



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
10-NAVAJO DAM 11-DZILTH-NA-O-DITH-HLE 12-SHIPROCK 13-NEWCOMB 14-OJO AMARILLO

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.sjcfd.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				
Employee Print Name				
Mailing Address				
Social Security Number		Department		
Driver's License Number		State DL Issued	Expiration Date	

Authorization	
Employee's Signature	Date Signed

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