



# MEMBERSHIP APPLICATION

## SAN JUAN COUNTY FIRE DEPARTMENT

SAN JUAN COUNTY, NEW MEXICO

FIRE DISTRICT # \_\_\_\_\_

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#: \_\_\_\_\_ DRIVERS LICENSE # & STATE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY / ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

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

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

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

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

BUSINESS PHONE: \_\_\_\_\_ BUSINESS CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

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

IF SO - HOW LONG? \_\_\_\_\_ WHERE? \_\_\_\_\_

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

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

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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

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|--|-----|----|
| 4. HAVE YOU EVER BEEN CONVICTED OF A CRIME?<br>IF YES, PLEASE EXPLAIN: _____<br>_____  | YES | NO |
| 5. HAVE YOU EVER BEEN DENIED A DRIVERS LICENSE OR HAD YOUR DRIVERS LICENSE SUSPENDED OR REVOKED?<br>IF YES, PLEASE EXPLAIN: _____<br>_____     | YES | NO |
| 6. HAVE YOU BEEN INVOLVED AS A OPERATOR IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST THREE (3) YEARS?<br>IF YES, PLEASE EXPLAIN: _____<br>_____ | YES | NO |
| 7. PLEASE LIST ANY PREVIOUS FIRE/RESCUE-EMS EXPERIENCE YOU HAVE: _____<br>_____  |     |    |

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|--|-----|----|
| 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 POSITION AS 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.*

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|--|-----|----|
| 1. WILLING TO OBTAIN/POSSESS WITHIN SIX (6) MONTHS OF ACCEPTANCE A VALID CLASS A, B, OR E DRIVERS 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 AND DIVIDE.   | YES | NO |
| 5. WRITING ABILITY: ABLE TO WRITE NEATLY AND LEGIBLY. ABLE TO COMPLETE SIMPLE FORMS, REPORTS, LOGS, TIME SHEETS AND SUPPLY REQUESTS. | 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 LADDERS.	YES	NO
11. ABLE TO LIFT, CARRY, PUSH OR DRAG HEAVY ITEMS AND 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.	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 IN FIRE DISTRICT IF UNABLE TO ARRIVE AT FIRE STATION WITHIN 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 applications below.

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We may be able to make a reasonable accomodation 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 you 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.

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PRINTED NAME OF APPLICANT

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SIGNATURE OF APPLICANT

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DATE

Please assure that you have completed all 5 pages of this application Thank You!

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"OFFICIAL USE ONLY"

This application was APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_ on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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District Chief

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Date

UPON APPROVAL OR REJECTION, SUBMIT COMPLETED COPY OF APPLICATION TO  
SAN JUAN FIRE DEPARTMENT OFFICE.

Send Application to:

San Juan County Fire Department  
209 S. Oliver  
Aztec, NM 87410

Please indicate sizes below for future issuance (if applicable) of San Juan County Fire Department bunker/brush gear and apparel.

**PANT SIZE**      Waist: \_\_\_\_\_ Inseam: \_\_\_\_\_  
**SHIRT SIZE**      \_\_\_\_\_  
**SHOE SIZE**      \_\_\_\_\_  
**COAT/JACKET SIZE**      \_\_\_\_\_

**PLEASE FILL OUT THE INFORMATION OF THE FOLLOWING PAGE TO HELP US DETERMINE RECRUITING EFFECTIVENESS.**

Please indicate below what helped you make your decision to join San Juan County Fire Department.

Please mark ALL that apply.

**Prior SJCFD volunteer**      \_\_\_\_\_  
**Movie Theater Ad.**      \_\_\_\_\_  
**Highway Billboard**      \_\_\_\_\_ Location: \_\_\_\_\_  
**Current Volunteer**      \_\_\_\_\_ Who: \_\_\_\_\_  
**Family Relative**      \_\_\_\_\_ Who: \_\_\_\_\_  
**Friend**      \_\_\_\_\_ Who: \_\_\_\_\_  
**San Juan County Fair**      \_\_\_\_\_  
**Career Expo.**      \_\_\_\_\_ Which One: \_\_\_\_\_  
**Community Event**      \_\_\_\_\_ Which One: \_\_\_\_\_  
**Digital Billboard**      \_\_\_\_\_ Location: \_\_\_\_\_  
**Newspaper**      \_\_\_\_\_  
**Radio**      \_\_\_\_\_  
**Television News**      \_\_\_\_\_  
**Word of Mouth**      \_\_\_\_\_  
**Other**      \_\_\_\_\_ Explain: \_\_\_\_\_