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|  | **CITY OF BELEN FIRE DEPARTMENT & EMS**  100 S. MAIN STREET | BELEN, NM 87002 | (505) 966-2714  **APPLICATION FOR SERVICE AFFILIATION** |  |

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless it affects a required bona fide occupational qualification for a position). The City of Belen and Belen Fire Department is an equal opportunity employer.

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| **PERSONAL INFORMATION** | | | | | | | |
| FULL NAME (First, MI, Last): | | | | | | Date of Application: | |
| Date of Birth: | SSN: 000-00-0000 | | | | | | Blood Type: |
| Physical Address: | | | | City: | | | Zip: |
| Mailing Address: | | | | City: | | | Zip: |
| NM Driver’s License Number: | | Class: | | | Expiration Date: | | |
| Email address: | | | Primary Telephone Number: (000) 000-0000 | | | | |
| What position are you applying for?  Fire Fighter  EMS Division (EMT)  Support Staff  Auxiliary | | | | | | | |
| Do you understand the requirements for the position?  Yes  No  Have you seen the position description?  Yes  No  Can you perform the requirements of the position with or without reasonable accommodation?  Yes  No  Have you ever used a different name for school or employment purposes?  Yes  No If so, what name(s):  Are you currently employed by the City of Belen?  Yes  No Department:  Does the city employee any relatives of yours?  Yes  No Describe: | | | | | | | |
| Have you ever been a member of a career/volunteer fire department?  Yes  No  Name of Department:  Fire Chief/Supervisor Name:  Dates of Service: Beginning       Ending  Position(s) held:  Reason for separation (optional):  \**If you were a prior member of the Belen Fire Department and are no longer serving, this application will be considered for reinstatement contingent upon thorough review of your personnel file to include all records of service, attendance, training, certifications and discipline.* | | | | | | | |
| **EDUCATION** | | | | | | | |
| High School Graduate/GED Certificate?  Yes  No If not, indicate last grade completed: | | | | | | | |
| College or University Name: | | | | | | | |
| Field/Trade/Specialization: | | | | | | | |
| Degree(s) received: | | | | | | | |
| **MILITARY SERVICE RECORD** | | | | | | | |
| If applicable, list dates of Military Service: From       To       Branch: | | | | | | | |
| List any duties including specialized training: | | | | | | | |

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| **EMERGENCY CONTACT / NEXT OF KIN INFORMATION** | | |
| Name: | | Relationship: |
| Address: | | Telephone Number: |
| City: | State: | Zip Code: |

Briefly describe your interest in serving with the Belen Fire Department.

List all current licenses/certifications, special skills, courses of study or additional information you feel may be helpful in considering your application. MUST ATTACH COPIES TO THE APPLICATION

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| BLS Healthcare Provider CPR | Issued by: | | | Expiration Date: 00/0000 | |
| First Aid | Issued by: | | | Expiration Date: 00/0000 | |
| IFSAC Fire Fighter I  IFSAC Fire Fighter II | | Issued by: | | Seal Number: | |
| EMS First Responder  EMT-B  EMT-I/AEMT  Paramedic | | | License Number: | | Exp. Date: 00/0000 |
| National Registry Certification Number:       Exp. Date: 00/0000 | | | | | |

Please state additional information you feel may be helpful to us in considering your application.

If you have a mental or physical disability, you are invited to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Describe the form of disability and the mean(s) in which the City of Belen could best accommodate your need(s).

**RELEASE AND AUTHORIZATION**

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my service.

I authorize the City of Belen and consumer reporting bureaus to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities and the City of Belen from any liability for any damage whatsoever for issuing this information.

I also understand that use of illegal drugs is prohibited during my service. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to any during my service.

Applicant Signature Date

**\*\*\*\*\*\*\*\*\*\* FOR OFFICIAL AND DEPARTMENT USE ONLY \*\*\*\*\*\*\*\*\*\***

Date Received: By:

Comments:

Application Status: ❑ Approved ❑ Rejected

Fire Chief Signature: Date of Initial Service: