





## ADDITIONAL INFORMATION

<b>SPECIALIZED SKILLS</b> <i>(CHECK SKILLS/EQUIPMENT OPERATED)</i>			
<input type="checkbox"/> PC	<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Typewriter	<input type="checkbox"/> Terminal
<input type="checkbox"/> MS Office	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> PowerPoint	
<b>SPECIALIZED EQUIPMENT</b>			
<input type="checkbox"/> Structural Fire Suppression	<input type="checkbox"/> Hydraulic Rescue	<input type="checkbox"/> Wildland Suppression	<input type="checkbox"/> High/Low Angle Rescue
<input type="checkbox"/> Confined Space rescue	<input type="checkbox"/> Hazmat equipment	<input type="checkbox"/> Swift Water Rescue	
<b>MEDICAL EQUIPMENT</b>			
<input type="checkbox"/> BLS	<input type="checkbox"/> ILS	<input type="checkbox"/> ALS	
<input type="checkbox"/> Other _____			

<b>JOB RELATED SKILLS</b>			
Check the appropriate boxes if you	SPEAK	READ	WRITE
ENGLISH.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAVAJO.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMERICAN INDIAN DIALECT.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Which Dialect? _____
OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>State any additional information you feel may be helpful to us in considering your application.</b>

## REFERENCES

*(Reminder: The application must be filled out completely including references.)*

1.	Name	( )	Phone #
	Address		
2.	Name	( )	Phone #
	Address		
3.	Name	( )	Phone #
	Address		

## APPLICANT'S STATEMENT

*In the event of obtaining membership, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Sandoval County.*

*Your application for membership will remain on file for a period of three months.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name \_\_\_\_\_  
(Print)

## FOR FIRE DISTRICT USE ONLY

Application Accepted by District:  Yes  No

Forward application to FD Admin:  Yes  No

Position(s) Considered For \_\_\_\_\_

\_\_\_\_\_  
District Officer Title Date

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FOR FIRE DEPARTMENT ADMINISTRATION USE ONLY

Passed background check  Yes  No

\_\_\_\_\_  
Approval by SCFD Administration Date \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_  
NAME (MUST BE **PRINTED-LEGIBLY**) (SOC) (DOB)

PURSUANT TO NMSA 1978, SECTION **29-10-6(A)** (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

\_\_\_\_\_  
Sandoval County Fire Department Attn: Jess Lewis PO Box 40 Bernalillo, NM 87004  
NAME (MUST BE **PRINTED**) (IF NO AGENT, **PRINT "SELF"**)

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

*I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(\*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED IN YOUR PRESENCE AND NAME,DOB,SOC INFO IS VERIFIED WITH A VALID ID )

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

( SEAL )

\_\_\_\_\_  
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_.