

*Rio Arriba County
Fire & Emergency Services*



Membership Application



Dear Applicant,

Rio Arriba County Fire & Emergency Services is happy to welcome your application to join the Rio Arriba County Fire & Emergency Services team. This membership application guide will explain the application process. It is extremely important that you complete each part of this application correctly and honestly.

Rio Arriba County Fire & Emergency Services and all of our fire districts strive to provide the best emergency services to the communities and residence of Rio Arriba County. Our reputation is directly related to the code of conduct displayed by each of our members. As a member you will deal directly with the public and it is important that you be concerned for the safety and welfare of our communities and its residence at all times.

Thank you for your interest in Rio Arriba County Fire & Emergency Services and we look forward to processing your membership application.

Respectfully,

Application Process

Contents of Packet.

The membership application packet contains the forms below that must be complete.

- Volunteer Fire Fighter Personal Information Form.
- Emergency Contact Information Form.
- Authorization to conduct background investigation.
- Internal Department Use Only Form.

Completion of Application Process.

All applicants must COMPLETELY fill out all the forms as listed in above section. Failure to completely fill out any portion will result in an incomplete application. Incomplete applications will not be processed until completed by the applicant. Completed applications must be delivered in person to Rio Arriba County Fire & Emergency Services Office at 1122 Industrial Park Road, Espanola, NM 87532 by the applicant.

Administrative Review of Application.

Completed applications that are mailed or delivered to the Rio Arriba County Fire & Emergency Services Office will be administratively reviewed for accuracy and complete information. After information is verified and marked complete the application will be processed for a background check.

Special Licenses and Certifications: Applicants who may already have licenses and or certifications should attach copies of certificates or license with the application. A Copy of a valid New Mexico Driver's License shall be attached to the application. Other example would include EMS License and or other fire/EMS certifications. DO NOT ATTACH ORIGINAL LICENSE OR CERTIFICATIONS to application.

Background Check.

A thorough background check will be completed for each applicant submitting an application. However, due to laws restricting the investigation of minors, the criminal background of applicants less than 18 years of age must submit a signed Parent Consent and Release Form from their parent or legal guardian along with their application. A thorough background check will include any criminal record or activity and a Motor Vehicle record. Successful completion of a background check will be moved onto the next step in the application process. Applicants with an unsuccessful background check will be notified of the results.

Referral to Fire District.

Upon successful completion of a background check the application will be forwarded to the fire district for Fire Chief Interview and presentation to the fire district. The applicant shall be notified of the next meeting for the fire district they are applying to. The applicant must be present for consideration of application by membership. Upon successful acceptance into the fire district the Fire Chief shall notify the County Fire Marshal Office

within 5 business days. The applicant may not become an active duty status until an ID and confirmation of acceptance is issued from Fire & Emergency Services Office.

Active Duty Status.

Once an applicant is accepted as a member the Fire District Chief shall notify the Fire & Emergency Services Office of the membership acceptance within 5 business days. The applicant will be contacted and an appointment for the member to be issued a Fire & Emergency Services ID and Bylaw handbook. Once the member has a Member ID and Bylaw Handbook the member may begin their active duty status with the fire district.

Points to Remember.

The selection of competent and responsible personnel for membership in the Fire Department is essential in our mission to provide safety, protection and service to the public. Applicants are reminded to be patient with the membership process in order to allow sufficient time for the review of each applicant. Our goal is to complete the application process as timely and thorough as possible.

Rio Arriba County Fire & Emergency Services is an equal opportunity employer and will not discriminate against any applicant due to age, race, sex, religion, or national origin or due to non-merit factors.

All new Members are subject to a six month probationary period with the fire district before full member privileges will be granted. Any habitual violation of policies or procedures during this period may lead to immediate expulsion from Rio Arriba County Fire & Emergency Services.

APPLICANT INFORMATION

Applying for position in: () Firefighting () Non Firefighting () Support Services

Preferred Fire District applying for: _____.

