



Cochiti Fire Department

6515C Hoochaneetsa Blvd

Cochiti Lake NM 87083

505-697-0484

Application for Employment/Membership

Date: _____

Name: _____

Date of Birth: _____

Mailing Address: _____

Email Address: _____

Social Security Number: _____ - _____ - _____ Phone: _____ - _____ - _____

Drivers License Number: _____ Drivers License Class: _____

Position Applied for: Firefighter ___ EMT ___ Support ___

Employment Desired: Full-Time ___ Volunteer ___

Have you ever had your Driver's license suspended or revoked? Yes ___ No ___

Are you eighteen (18) years of age or older? Yes ___ No ___

Are you eligible to work in the United States? Yes ___ No ___

Have you been employed under any other name? Yes ___ No ___

If so, list here: _____

Do you have an high school diploma or GED? Yes ___ No ___

Please List any Fire or EMS licenses/certifications you may have:

Licensing Agency: _____ License Type: _____

Expiration: _____

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Expiration: _____

Licensing Agency: _____ License Type: _____

Expiration: _____

Please List any related education:

References:

Name: _____ Phone: _____ - _____ - _____

Relationship: _____

Name: _____ Phone: _____ - _____ - _____

Relationship: _____

Name: _____ Phone: _____ - _____ - _____

Relationship: _____

Employment History:

Employer: _____ Supervisor: _____

Job Title: _____ Dates Employed: _____ - _____

Work Performed: _____

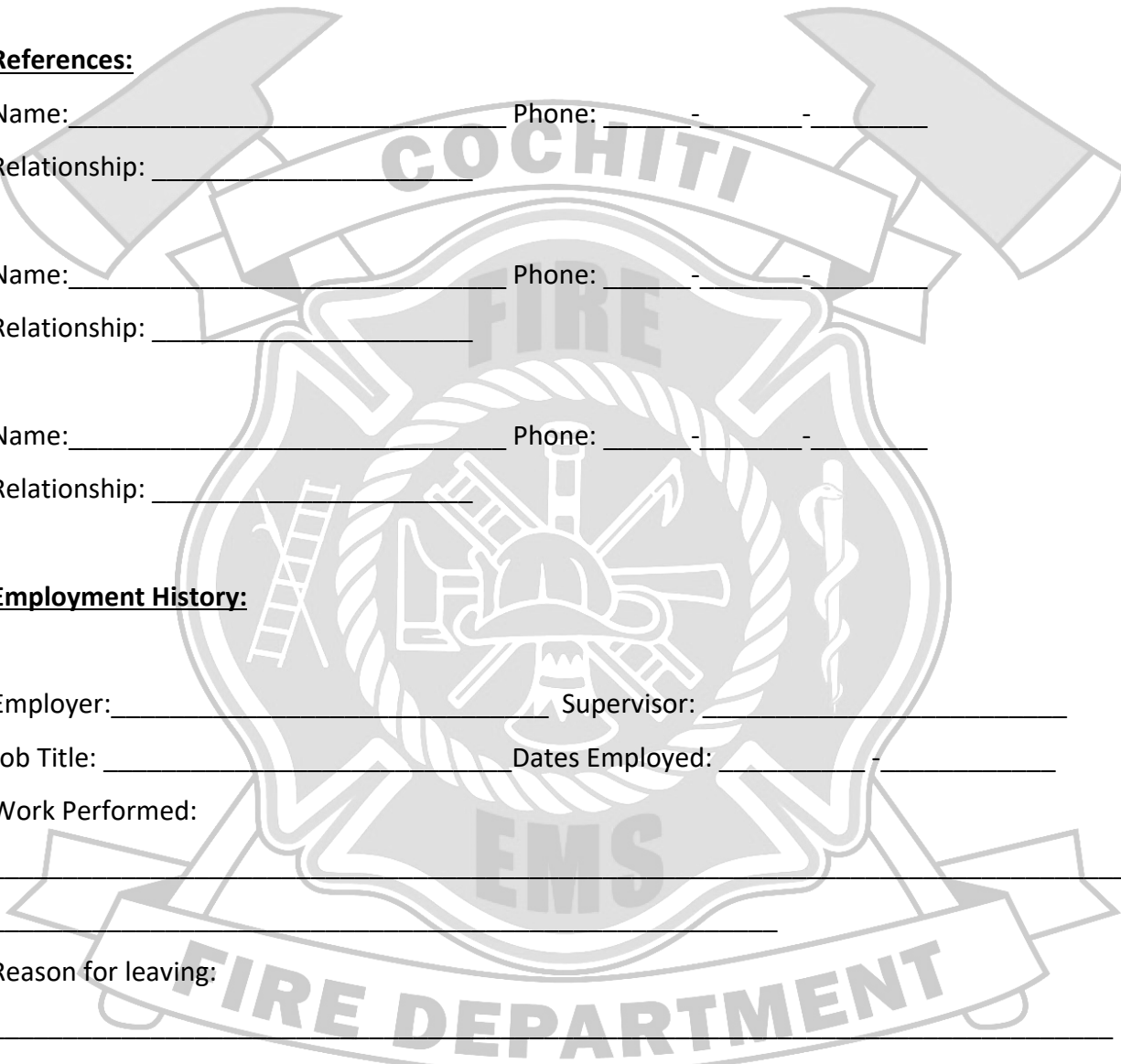
Reason for leaving: _____

Phone Number: _____

Employer: _____ Supervisor: _____

Job Title: _____ Dates Employed: _____ - _____

Work Performed: _____



Reason for leaving:

Phone Number: _____

Employer: _____ Supervisor: _____

Job Title: _____ Dates Employed: _____ - _____

Work Performed:

Reason for leaving:

Phone Number: _____

Applicants Certification & Acknowledgement:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN AND SUBMIT APPLICATION

I hereby certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that knowingly making a false statement or omission in this application or in any supplemental information or document I submit for consideration may be deemed sufficient cause for rejection of this application or dismissal.

If I am selected for membership by Cochiti Lake Fire Department, I agree to comply with all applicable federal, state and town rules, regulations, policies and procedures now in existence or later adopted. I understand that rules, regulations, policies and procedures may be amended at any time, with or without notice, and with or without negotiation (except as otherwise provided by a collective bargaining agreement, if applicable).

I understand that my application must be reviewed according to current department bylaws, SOG and SOP and that acceptance of my application is at the discretion of the Chief and is subject to satisfactorily completing a criminal background check and driving background check.

By my signature below, I hereby certify my application for membership and acknowledge my understanding and acceptance of the conditions of membership stated above.

Signature _____ Date: _____

Full Name (Please Print): _____