDOUS ENVIRONMENTS WITH SELF-CONTAINED BREATHING APPARATUS AND PROPER SAFETY GEAR.  YES  NO
- 18. WILLING TO SPEND EIGHT (8) HOURS PER WEEK AT THE FIRE DISTRICT IF UNABLE TO ARRIVE AT FIRE STATION WITHIN 15 MINUTES OF THE ALARM.  YES  NO

**EXCEPTIONS:** *If you have a disability that prevents you from meeting any job qualification, list the number(s) of the corresponding qualification here:\_\_\_\_\_ We may be able to make a reasonable accommodation for applicants with disabilities and will consider each situation on an individual basis.*

---

I certify that the answers given herein are true and complete to the best of my knowledge.

I meet all of the minimum qualifications, except those listed as “exceptions” and understand that becoming a volunteer firefighter requires passing a drug screen, physical examination and ability test.

I understand that any falsification may cancel any terms, conditions or privileges I may have as a volunteer.

I authorize SJCFD to make such investigations and inquiries of my personal employment, medical history and other related matters, as may be necessary in arriving at a decision permitting me to become a volunteer firefighter.

I hereby release employers, schools or persons from all liability in responding to inquiries in connection with this application.

I agree to abide by the policies and procedures of San Juan County Fire Department.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## AUTHORIZATION FOR USE OF PHOTOGRAPH OR LIKENESS

I, (printed name) \_\_\_\_\_ do permit and authorize San Juan County Fire Department (a department of San Juan County), and its employees, agents, and personnel who are acting on behalf of San Juan County Fire Department (SJCFD) to use my photograph or other likeness for purposes related to publicity, marketing, and promotion of SJCFD and its various programs. I understand my photograph or likeness may be copied and distributed by means of various media, including video presentations, television, news bulletins, mail outs, billboards or signs, brochures, placement on SJCFD websites, social media or newspapers. San Juan County shall be the owner of said photographs or likenesses.

I understand that photographs and likenesses placed in the public domain may be appropriated by persons or groups not subject to control by SJCFD or San Juan County. I release SJCFD and San Juan County from any and all liability related to dissemination of my photograph or likeness.

I have read this document and understand its contents.

_____ PRINTED NAME OF APPLICANT	_____ SIGNATURE OF APPLICANT	_____ DATE
_____ PRINTED NAME OF SJCFD REPRESENTATIVE	_____ SIGNATURE OF SJCFD REPRESENTATIVE	_____ DATE

**Please assure that you have completed all 4 pages of this application. Thank you!**

---

---

PLEASE COMPLETE THE FOLLOWING INFORMATION TO HELP DETERMINE RECRUITING EFFECTIVENESS:

What helped you make your decision to join San Juan County Fire Department? Please mark ALL that apply.

- Previously volunteered for SJCFD
- Previously volunteered/worked for another fire department
- Know a current volunteer      Name: \_\_\_\_\_
- Movie theater ad
- Highway billboard
- Family relative      Name: \_\_\_\_\_
- Friend      Name: \_\_\_\_\_
- San Juan County Fair
- Community Event      Which one: \_\_\_\_\_
- Newspaper
- Radio
- Television
- Career Event      Which one: \_\_\_\_\_
- Other      Explain: \_\_\_\_\_



San Juan County Fire Department  
 209 S. Oliver Dr.  
 Aztec, NM 87410  
 505-334-1180  
[www.sjcfed.net](http://www.sjcfed.net)

## Authorization and Release of DMV Records

I understand that having a valid driver's License and maintaining a satisfactory driving record is a condition of driving a San Juan County vehicle. I agree to allow San Juan County to check for my valid driver's License and driving record prior to hire and to check it periodically thereafter, and I authorize any persons having knowledge of my driver's license and driving record to provide such information to San Juan County. This release and authorization will remain valid throughout the course of my term with San Juan County.

San Juan County will use the information obtained pursuant to this authorization for employment purposes only and will not furnish this information to a third party without my written consent.

A copy of this form shall have the same effect as the original.

Employee Information				
<b>Employee Print Name</b>				
<b>Mailing Address</b>				
<b>Social Security Number</b>		<b>Department</b>		
<b>Driver's License Number</b>		<b>State DL Issued</b>		<b>Expiration Date</b>

Authorization	
<i>Employee's Signature</i>	<i>Date Signed</i>

HR USE ONLY	
<b>NM Interactive Process:</b>	
Employee Driver's License entered to NM Interactive	
Results received - PASS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Out of State DL Process:</b>	
Employee Driver's License information submitted to Sheriff's Office	
Results received - PASS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Unfavorable DL Process:</b>	
Notify Fire Chief and Deputy Fire Chief	