Do you live in Fire District applied for? () YES () NO

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(PO Box) (City) (State) (Zip)

Physical Address: _____
(Building # & Street) (City) (State) (Zip)

Phone Number: (_____) _____ **E-Mail:** _____

Birth Date: _____ **Age:** _____ **Place of Birth:** _____

Height: FT. _____ IN. _____ **Weight:** _____ **U.S. Citizen:** Yes () No ()

Social Security Number: _____

Drivers Lic. No: _____ **State:** _____ **Expiration:** _____

Are you currently employed: () YES () NO

If yes please complete below:

Employer Name: _____

Physical Address: _____
(Building # & Street) (City) (State) (Zip)

Occupation: _____ **Start Date:** _____ **End Date:** _____

Direct Supervisor Name: _____ **Phone Number:** (_____) _____

Previous Employer:

Employer Name: _____

Physical Address: _____
(Building # & Street) (City) (State) (Zip)

Occupation: _____ **Start Date:** _____ **End Date:** _____

Direct Supervisor Name: _____ **Phone Number:** (_____) _____

References: Please list three people whom are not related to you by blood or marriage who are familiar with your education and work experience.

Name: _____ Address: _____ Phone Number: _____

Have you ever been a member of another fire department, Rescue Squad, EMS Agency, or similar organization? (____) YES (____) NO

If yes please complete below:

Employer Name: _____

Physical Address: _____
(Building # & Street) (City) (State) (Zip)

Title Held: _____ Start Date: _____ End Date: _____

Direct Supervisor Name: _____ Phone Number: (____) _____

Reason for leaving: _____

Emergency Contacts: Please list two emergency contacts.

Name: _____

Address: _____
(Building # & Street) (City) (State) (Zip)

Relation: _____ Phone Number: (____) _____

Name: _____

Address: _____
(Building # & Street) (City) (State) (Zip)

Relation: _____ Phone Number: (____) _____

Health Condition: (Circle one) EXCELENT GOOD FAIR POOR

1. Do you have any pre-existing conditions, disabilities or health problems which would interfere or limit your abilities as a firefighter or EMS provider?

2. Voluntary: Please list medical conditions or injuries that may be important should you be unable to respond to questions in the event emergency medical care is needed:

3. This application represents a serious commitment to the fire service and community. State why you are interested in joining Rio Arriba County Fire & Emergency Services.

4. Have you ever been arrested or summoned into court as a defendant or indicted convicted, imprisoned, or placed on probation or has/have any criminal case been filed against you?

YES NO

If yes please explain below.

5. Have you ever been involved in a motor vehicle accident where you are the driver, within the last five years? () YES () NO

If yes please explain below.

I _____ acknowledge that I have willingly and honestly completed and answered the questions above.

Signature

Date



Rio Arriba County Fire & Emergency Services

1122 Industrial Park Road
Española, NM 87532
Business Phone: (505) 747-6367

TO WHOM IT MAY CONCERN:

Having made application to Rio Arriba County, it is my understating that an investigation of my background will be conducted in connection with this application. It is further understood that an adverse history brought to light by any such investigation may be cause for disqualification or dismissal upon consideration of the facts by Fire Department of by any officers appointed by them to act in their behalf.

I, _____ do hereby give the officials of Rio Arriba County the authority to conduct such an investigation and do hereby authorize the release of any and all information requested by this organization pertaining to my work history, medical history, character, honesty, and general qualifications of fitness.

And I am providing the following information to facilitate this process:

- Copy of Driver's License

If you are accepted as a volunteer with Rio Arriba County Fire & Emergency Services, such an appointment is tentative and for a 6 month probationary period.

I hereby certify that there are no willful misrepresentations or omission of facts of the above statement and answers to questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected.

Applicant's Signature

Date

Application Process Checklist

(DO NOT FILL OUT. INTERNAL USE ONLY)

<u>Form or Action Taken</u>	<u>Date Completed</u>	<u>Completed By</u>
<input type="checkbox"/> Application turned into Fire & Emergency Serviced.	_____	_____
<input type="checkbox"/> Administrative review of application. Ok to process. <ul style="list-style-type: none">• Applicant information. Pages 5-9.• Copy of Drivers Lic.• All necessary signatures present. Page 8 & 9.	_____	_____
<input type="checkbox"/> Application submitted for background/MVD check.	_____	_____
<input type="checkbox"/> Application Returned from background/MVD check.	_____	_____
<input type="checkbox"/> Background/MVD Results Reviewed. Applicant eligible to continue process? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
<input type="checkbox"/> Referral to _____ Fire District.	_____	_____
<input type="checkbox"/> Referral to Fire District Membership. Applicant approved by membership? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
<input type="checkbox"/> Application returned to Fire & Emergency Services.	_____	_____
<input type="checkbox"/> New Member contacted for appointment to issue ID. Appointment Date: _____/_____/_____ Time: _____	_____	_____
<input type="checkbox"/> Member issued copy of Fire & Emergency Services Bylaws.	_____	_____
<input type="checkbox"/> Member Identification Card issued.	_____	_____